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45th anniversary of the vietnam war

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Even today, the United States is struggling with the ghosts of the Vietnam War. After World War II, the U.S. military looked almost invincible, and the benefits of the fierce battle in the South Korean conflict seemed to confirm that fact. So when violence in Vietnam beed unavoidable, most people were convinced that the country would find victory again. How much do you remember about the facts and figures of the Vietnam War in this booby-trapped quiz quicksand? This was a complex political standoff in which major countries such as the USSR, China and the United States engaged in proxy wars. All side dumped a huge amount of firearms, supplies and cash into the area in the hope that the results would be shaken. Of course, the United States finally committed the military. Do you remember how these strange events unfolded? Civilians on both sides lost their lives. Hundreds of thousands of troops lost their lives. And places like Saigon, Hanoi and Hamburger Hill became icons of the times. Grab your M16 and see if you can survive this Vietnam War quiz now! The award-winning website provides a reliable and easy-to-understand description of how the world works. From fun quizzes that bring joy to your day, to engaging photos and fascinating lists, HowStuffWorks Play offers something to everyone. Sometimes we explain how things work and other times we ask you, but we are always exploring in the name of fun! As a pentagon commemorative partner, he led the 50th anniversary of the Vietnam War Memorial Program, and hundreds of events were planned in late March and early April to coincide with national Vietnam War Veterans Day on March 29. Va event coordinators retain all commemorative lapel pins and other materials shipped from the Department of Defense to support future events. For more information about the program, please visit www.vietnamfar50th.com. For veterans with Facebook accounts, they can place photos and download frames at www.facebook.com/profilepicframes/?selected_overlay_id=908037382943967 to show their pride for the service. The frame shows the pins and texts of Vietnam War Veterans Day, a country of gratitude and honoring you. What are the latest VA updates for coronaviruses and common sense tips for preventing them from spreading?I'm sick, visit . For more information about coronaviruses, please visit Additional Resources: In 2017, President Trump signed the Vietnam War Recognition Act, which designates March 29 every year as National Vietnam War Veterans Day. This is an opportunity for Americans to recognize, honor, and thank Vietnam veterans for their service in the longest war in our history. The commemorative ceremony represents all men and women who served in the U.S. military in Vietnam from November 1, 1955 to May 7, 1975. Nine million Americans, including 58,000 people who lost their lives and the lives of about 7.2 million people today, served in the meantime. HSR&D is working to identify, evaluate, and implement evidence-based strategies to help va healthcare systems provide optimal care for all veterans. The following are just a few of the studies that benefit veterans, especially in the Vietnam era. The study examined the lifetime and current rate of PTSD in female veterans who served during the Vietnam period in war-to-war locations and the extent of places associated with PTSD. Using data from VA's Vietnam-era Women's Research Health (HealthVIEWS), investigators identified three cohorts: female veterans who served in Vietnam, female veterans who served near Vietnam (i.e., Japan, Guam, Philippines), and those who followed U.S. data for research from 5/11 to 8/1. Collected by mail and phone up to two, 1,956 female veterans who served in Vietnam, 657 women who served near Vietnam, and 1,606 women who followed U.S. findings show: Women veterans who served in Vietnam had significantly higher levels than women in the United States or Vietnam. The lifetime prevalence of PTSD was 20%, 12%, and 14%, respectively, in Vietnam, near Vietnam, and in the United States. The current disease rate of PTSD was 16%, 8%, and 9%, respectively, for these three cohorts. The higher the rate of illness among women who served in Vietnam, the more war-time exposure was. In particular, self-reported sexism and harassment and performance pressures were associated with both the life of these women and current PTSD. Impact: Clinicians should be alert to the symptoms of PTSD, even for older female veterans, and encourage them to seek appropriate treatment if legitimate. Magleder K, Serpi T, Kimerling R, Kirborn A, And other Vietnamese female veterans with post-traumatic stress disorder in JAMA Psychiatry.2015;72(11): Evaluation of 1127-1134. † Glycemic TreatmentOne in four high-risk veterans have diabetes, 40% of them are 60 to 69 years old (Vietnamese cohorts) and about 25% are over 70 years old. In addition, severe comorbidity is common (31%) young people <65 years) the-2003-va/dod-diabetes-guides-guides-(pogach, american-diabetes-association, -and-va/dod-guides-(conlin-et-al.,2017), agreement.