

Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

In Service to America



Meeting Notice

TO BE ANNOUNCED

Elks Lodge 5555 W. Good Hope Rd.

Board Meeting 6:30 p.m.

Chapter Meeting 7 - 8 p.m.

Future Meetings 2020:

To be announced

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National web page: www.vva.org

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John is listed in the phone book - good luck finding one

**Due to the public health crisis, the June meeting is cancelled
ELECTIONS WILL BE HELD AT A FUTURE MEETING**

National WWII Memorial Vandalized

Meredith Tibbetts ,Stars & Stripes, May 31, 2020

The National World War II Memorial was among the landmarks in the nation's capital that were vandalized amid the 30 JUN weekend protests. In the wake of the death of African American George Floyd, the vandals asked in graffiti on the memorial's central fountain whether black veterans count.

The Friends of the National World War II Memorial responded to the question affirmatively on Twitter, adding that the memorial honors and remembers the one million black veterans who served. According to the National Park Service, several memorials across Washington, D.C., were vandalized, including the Lincoln Memorial, where someone asked "Y'all not tired yet?"



PTSD Basics

DVA, National Center for PTSD. June 1, 2020

PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault. It's normal to have upsetting memories, feel on edge, or have trouble sleeping after a traumatic event.

At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with people you care about. But most people start to feel better after a few weeks or months. If it's been longer than a few months and you're still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time.

Anyone can develop PTSD at any age. A number of factors can increase the chance that someone will have PTSD, many of which are not under that person's control. For example, having a very intense or long-lasting traumatic event or getting injured during the event can make it more likely that a person will develop PTSD. PTSD is also more common after certain types of trauma, like combat and sexual assault.

Personal factors, like previous traumatic exposure, age, and gender, can affect whether or not a person will develop PTSD. What happens after the traumatic event is also important. Stress can make PTSD more likely, while social support can make it less likely.

PTSD symptoms usually start soon after the

traumatic event, but they may not appear until months or years later. They also may come and go over many years. If the symptoms last longer than four weeks, cause you great distress, or interfere with your work or home life, you might have PTSD. There are four types of PTSD symptoms, but they may not be exactly the same for everyone. Each person experiences symptoms in their own way.



Reliving the event (also called re-experiencing symptoms). Memories of the traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. For example:

- o You may have nightmares.
- o You may feel like you are going through the event again. This is called a flashback.
- o You may see, hear, or smell something that causes you to relive the event. This is called a trigger.

News reports, seeing an accident, or hearing a car backfire are examples of triggers.

Continued next page

PTSD continued

Avoiding situations that remind you of the event. You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event. For example:

- o You may avoid crowds, because they feel dangerous.
- o You may avoid driving if you were in a car accident or if your military convoy was bombed.
- o If you were in an earthquake, you may avoid watching movies about earthquakes.
- o You may keep very busy or avoid seeking help because it keeps you from having to think or talk about the event.

Negative changes in beliefs and feelings.

The way you think about yourself and others changes because of the trauma. This symptom has many aspects, including the following:

- o You may not have positive or loving feelings toward other people and may stay away from relationships.
- o You may forget about parts of the traumatic event or not be able to talk about them.
- o You may think the world is completely dangerous, and no one can be trusted.

Feeling keyed up (also called hyperarousal).

You may be jittery, or always alert and on the lookout for danger. You might suddenly become angry or irritable. This is known as hyperarousal. For example:

- o You may have a hard time sleeping.
- o You may have trouble concentrating.
- o You may be startled by a loud noise or surprise.
- o You might want to have your back to a wall in a restaurant or waiting room.

Children may have symptoms described above or other symptoms depending on how old they are. As children get older, their symptoms are more like those of adults. Here are some examples of PTSD symptoms in children:

- Children under 6 may get upset if their parents are not close by, have trouble sleeping, or act out the trauma through play.

- Children age 7 to 11 may also act out the trauma through play, drawings, or stories. Some have nightmares or become more irritable or aggressive. They may also want to avoid school or have trouble with schoolwork or friends.

- Children age 12 to 18 have symptoms more similar to adults: depression, anxiety, withdrawal, or reckless behavior like substance abuse or running away.

Will People with PTSD Get Better?

After a traumatic event, it's normal to think, act, and feel differently than usual—but most people start to feel better after a few weeks or months. Talk to a doctor or mental health care provider (like a psychiatrist, psychologist, or social worker) if your symptoms:

- Last longer than a few months
- Are very upsetting
- Disrupt your daily life

“Getting better” means different things for different people. There are many different treatment options for PTSD. For many people, these treatments can get rid of symptoms altogether. Others find they have fewer symptoms or feel that their symptoms are less intense. Your symptoms don't have to interfere with your everyday activities, work, and relationships.

There are two main types of treatment, psychotherapy (sometimes called counseling or talk therapy) and medication. Sometimes people combine psychotherapy and medication. Psychotherapy, or counseling, involves meeting with a therapist. Trauma-focused psychotherapy, which focuses on the memory of the traumatic event or its meaning, is the most effective treatment for PTSD. There are different types of trauma-focused psychotherapy, such as:

- Cognitive Processing Therapy (CPT) where you learn skills to understand how trauma changed your thoughts and feelings. Changing how you think about the trauma can change how you feel.
- Prolonged Exposure (PE) where you talk about your trauma repeatedly until memories are no longer upsetting. This will help you get more control over your thoughts and feelings about the trauma. You also go to places or do things that are safe, but that you have been staying away from because they remind you of the trauma.

- Eye Movement Desensitization and Reprocessing (EMDR), which involves focusing on sounds or hand movements while you talk about the trauma. This helps your brain work through the traumatic memories.

