



Vietnam Veterans of America Wisconsin State Council

Unapproved Minutes

VVA WSC First Quarter Minutes

Waupaca, WI

March 18, 2023

The delegate meeting was opened with the Pledge of Allegiance, a Moment of Silence for Our POWs, and those serving in our armed services.

President Demske opened the meeting by introducing Dr. Thomas Hall, Ph.D., the Chair of VVA's PTSD/Substance Abuse Committee. Dr. Hall served in Vietnam between 1969 and 1970 in the Military Police as a sentry dog handler. Dr. Hall is presently a professor at St. Mary's University Leavenworth following his retirement from Kansas City Kansas Community College. In addition to his work at St. Mary's University, Dr. Hall is presenting workshops, seminars, and other training around the country. Dr. Hall's focus remains on PTSD, Suicide Prevention, Substance Use Disorder (SUD), and Secondary Traumatic Stressors.

Synopsis of the Post-Traumatic Stress Disorder¹ (PTSD) portion of Dr. Hall's presentation...

Post-Traumatic Stress (PTS) comes in many forms and is not always readily apparent, especially if the individual is in denial. PTS affects the person's entire fabric of being and colors one's analysis of life and relationships. For those in service (e.g., military servicemen and women, first responders, healthcare providers, and others) and veterans, **PTS is part of the cost of war** – whether on the streets of our communities or the battlefield - **no one gets a pass**. That said, given what we know about PTS and its inescapability, it *must be substantially underdiagnosed*. For example, we know everyone experiences PTS throughout life (e.g., the loss of a loved one, job loss, war, violence, assault, etc.); the "D" (Disorder) occurs when PTS interrupts everyday life for extended periods. If you do not deal with PTSD, it **WILL** deal with you.

¹ PTSD/is a trauma and stressor-related Disorder. The essential features of Post-traumatic Stress Disorder result from experiencing a dangerous, frightening, or uncontrollable event, such as military combat, a violent crime, or a life-threatening accident. The PTSD program provides support for the veterans, their families, and their advocates for the necessary healthcare to treat PTSD, including diagnoses, research, specialized programs, and educational efforts. (From VVA PTSD Substance Abuse Mission)



"Never again will one generation of veterans abandon another."



Post-traumatic stress disorder (PTSD) is a debilitating neuropsychiatric disorder, characterized by re-experiencing, avoidance, negative emotions and thoughts, and hyperarousal. PTSD is frequently comorbid with neurological conditions such as traumatic brain injury (TBI), post-traumatic epilepsy, and chronic headaches (Ressler, et.al., (2022) and more. Post-Traumatic Stress Disorder can be defined clinically and translationally e.g., neuroscience from cells to circuits. Neurological changes such as psychic numbing and anger often occur in a war which results in the persistent memory of the trauma; it is important to understand these changes in order to understand PTSD. Moreover, one must recognize PTSD is different for everyone. So people afflicted by PTSD must look at what is going on in their lives and how they are dealing with various situations.

PTSD has had many names (e.g., battle fatigue, combat neurosis, shell shock, combat disorder, complete exhaustion, war neurosis, acute mania, soldier's heart, old sergeant's syndrome, and more.), but PTSD isn't one thing. Instead, PTSD is a complex of many things (e.g., physical, psychological, neuropsychiatric, neurological, etc.) which could have originated from a single incident.

Practitioners and researchers are looking at a multitude of tools and treatments for PTSD. What has been learned is that there is no one way to treat someone for PTSD, but there are three elements in that treatment that may be positive for the afflicted. First, acknowledging *loved ones* is part of treating PTSD – from recognition to rehabilitation i.e., reaching one's level of dealing with PTSD; thus, treatment should include a level of family therapy.