-however, the-current-national-commit-for-quality-assurance-(ncqa)-<65> <8% a1c-measure-for-persons-65-74-years-of-age-has-not-been-updated-since-2008.-it-neiter-stratifies-by-insulin-no-excludes (75-year-old). Funded through the VA HSR&D Quality Improvement Research Initiative (QUERI), the long-term goal of the project is to improve the validity of blood glucose performance measurements in the elderly. The specific objective is to develop technical specifications for clinical indicators of under-treatment and over-treatment and to assess variations at the VA organizational level (regional-based outpatient clinics, facilities, and VisN). We also work with our business partners to develop clinical indicators for overcare and in-treatment that can be used to improve quality, monitor, and directly inform patient care. Using VA data, researchers identified 435,078 patients with insulin or sulfonylurea for glycemic control in fiscal 2012 and identified patients who received care at one of 130 VA facilities. Findings show: Nearly half of veterans in the study were over-treated or under-treated, exposed to short-term harm. Among elderly/sick patients with sulfonylureas and/or insulin, over-treatment (7%) was-2.2-fold-more-common-than-under-treatment Fluctuations in facility levels were large, and even the best performers had more than one-third of the high-risk patients with out-of-range A1c levels. Only 28% of patients were in the A1c range of 7.5%-8.5%, which is Guideline Concord. Impact: Investigators are current <8% a1c-measure-for-older-adults-on-hypoglycemic-agents-with-out-of-range-measure-measure-that-more-appropriately-focuss-physical-action It's a constant, it's, it's, it's, it's, it's, it's, it's, it's, it's, it's a department, it's a department, it's a health, it's a human, it's a services', it's a plan, it's adverse, it's adverse events-diabetes-agents.-this-plan-related-that-the- <8%> <8% A1c measures for old adults be revised because they don't do not a1c <8%> measures<a1></a1> measures<a2></a2> <a3></a3> adults<a4></a4><a5></a5><a5></a5> We recommend that you replace <7%> <8%> Patients with important co-existence conditions having higher goals would be appropriate in accordance with the new guidelines: Publications: Proposals for blood glucose group health safety measures outside the scope of Pogachi L, Tsen C, Seroka O, and other diabetic elderly people. Diabetes care. April 2017;40(4): Features related to non-fatal suicide attempts, including 518-525. † firearms Out of the suicides of about 22 veterans daily, only about five are completed by veterans registered with the VA medical system. More than 1,250 veterans receiving care at VA facilities attempt to commit suicide each month, and 15 percent who survive these attempts are trying repeatedly within the next 12 months. Veterans are more likely to use firearms as a method of suicide, accounting for 67% of veteran suicides compared to 51% of the general population. However, the factors that put people at risk or protect them from suicide are not fully understood. This HSR&D study attempted to assess the context and characteristics of non-fatal suicide events, including firearms. Identify facilitators and barriers to seeking and disclosing intent before the event. Develop recommendations to reduce access to firearms during periods of extreme mental pain. To understand the characteristic factors involved in the attempt and the context in which it occurred, researchers recruited veterans who were admitted to VA Hospital within 72 hours of serious suicide attempts and attempts involving firearms. 15 veterans were registered for the study in 12 months. Participating veterans served in the OIF/REEF/OND conflict and the Vietnam era. The characteristics of the evaluated veterans included attitudes about firearms, cultural beliefs about firearm ownership, awareness of family and environmental connections, and an attitude of seeking help. Investigators also examined access and use patterns for veterans with firearms, important events, environments, and relationships. Research results show: Veterans said most often that the use of firearms is due to familiarity with the known lethality associated with their use. However, many people said that other means are considered when previously used and firearms are not available. Veterans reported the importance of having family and friends as a support structure, asked for all help, and acknowledged the importance of talking about their mental and physical health issues. The majority (80%) participated in counseling sessions at some point in their lives, and 47% reported their participation by the end of the year. But most people have shown that they are not talking to anyone about suicide. By participating in research interviews, it has been reported that they helped them feel pain. The survey results also showed that the most (67%) of veteran participants tried suicide and really wanted to die. 73% have repeatedly thought of suicide in the past year, and 40% have shown serious thought that they will commit suicide more than five times within the past year. Many veterans (47%) indicated the possibility of future retries. Overall, a majority (60%) of veterans felt that they did not belong, but 54% felt that there