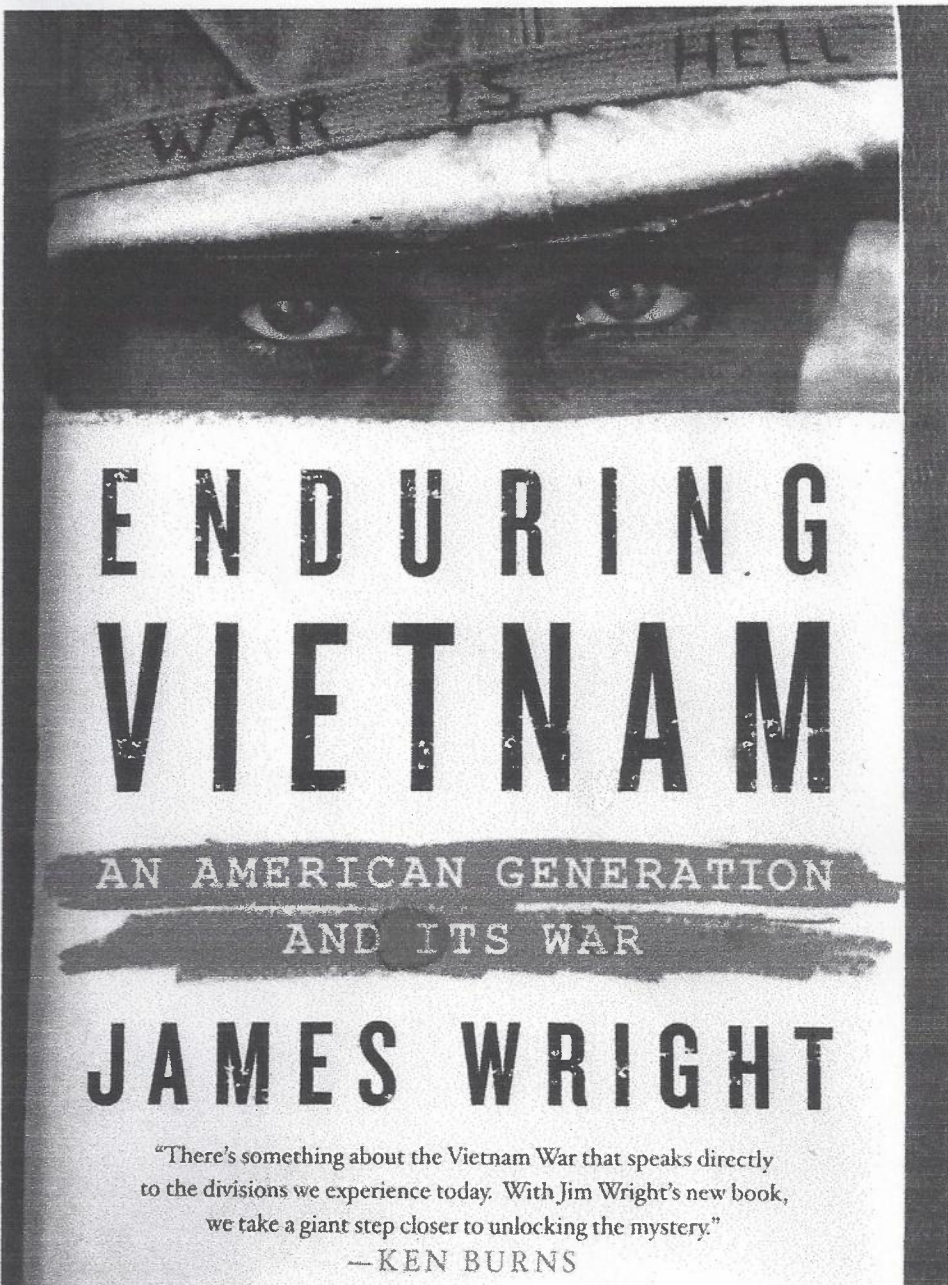




EVENT FEATURES TALKS BY EMINENT AUTHOR DR. JAMES WRIGHT AND LOCAL VETERAN DON SULLIVAN

Dr. James Wright (pictured above at Hamburger Hill in Vietnam) is President Emeritus and Eleazar Wheelock Professor of History Emeritus at Dartmouth College and the author or editor of several books, including *Those Who Have Borne the Battle*. His efforts on behalf of veterans and education have been featured in the *New York Times*, *Boston Globe*, *NPR*, and more. He serves on the Board of the Semper Fi Fund/America's Fund, the Advisory Board of the Marine Corps Scholarship Foundation, and has been a member of the Campaign Leadership Committee for the Vietnam Veterans Memorial Fund Education Center. He recently completed service on the board of Iraq and Afghanistan Veterans of America (IAVA).



Don Sullivan, (pictured at left at medal award ceremony in Vietnam), is a Winthrop native and holder of 16 decorations including the Silver Star and Purple Heart will be discussing Hamburger Hill and the events there that led to his having and living with PTSD and the aftereffects of Agent Orange. He'll also discuss how to recognize PTSD, advances in PTSD therapies and how to get effective treatment for it.

