

ADVISORY COMMITTEE ON THE READJUSTMENT OF VETERANS

October 2007 Meeting Minutes

A. Summary of Agenda:

1. The referenced Committee conducted a regularly scheduled meeting in Washington, DC on Thursday, October 4 and Friday, October 5, 2007. In attendance were Hector de Leon, Art Fillmore, Allen Hoe, Daniel Lindsey, Carlos Martinez, David Pryce, Artie Shelton, and John Sommer.

2. The two day agenda featured (1) subcommittee report regarding group's activities at a PDHRA, (2) presentations by VA and DoD officials on identified topics, and (3) a viewing of the documentary film "Shakey's Hill" on the Vietnam War.

3. Subcommittee Report: In May 2007, a Subcommittee consisting of Dr. Artie Shelton, David Pryce and Daniel Lindzey traveled to Camp Shelby, Mississippi to participate with local Vet Center staff in a Post-Deployment Health Reassessment (PDHRA) event. The PDHRA Program is a DoD force health protection contract program designed to enhance and extend the post-deployment continuum of care. The PDHRA offers education, screening, and a global health assessment to identify and facilitate access to care for deployment-related physical health, mental health and re-adjustment concerns for all service members. The PDHRA is conducted 90-180 days post-deployment, and provides outreach, education, and screening for deployment-related health conditions and readjustment issues, and outreach. As necessary referrals are made to Military Treatment Facilities, TRICARE providers, Department of Veterans Affairs (VA) health care facilities, and Vet Centers for additional evaluation and/or treatment. The Committee members in attendance observed the proceedings and actively assisted the Vet Center staff in greeting veterans referred by the military contract screeners for mental health and readjustment issues.

4. Presentations: For the fourth consecutive year, the main focus of the Committee's activities was on the military-related service needs of returning veterans from the war on terrorism in Afghanistan and Iraq. For this purpose, the Committee was host to briefings from several Department of Defense and Department of Veterans Affairs professionals. The Committee was briefed on mental health services at the Walter Reed Army Medical Center by Col. John Bradley, M.D., the Chief of Psychiatry, and on mental health programs for returning service members presented by two representatives from the DoD's Force Protection and Readiness, Health Affairs, Col. Loree K. Sutton, M.D. and Col. Kenneth Cox, M.D. The Committee also received briefings from the following VA Offices: (a) Seamless Transition, Dr. Ed Huycke, M.D.,

(b) Mental Health, Dr. Ira Katz, M.D., and (c) the Readjustment Counseling Service Vet Center Program, Dr. Alfonso r. Batres, Ph.D. The Committee also was host to a representative from Mr. Jim Mayer of the Wounded Warrior Project who presented observations regarding today's returning wounded.

5. Finally the Committee was host to Mr. Norman Lloyd, the producer of a documentary film about the insertion of the 5th of the 7th Cavalry into Cambodia in May 1970. Mr. Lloyd was accompanied by General Maury Edmonds (U.S. Army Retired) who was the commander featured in the film. The Committee viewed the film and discussed its therapeutic implications with Mr. Lloyd and General Edmonds following the viewing.

B. Summary of Recommendations: The recommendations below are those generated by the Committee during its meeting in Washington, DC in October 2007. Committee recommendations 1 through 3 are similar to ones presented in last year's report. The Committee is including them in this year's report based upon the Committee's belief about their continuing value to war veterans and family members.

1. The Committee commends VA for authorizing a Vet Center program expansion to be completed in FY 2008 that includes 23 new Vet Centers and staff augmentation at 61 existing Vet Centers. However, based on a number of findings as listed below, the Committee recommends that VA consider additional augmentation of the Vet Center program:

- The growing number of separated service members from OEF/OIF to date who will require substantive readjustment counseling in Vet Centers.
- The high number of National Guard and Reserve component forces who disperse to all corners of the country upon separation from OEF/OIF.
- The Army studies conducted by Colonel Charles W. Hogue of the Walter Reed Army Institute of Research, that document the high incidence of combat related stigma and readjustment problems among OEF/OIF returning combat veterans.
- The effectiveness of VA's community-based Vet Centers in contacting the new veterans through aggressive GWOT outreach campaign and in providing timely readjustment counseling to veterans and veterans' family members.