Second, "Maintenance" is key for anyone who has PTSD; moreover, it is smart. PTSD has affected the individual in many ways (i.e., physically, psychologically, neuro-psychiatrically, and neurologically), making it difficult to return to the community; re-adjusting to family, return to education and/or employment, and more. Life on a good day can be hard, but life with PTSD may require a tune-up every so often. Thus, maintenance is SMART.

Finally, if you know someone with PTSD and you want to help them by telling your story, it may not be the best medicine. Rather – LISTEN. Just LISTEN! Listening to *his or her* story can be cathartic, nurturing, and so important for the *human connection*.

Dr. Hall was asked about using psychedelics to treat PTSD. Hall responded that more research under controlled conditions is needed and that the research needs to be conducted on its own merits and resources. The politicization of psychedelics (e.g., LSD, MDMA, and ketamine) makes its use more difficult to objectively study psychedelics and their potential use(s).

Synopsis of Dr. Hall's Substance Use Disorder^{2, 3} (SUD) portion presentation...

No one ever takes a substance intending to become addicted. Nor do binge drinkers think their behavior may morph into other addictions. Those who become addicted try to stop their addiction a thousand times.

² The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and psychological symptoms indicating the individual continues using the substance, despite significant substance-related problems. VVA's substance-abuse program provides outreach and support for all veterans and their families. We advocate for the mental healthcare needed to treat substance use disorder while recognizing many veterans' continued need for these services. (From VVA PTSD Substance Abuse Mission)

³ Stimulant Use Disorder (SUD) is known by many street and prescription names, **stimulants** are drugs that speed up the body's system, resulting in increased alertness, attention, and energy. These highly addictive substances are currently available in legal and illegal forms. Prescribers often recommend the use of prescription stimulants to treat attention deficit hyperactivity disorder, but even the prescription stimulants can be misused, which can lead to addiction and stimulant use disorder.



Physical dependence (i.e., the inability to control one's drinking or drug use) can happen with the chronic use of a) alcoholic beverages – often the choice for self-medication whether in or out of service, especially binge drinking, or b) one or more readily accessible drugs – often beginning with prescription medications/drugs and moving to other drugs – often street drugs, or the combination of alcohol and drugs. However, physical dependence does not constitute Substance Use Disorder (SUD) or addiction. Addiction occurs when a person becomes obsessive-compulsive – meaning the person has uncontrollable, reoccurring thoughts ["obsessions"] and/or behaviors ["compulsions"] that he or she feels the urge to repeat over and over and loses control.

While the terms substance use disorder (SUD) and substance abuse, or dependence, are often used interchangeably, they hold very different meanings. SUD is a diagnosable medical condition that requires a person to meet at least 2 of the 11 criteria listed in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5). On the other hand, *substance abuse*, or *substance misuse*, are terms that are used when a person uses a substance inappropriately, or in ways that cause harm to himself or herself and possibly the people around them. Unlike SUDs, *substance abuse* isn't a diagnosable disorder. However, chronic *substance abuse* may potentially lead to the development of a SUD⁴ (American Addiction Centers, 2023).

In the discussion of SUD among veterans, one must include the elements of (PTSD→←SUD) + Guns > Suicide. "Veterans are 1.5 times more likely to die by suicide than nonveteran adults and 'guns were more commonly involved among veterans (71.0%) than non-veteran (50.3%) suicide according to a VA Release of 2020 statistics. (VHA, 2023)." "Reasons for these sobering numbers may include **high exposure to trauma, stress and burnout, isolation and loneliness, easy access to and familiarity with guns, and difficulties reintegrating into civilian life.** (APA, 2022)."

People with SUD do not deal well with themselves, their partners, their family, their work, or their community. They must go through the difficult steps of learning how to cope again during sobriety. Loved ones need to be patient, but they should never condone disrespect from the person with SUD.

[Data shows that one-third of those in recovery make it through the first year. Two-thirds do not succeed in the first year regardless of how successful the program is or how *spot-on* caregivers are. Those who do not make the first year may return; however, re-entry is no guarantee of sobriety the next time around and the calculus remains the same – one-third make it through the program the first year.]