Medications can be effective too. Some specific SSRIs (selective serotonin reuptake inhibitors) and SNRIs (serotonin-norepinephrine reuptake inhibitors), which are used for depression, also work for PTSD. These include sertraline, paroxetine, fluoxetine, and venlafaxine.

Ed. Note: See cannabis study, next page.

Inhaled Cannabis Provides Temporary Relief of PTSD Symptoms

Thursday, 04 June 2020

Pullman, WA: Inhaled cannabis temporarily mitigates symptoms of post-traumatic stress (PTS), including anxiety and flashbacks, according to clinical trial data published in the *Journal of Affective Disorders*.

A team of investigators affiliated with Washington State University and the University of Pennsylvania Perelman School of Medicine assessed the use of marijuana in 404 medical cannabis patients who self-identified as suffering from post-traumatic stress.

On average, respondents “reported a 62 percent reduction in the severity of intrusive thoughts, a 51 percent reduction in flashbacks, a 67 percent reduction in irritability, and a 57 percent reduction in the severity of anxiety, from before to after inhaling cannabis.”

Researchers reported no significant differences in subjects’ outcomes that were attributable to specific varieties of cannabis and or THC/CBD content.

Authors reported that cannabis’ effects on PTS symptoms were relatively short-lived and that regular use of marijuana over the study period did not influence subjects’ baseline symptom ratings.

They concluded: “Results from the present study indicate that acute cannabis intoxication provides temporary relief from intrusions, flashbacks, irritability, and anxiety in individuals self-identifying as having PTSD. However, baseline PTSD symptom ratings did not change over time and we detected evidence that people used higher doses to manage anxiety over time, which may be indicative of the development of tolerance to the drug.

“Collectively, these results indicate that cannabis may reduce PTSD symptoms in the short-term but may not be an effective long-term remedy for the disorder. Future research should examine specific cannabinoid preparations as monotherapy, as well as adjunct to conventional behavioral and pharmacological interventions, within well-powered placebo-controlled trials.”

Full text of the study, “Short and long-term effects of cannabis on symptoms of post-traumatic stress disorder,” appear in the *Journal of Affective Disorder*. Additional information on cannabinoids and post-traumatic stress is available online from NORML.

Enlisted Work

An Infantry Major was about to start the morning briefing to his staff.

While waiting for the coffee machine to finish its brewing, the Major decided to pose a question to all assembled.

He explained that his wife had been a bit frisky the night before and he failed to get his usual amount of sound sleep.

He posed the question of just how much of sex was “work” and how much of it was “pleasure?”

A Captain chimed in with 75-25% in favor of work. A Lieutenant said it was 50-50%.

A 2nd Lieutenant responded with 25-75% in favor of pleasure, depending upon his state of inebriation at the time.

There being no consensus, the Major turned to the Private who was in charge of making the coffee. What was his opinion?

Without any hesitation, the young Private responded, “Sir, it has to be 100% pleasure.” The Major was surprised and, as you might guess, asked why?

“Well, sir,” said the Private, “If there was any work involved, the Officers would have me doing it for them.”



Newest Supergun Will Cost \$500M before its Ready to Fight

Jared Keller, Task & Purpose, June 3, 2020

The Army's plan to build a fleet of Extended Ranger Cannon Artillery (ERCA) systems starting in fiscal year 2021 will cost the service at least a half billion dollars, according to a new assessment from the Government Accountability Office — and that's just for the basics.

Initiated in September 2018, the middle-tier acquisition rapid prototyping effort for the XM1299 long-range precision fires prototype known as Increment 1C — which includes new armament, electrical systems, and “other upgrades” — will end up costing the service approximately \$486 million, according to the GAO assessment.

The Army plans on fielding 18 of the Increment 1C prototypes to a battalion for operational testing by fiscal year 2023, with the effort projected to end in October 2023 “to gather information for future ERCA increments,” according to the assessment. This is just the beginning for those 18 prototypes developed under the ERCA effort:

The Army is planning a separate Increment 2 effort, “which it expects will leverage the cannon and other components designed in Increment 1C,” per the GAO report. Increment 2 may prove essential to whether the Army's supergun actually seeing action. While officials recently put the XM1299 through its paces at the Yuma

Proving Ground, the nine technologies identified as critical to the ERCA Increment 1C development — namely the gun mount and projectile — are all currently immature, per the report.

“While the Army is still developing its plan to mature these technologies, it intends to demonstrate that they will near maturity in early 2020,” according to the GAO report. “The Army expects all to be mature upon the completion of the rapid prototyping effort in 2023.”

The GAO was unable to identify a potential cost for Increment 2, which will build and issue another 18 prototype vehicles starting in fiscal year 2024. Developed in response to increasing concerns of near-peer adversaries like Russia and China, the ERCA prototype originally nailed targets with pinpoint accuracy at ranges up to 38 miles (62 kilometers) during testing at Yuma back in March 2019. During both rounds of testing, the XM1299 far outstripped the range of both the M109A7 Paladin (18 miles, or 30 km, with a rocket-assisted projectile) and the M777 (25 miles, or 40km, with a rocket-assisted projectile) howitzers.

BAE received a \$45 million contract in 2019 to integrate the new Army cannon into a standard Paladin chassis. According to Defense One, the defense contractor aims to deliver the cannons to a battalion by 2023. “That will give us the opportunity to test



the platform in the hands of an operational unit and evaluate the operational concept for support fires at the division level,”

Brig. Gen. John Rafferty Jr., director of Army Futures Command's Long Range Precision Fires Cross Functional Team, told Defense One. The Army is also working with General Dynamics on a \$7.9 million contract to develop a 155mm ramjet-assisted long-range artillery round capable of nailing targets at ranges of up to 60 miles (100 kilometers) away.



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