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My name, as you heard, is Don Sullivan. Now that you've heard my name I'd ask you to forget it. Why? Because I'm here representing tens of thousands, no, hundreds of thousands of men and women who have been in combat and have endured or are enduring the effects of those experiences. *Despite*
out of it create in smoke, back ground, color, age, etc. cannot understand it
What we hundreds of thousands would like to do is share with you information in 2 areas: one is that of the aftereffects of Agent Orange and resources about it; and, the other is PTSD-----what it is and more importantly is not-----how we got it-----what it was like having it before it existed----sounds strange doesn't it-----including the depression, the despair, the alienation and the visible and invisible symptoms. Finally, we would like to share with you the hope----hope that comes from therapies and resources and programs, most of which didn't exist even ten years ago. *wouldn't the same*

Agent Orange is simple. It is a herbicide that the U.S. used in Vietnam to take away the hiding places in the jungle of the Viet Cong and North Vietnamese, collectively known by the dehumanizing term--- GOOKS. While the Vietnamese people are still living in areas contaminated with it 50 years later, and suffering horrendous birth defects and other health problems, we American combat troops (and some non-combat personnel) were lucky---- we only slept on the ground on which it was sprayed, drank the water in which it gathered and breathed the air in which it was transmitted-----for a year. There are now 19 adverse health conditions recognized by the VA as caused by Agent Orange which are the basis for disability compensation claims, including many cancers. There are other conditions not recognized by the VA but known by veterans and non-VA doctors to be caused by Agent Orange. Please do two things if you or someone you know may have been exposed-----one, sign up for the Agent Orange Registry at the VA since this will result in your getting kept up to date on what the VA recognizes about Agent Orange. Two, take a resource sheet which can be found { WHERE?} and learn more about it. Since there is no cure for exposure to Agent Orange, these are really the only steps available right now.

Let's move on. Dr. Wright talked about the battle for Hamburger Hill and the example he gave of Buck Dufresne singing "swing low sweet chariot" was about one of my men killed in that battle. My battalion of about 600 men, had landed at the base of Dong Ap Bia, (in native language, "Mountain of the Crouching Beast") also known as Hill 937 because of it's height in meters. My particular helicopter dropped us off at 10:42AM. Could I get a volunteer to remember that date and time? May 10th at 10:42AM? If you hear that date and time, regardless of what year goes with it, later in this talk would you stop me and say so? Thank you.

Anyway, our first major attack on the top of what became known as Hamburger Hill led to the scene Dr. Wright described. That scene has lived in my mind and my emotions everyday since. One minute I was leading an assault of the enemy and the next minute the shattered bodies of 6 of my men lay in front of me with a suddenness and violence that is incomprehensible to this day. The feelings of despair, guilt, shock, inadequacy, although I couldn't know it then, were only the tiniest down payment on what was to come.

So what is PTSD----it really occurs in two stages. Stage one is immediate and is the response of the body's autonomic system. I bet you didn't know you were signing up to hear about autonomics tonight. Autonomic systems control bodily functions without conscious thought on our part----breathing, heart function etc. So, when confronted with horror(trauma) the body automatically takes over and shuts down certain areas so that survival functions take charge and supercharges others. Non-productive emotions, meaning virtually all of the good ones like love, etc. have to be shut off temporarily. Adrenaline is increased, mental processing is sped up, and so on. Stage two is how the body and mind defend themselves from the horror long term. But before getting to that, let's look at what PTSD is not. Our current occupant of the White House expressed his sympathy for those who "couldn't take it" in

combat. Sorry, Mr. President, but you're wrong. How many people have heard numbers like 15% of Vietnam veterans suffer from PTSD and up to 30% of Iraq and Afghanistan veterans do so? That seems to favor the argument that these people simply couldn't take it. What nobody has succeeded in making a key part of the national PTSD narrative is that only a small percentage of the troops in Vietnam and Iraq/Afghanistan are combat troops.

Top PTSD researchers today believe that about 90% of people involved in combat with visible blood and gore develop PTSD. Indeed, they are starting to ask what is wrong with the other 10% who don't and they are starting to suggest that the 10% be evaluated for hidden mental illness in the sociopath category. So, developing PTSD is actually normal and not doing so is concerning.

But, what does it look like. Well, first of all, you know something is "wrong", but you don't know what. There is a pressure that builds up inside and you have to bat it down-----for most people that means alcohol, drugs, dangerous behaviors, etc. We avoid anything that physically reminds us of the trauma----news stories, certain movies, fireworks. We often have difficulty falling asleep or staying asleep and any loud noise or unexpected appearance produces an exaggerated startle response.

The drinking, etc. also help suppress unwanted flashbacks or nightmares----my psych people are really pleased that in the last 6 months my flashbacks have started appearing in technicolor rather than black and white----they say it shows my brain is letting me see more reality which they say is good.