Dr. Hall shared a rudimentary, but key teaching formula, **10-20-90**, for those giving **workshops, presentations, seminars, and town halls**. First, when you are leading a group, change it up every 10 minutes or so, or else the audience will begin to fade, lose focus and lack attention. Second, every 20 minutes or so make some kind of movement or change in the presentation. Incorporate an activity, get responses to what is being discussed, etc. Finally, 90 minutes is the physical rule i.e., learning time is equivalent to seat time. Again, within the 90-minute period, you have an overall objective that has approximately three (3) 10-minute blocks (i.e., the group is introduced to the topical area with gusto – getting their attention) followed by three (3) 20-minute movements (change-ups i.e., the group is being lectured to). The key to a successful presentation is for the presenter(s) to **"read"** the group, and knowing

⁴ "Unlike other substances like alcohol, stimulant withdrawal, and detoxification are not medically dangerous but may result in unpleasant feelings and severe depression. Because of this risk, mental health professionals and addiction specialists should carefully monitor individuals receiving treatment for stimulant use disorder for risk of suicidal thoughts.

"Recovery from stimulant use disorder is possible but requires dedication, stability, and support. Ongoing care is necessary for sustainable recovery and overall mental health. Patients should be actively involved in their care at every step, and treatment should always be absent of judgment of prior decisions or choices" (American Addiction Centers, 2023).



when to keep on point or make a change (e.g., having a feedback session on what was just discussed, introducing a video, using a PowerPoint or YouTube, etc.).

President Demske directed the Secretary to Call the Roll after Dr. Hall's presentation.

The Secretary called the roll beginning with the Executive Officers: President Michael Demske (0731), Vice-President Daniel Sciuti (0425)(Excused), Secretary James Mullarkey (0425), Treasurer Patrick Craney (0425), and Richard Lindbeck Executive Director (0448). Also, in attendance were VVA Region Six Director John Margowski (0425) and At-Large Director Richard Lindbeck (0448). The WSC Region Directors present: Region 2 Director Mike Johnson, and Region 4 and At-Large Director Greg Foye. VVA Chapters present: 0005(1)(1,1), 0101(1)(2), 0206(1)(1,2), 0224(1)(1), 0236(1)(2), 0324(1)(1), 0331(1)(1,1), 0351(1)(5,2), 0409(1)(2,1), 0425(1)(4), 0437(1)(1,1), 0448(1)(2), 0479(1)(1), 0635(1)(2,2), 0729(1)(1), 0731(1)(1), 0767(1)(2,1), 0921(1)(1), 1130(1)(1), At-Large(1)(1,1). The Secretary verified the presence of a quorum.

John Margowski was appointed Parliamentarian and Richard Lindbeck was appointed Timekeeper.

President's Report – Michael Demske

Demske shared poppies with the Vietnam campaign colors made by a VVA Chapter in West Virginia. If there is an interest in them, please contact Mike Demske ((920-973-3909 or Michael.demske@yahoo.com).

Vice-President's Report – Daniel Sciuti

Sciuti was excused from this meeting; however, his report can be found on the WSC website: vvawi.org> WSC Information | scroll to committee reports > legislative reports

Secretary's Report – James Mullarkey

Mullarkey reminded Chapters that elections and financial reports are due to VVA National and the State Council. Election reports are required each year, even multi-year Election Reports only; however, if there are officer changes either in the first or second year. Use the **VVA Election Report Change of Information Form** and submit that form to the membership and the WSC Secretary. If there are changes among the board or delegates (page 3 of the Election Report) submit an amended page three to the WSC Secretary only).