were people they could rely on when they needed it. More than 60% reported that past stressful military experiences had an ongoing impact on them and avoided situations or ideas that would resense those experiences. Meaning: The results show that the suicide attempt/ideology of a veteran exists over a period of time, that veterans can choose all means to complete the suicide, choose a firearm because of the high mortality rate, and retry suicide. The sense of alienation was mentioned in the majority, but social support had a preventive function in times of crisis. Personalized life expectancy to improve care for prostate cancer veterans receiving VA Healthcare †, family history, race, or exposure to toxins such as Agent Orange (Vietnam War Veterans) or Burn Pit (Iraq War Veterans) may increase the risk of prostate cancer. Prostate cancer is the most common male cancer and is presented to older men who may have additional medical conditions and often follow an indomitable course. It is estimated that 60% of all prostate cancer cases represent over-diagnosis of tumors that are not clinically significant. In patients with prostate cancer, over-diagnosis refers to the diagnosis of disease processes that do not cause symptoms or death. Similarly, over treatment refers to the treatment of prostate cancer that does not go except to cause symptoms and death. This ongoing HSR&D study aims to leverage VA's standardized electronic health record power to generate personalized risk-adjusted lifetime estimates. Researchers use these estimates to provide important information to inform prostate cancer screening and treatment decisions. Specific objectives include developing highly personalized life expectancy estimates as a function of patient-level features including age, race/ethnicity, previous medical claims, disease severity, exposure, health habits, pharmacies, and test data for veterans of prostate cancer. Then, to evaluate the appropriateness of prostate cancer treatment in VA among men with a limited estimated life expectancy. Researchers use a machine learning approach to generate the best model for overall survival. Using general, personalized life expectancy estimates, they are also estimated Over treatment of prostate cancer in VA. Impact: These efforts have the potential to provide higher quality prostate cancer care by treating patients most likely to benefit while avoiding wasted treatment and minimizing treatment-related side effects. † integrating tobacco, drinking and depression into stroke tools that have experienced a stroke is at risk of smoking, drinking and depression. These behaviors/disorders are likely to reduce self-management and increase the risk of recurrent stroke. The Self-Management TO (STOP) Stroke Tool is a reminder of VA's computerized patient record system (CPRS) that encourages clinicians to develop Clinical Practice Guidelines (CPG) for secondary stroke prevention. In addition, STOP facilitates patient/provider shared decision-making and joint goal setting for stroke risk factor management and patient self-management behavior. The purpose of this pilot study, funded by HSR&D QUERI, was to integrate and test state-of-the-art, evidence-based smoking, problem drinking and depression modules as part of the STOP stroke tool. In Phase 1 of the study, researchers observed and obtained feedback from VA providers and veterans on barriers and facilitators using the new module while interacting with the STOP stroke tool during a simulated clinic visit. After changing the module based on this feedback, Phase 2 consisted of implementing the new module by evaluating the 60-day reduction of smoking, problem drinking and depression. Of the 42 participants in the baseline, 26 responded to the 60-day follow-up. The majority of participating veterans served during the Vietnam period (69%). The survey results showed that on average the number of cigarettes smoked at baseline was 15 and decreased to 12 in follow-up. The percentage of study participants who reported that smoking cessation was very important rose from 78% of the baseline to 84% at the time of follow-up. The percentage of participants who reported that they were very confident of continuing smoking cessation rose from 22% of the baseline to 32% at the time of follow-up. Alcohol Use Disorder Identification Test (AUDIT-C) was used to evaluate the use/misuse of alcohol. In the baseline, the percentage of problem-related drinkers defined as 4 or more for men and 3 or more for women was 29%, and the AUDIT-C score was significantly reduced to 0% in all veterans and follow-up with less than 4. Patient health questionnaires (PHQ-9) were used to assess depression in baseline and follow-up. The proportion of participants in the study of major depression defined as 10 or higher PHQ-9 scores was 21% and 31% in follow-up. Impact: It is possible to integrate evidence-based interventions against smoking, problem drinking and depression within the STOP Stroke Tool. While you're there. The gradual improvement of smoking and problem drinking in this small sample requires more research to determine the effectiveness of the patient's intervention in the return. † †

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