Drinking, etc. also help overcome the anxiety that in untreated PTSD just keeps getting worse and worse----an anxiety that leads to cutting myself off from everyone and any situation that may be threatening. We evaluate everything for threats----we have to sit facing activity in restaurants, etc. and we do a threat assessment in every environment in which we find ourselves. Oh, and we usually have significant severe clinical depression.

But, most of all, we're angry-----very, very angry. It's always there, just below the surface, ready to erupt over anything or even nothing. We feel cut off from others because no one can ever understand what we went through. We have trouble with good emotions, combine that with depression, and we don't expect to have a "normal" lifespan, and indeed, between 20 and 25 veterans PER DAY die by suicide. The Vietnam era lasted from 1961 to 1975, or 14 years. An average of about 4,200 personnel killed in combat each year on average. Taking 20 veteran suicides per day that works out to 7,300 suicides per year, or about 74% more than were killed in combat. And, the vast majority of suicides are believed to be combat related.

How did I get diagnosed and treated? On May 10, 1998 at 10:42AM I had a heart attack. In the cardiac rehabilitation, a psychiatrist told me I had clinical depression and PTSD. I told him he was the one who was nuts.

Eventually, that encounter led me to the VA where I found highly competent, caring and understanding people and programs who helped me start thinking correctly again and gave me and us part of my life back again. Because of how long I had PTSD, undiagnosed and untreated, I will never be cured----my physical brain has been negatively changed by it. But there is real hope for people from Iraq and Afghanistan----their PTSD can be treated so that the brain changes don't occur and a cure can be foreseen for them.

Next morning

After all these years since 9/11

develop PTSD

every day I see these people die and I bring back to these feelings of guilt etc

we also avoid getting or staying close to people

People die and it hurts

we have trouble with good emotions

MY FIRST

BUT AT MY REMINDER HE REMINDED ME THE HEART ATTACK OCCURRED ON THE EXACT ADDRESS OF STARTING PTSD THE IMPACT OF THE MIND ON THE BODY

The therapies available today, even compared to ten years ago, are shorter, more effective and much more accessible. The handout mentioned earlier list various ways of accessing VA therapies, programs, and even apps to help you coach yourself in aspects of PTSD while remaining anonymous.

so where ~~do~~ that have us?

Please----if you know anyone whom you suspect of having PTSD, combat or not, let them know that there is help available.

PTSD is not weakness but a naturally universal response to trauma + horror with the degree of PTSD primarily associated with degree of horror.

PTSD gets worse and less treatable if not treated.

Effective programs exist to treat it with varying degrees of ANONYMITY but more ANONYMITY ^{MAY} reduces effectiveness

While each TRAUMA (combat, sexual, accident, etc) has some uniqueness, they are all fundamentally the same.

WHAT IS POSTTRAUMATIC STRESS DISORDER?

Session 1- Handout 1

Posttraumatic Stress Disorder (PTSD) is made up of symptoms from the following categories: 1) Physical, 2) Thoughts, 3) Behaviors, and 4) Emotions.

1) Physical: These symptoms are the body's response to anxiety. When we think we are in danger, the body prepares for "fight or flight." For people who have experienced traumatic events, this level of physical arousal may be maintained long after the immediate danger has ended. Physical symptoms include:

- a. physical reactions to reminders of the war (e.g., increased heart rate when watching a news story about the current war, nausea when thinking about what happened in Nam)
- b. difficulty falling or staying asleep
- c. exaggerated startle response

2) Thoughts: In conjunction with the body's physical preparation for threat or danger, the mind also is active during a state of anxiety. One of the major effects of feeling anxious or perceiving threat is that your attention shifts toward any possible sign of danger, causing you to be overly concerned about possible harm. Thought symptoms include:

- a. extreme sensitivity to your surroundings
- b. upsetting thoughts or images from the trauma event
- c. difficulty concentrating
- d. war related nightmares
- e. problems remembering details of what happened during the trauma event

3) Behaviors: Some people find themselves avoiding situations that make them feel anxious. These behavioral symptoms can actually reinforce the anxiety because you never test out your prediction of danger. Behavioral symptoms include:

- a. efforts to avoid thoughts, feelings, or conversations associated with the trauma event
- b. efforts to avoid activities, places, or people that remind you of the trauma

4) Emotions: Typically, during and after a trauma, people experience an overwhelming number and variety of emotions. Additionally, it is common for your emotional system to become

overloaded by the intensity of the emotions you have experienced and to temporarily shut down.
Emotional symptoms include:

- a. irritability or outbursts of anger
- b. emotional reactions to reminders of the trauma (e.g., feeling uncomfortable when hearing a helicopter or airplane, becoming angry when thinking about what happened to you in combat)
- c. flashbacks (e.g., acting or feeling as if the traumatic event were recurring)
- d. feeling less interested in activities that used to be pleasurable
- e. feeling cut off from others or as if they do not understand you
- f. trouble feeling a range of emotions (e.g., unable to have loving feelings)
- g. sense of foreshortened future (e.g., not expecting to have a long life, feeling like something is going to cause you to die early).