Jim explained the notations on the "Elections and Financial Reports" chart sent to the Chapters and located on the WSC website. The year indicates the year of the reports (e.g., 22-24). An "N" following the "year" (i.e., 22-24N) indicates National has received the Report. No year or a "blank" cell means the WSC has no Report. An "N" without dates indicates VVA National has received the report, but the WSC has not. If there is no VVA National notation, but you received one, please send the verification you received from National to the Secretary so he can update your information. It is also important to include **valid** e-mail addresses for all Chapter officers.

There have been significant changes to the website (vvawi.org). Dr. Whittle's research is still active (it is still "scrolling" across the home page of the website) so please click on the scrolling link and take the survey if you haven't already done so. Also, share this with all of your VVA Chapter members.

The Secretary continues to request suggestions/ideas/improvements for the website to be sent to him.



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VVA Region Six Director – John Margowski

Margowski placed the list of the current Wisconsin Department of Veteran Affairs (WDVA) Executive Leadership team (James Bond, Secretary-designee, Christopher McElgunn, Deputy Secretary, and Josephy Hoey, Assistant Deputy Secretary) on a table for the Chapters to take.

The VVA Region Six Conference is scheduled to be held in Johnston, Iowa (near Des Moines) on May 19-21. The Conference registration fee includes lunch; reservations at the Conference hotel (Stoney Creek Hotel & Conference Center; 515-334-9000) can be made only between April 7-28. Please contact John and let him know how many will be attending the lunch so he has an accurate count.

Wisconsin AB245 (which reduced the eligibility threshold to claim the veteran's and surviving spouse's property tax credit) died in the legislature last year due to a lack of support. Concerned Veterans of America (a national organization) lobbied against the bill based on their dissatisfaction with the federal VA even though this bill applies only to the WDVA.

Wisconsin AB102 has been introduced (to replace AB245) and the Senate introduced SB102; it has been referred to the Ways and Means Committee but currently has no support. If we want the bill to pass we MUST contact our State legislators (Assembly and Senate) and tell them to support this new bill. You can write a letter, email, or call your State Representative and State Senator. Please call reach out.

Hypertension and Monoclonal gammopathy of undetermined significance (MGUS) have been added to the PACT Act for Vietnam-era veterans. Five new presumptive locations have been added for Agent Orange; none of them are located in the U.S.

John requested that all attendees re-read the VVA National Strategic Plan for Dissolution and discuss it with their Chapter members. Margowski expects the Strategic Plan to be discussed at the National Board of Directors meeting in April; however, it won't be discussed at the National Convention in August; it may be discussed at the October Board meeting. The Wisconsin State Council and its VVA Chapters will need to address how to continue if/when VVA National goes away. Since there is no action from National VVA, it is too early to be able to discuss this fully but the Strategic Plan is a good tool to use and consider Wisconsin's future plans.

James Mullarkey, VVA Chapter 425, made a motion that a committee is formed which would be composed of the WSC Board of Directors, the Executive Officers, the Executive Director, the four WSC Region Directors, and At Large Director, the AVVA State Representative and VVA Region 6 Director (John Margowski), all of whom would be charged to 1) review the potential implications of the VVA Strategic Plan for Dissolution of the WSC and its VVA Chapters; 2) identify the consequences, legally and operationally, of the continuation of the WSC; 3) develop a plan of action the WSC must follow given the National and State Council dissolution; and 4) identify directions VVA Chapters, a) should take if there is a National dissolution and/or WSC dissolution and b) recommendations to continue a chapter with the dissolution of VVA National and VVA WSC. Second by Vern Larson, Chapter 635; motion passed.

VVA At-Large Director – Richard Lindbeck

Richard discussed perspectives on the future of VVA. A committee comprised of four (4) National officers has been tasked with making a recommendation on dissolution; the membership will consider the recommendation(s) and make the final decision. President McManus suggested dissolution be discussed at 2023, 2025, and 2027 Conventions before a final decision is made. Richard expressed concern about waiting too long to make the decision due to the aging of the membership. If a dissolution plan is not made and implemented, all VVA assets will go to the State of New York to dispose of upon the VVA's dissolution.



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Several items were discussed at the last National Board meeting: leadership conferences; Rhode Island is the only location receiving Household Goods funds; State Councils must have a government affairs liaison; and, more town halls should be held, with more than one (1) issue being addressed at each town hall.

A dual VVA/AVVA pin is scheduled to be available at the August National Convention.

The National Mall will host a dedication to Vietnam Veterans' 50th anniversary on May 11-13.

Veterans Affairs Committee (VAC) /Council of Veterans Programs (CVP) - Vern Larson

The new Wisconsin designee for Secretary of Veterans Affairs, James Bond, is setting up a meeting with all veterans organizations including VVA. Mike Demske, Richard Lindbeck, John Margowski, and Vern Larson will represent the Wisconsin State Council at the meeting.

The Council on Veterans Programs is becoming more active. April 26 is Veterans Organization Day at the State Capital and will include a band, procession to the Capital, and meetings with legislators to discuss: AB102, the University of Wisconsin MIA Recovery Project, and decreasing the 5-year residency requirement for license reduction.

Vern met with the WDVA Secretary and his leadership team. The discussion included: increasing knowledge of veterans benefits; strengthening the relationship with veterans service organization groups; new veteran initiatives and supporting those initiatives; care at veterans homes; and a resolution to support funding for blue ribbon initiatives in Governor Evers' budget was adopted. Vern will be meeting with the WDVA again on April 5; please send any suggestions/questions you have to Vern.

AVVA Report – Pat Furno

AVVA members will have a meeting immediately after the WSC meeting to discuss proposed AVVA by-law changes to be presented at the AVVA National Convention. Those changes include changing “dual” to “full” membership status for VVA members and the ability to “transfer” a delegate from 1 Chapter to another for voting purposes at National Conventions (as VVA does). Wisconsin is eligible to send 7 delegates to the National Convention.

Committee Reports:

POW/MIA Report – Duane Canon

Duane provided updated information on MIA/KIA numbers for World War II, Korea, and Vietnam. Reports are on the WSC website.

Legislative – Dan Sciuti

Dan had an excused absence. He submitted his report electronically prior to the meeting. The handout highlighted budget proposals supporting veterans from a White House press release dated March 9, 2023 (including the PACT Act) and a February 9, 2023 press release from the Governor's office; proposed Wisconsin Legislature Assembly and Senate bills affecting veterans and the naming celebration of the USS Telesforo Trinidad (an Arleigh Burke-class Destroyer memorializing Medal of Honor recipient U.S. Navy Fireman Second Class Telesforo de la Cruz Trinidad).

Agent Orange Committee – Mike Demske

Mike reported that Wisconsin is not one of the states authorized to submit information about children of Vietnam veterans to Agent Orange/Toxic Exposure's national registry.

The Wall That Heals will be in Crivitz June 1-4.



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Scholarship – Ginny Nuske

The Scholarship Committee received 7 applications and 5 inquiries from schools for the (3) \$1,500 scholarships; all applicants were grandchildren of Vietnam veterans. There was a tie for 3rd place; the tie was resolved by the Committee.

Old Business:

None

New Business:

Make sure you discuss the bills Vern mentioned with your Chapters and/or anyone you know who is interested in supporting veterans.

There is a new Federal cemetery between Tomahawk and Minocqua.

Mike Johnson, Chapter 236, shared that the War Memorial will hold a ceremony on March 29, 2023, to commemorate the release of the last POW in Vietnam.

Tom Banner, Chapter 767, and Joe Graff(?). **The Secretary is requested to please confirm Joe's last name from the sign-in sheet**), Chapter 5, shared the loss of Chapter members.

Meeting adjourned.

Respectfully Submitted,

James E. Mullarkey

James E. Mullarkey, Secretary
VVA Wisconsin State Council

Joy Foye

Joy Foye, Associate Secretary
AVVA At-Large Member

/Minutes2023



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