The Committee believes that VA's capacity to respond to the service needs of the increasing number of OEF/OIF veterans and family members will be critical for years to come, and that further expansion of the Vet Center program is the most effective way to build VA's infrastructure to meet their needs over time.

2. Based upon the legislative authority for treating veterans' families at Vet Centers, the centrality of family relations to veterans' readjustment, and upon the demonstrated value of providing family counseling at those Vet Centers that have a qualified family counselor on staff, **the Committee recommends that VHA augment the Vet Center program's capacity to provide family counseling to traumatized veterans by providing additional resources for qualified family counselors at Vet Centers, the number and location of which to be determined by RCS.** The Committee understands that a family counselor is not necessary at every Vet Center, but that some level of augmentation of family counselors at Vet Centers would enhance the program's capacity to clinically address the more complicated family adjustment problems among increasing numbers of returning OEF/OIF combat veterans.

3. The Committee believes that as time increases following demobilization and separation from active military, many veterans will develop readjustment problems to include the delayed onset of PTSD. To facilitate ease of access to Vet Centers for care once veterans have returned to their home communities, **the Committee recommends that Vet Centers ensure continuation of the more traditional methods of community outreach in addition to the GWOT outreach at demobilization sites.** Such methods would include liaison with community emergency responders, educational presentations at community mental health and social service agencies, and any other form of community education and liaison that will result in facilitating veteran referrals for follow-up readjustment counseling.

4. The Committee recognizes the value of the DOD/VA partnership in conducting PDHRA screenings of redeployed war veterans to be an important means of referring OEF/OIF veterans for needed VA services. **The Committee recommends that the Vet Center program continue its current practice of participating in 100% of all PDHRA events.**

5. The Committee reviewed literature distributed by the VISN 5 MIRECC that described the activities of the Returning Veterans Outreach, Education and Care Program (RVOEC). The Committee believes that the RVOEC program provides services that are redundant to the Vet Center program, and thereby are a misuse of vital mental health resources needed to treat veterans with complex and severe mental health problems. The Committee also believes that these services are important for war veterans and they are provided with greater effectiveness by the Vet Center program. **The Committee recommends that VA medical centers discontinue any efforts to establish programs duplicative of the Vet Centers.**

6. Given the incidence of severely wounded veterans returning from OEF/OIF suffering from TBI and PolyTrauma, the Committee recommends the following areas of consideration for a Vet Center program role in the long term rehabilitation of severely wounded veterans and their family members:

- To enhance the level of community services for severely wounded veterans, promote the establishment of collaborative partnerships between VA poly trauma units and Vet Centers, to include mutual briefings and tours of local facilities by staff.
- Promote increased utilization of Vet Center readjustment counseling services by families of severely wounded veterans who may also have war-related readjustment problems.
- As appropriate, increase the level of referral services for veterans to local Vet Centers for after care following their discharge from a poly trauma center.
- Increase the utilization of the Vet Centers for treatment of war-related readjustment problems to include PTSD, substance use, depression and suicide prevention.
- Promote the role of Vet Center counselors to provide veteran to veteran peer support.
- Promote the use of Vet Center community-based services to maximize the development of community service networks and referral sites for family members of severely wounded veterans, to include child care facilities, educational resources, interactive web sites, and other local family support agencies.

7. The Committee was informed by the Chief of Psychiatry from WRAMC that since the onset of hostilities in Afghanistan and Iraq, over 25,000 service members have received a separation from the military for ‘Personality Disorder’. Although the Committee was provided with no information as to how many of these separations were for combat veterans, the Committee remains concerned that many of these are combat veterans with war-related PTSD or other psychological readjustment problems, and who were erroneously coded as personality disorders by the military.

Given this information **the Committee recommends that VA promote a legislative proposal reinstating a provision in the original Vet Center authoring legislation in 1979 (Public Law 96-22) that was repealed by subsequent legislation in 1996 (Public Law 104-262).** This provision authorized the Vet Centers to provide limited assistance to war veterans to resolve problems presented with the character of their discharges. This provision gave the Vet Centers the latitude to help veterans with problematic discharges, assessed by Vet Center staff to have a probable connection to war trauma, by referral to services outside the VA and/or to obtain a discharge upgrade.

8. The Committee was informed during the briefing on VA mental health services that VA primary care physicians are adopting a major role in the provision of mental health services. **The Committee recommends, therefore, that VA primary care physicians be required to undergo training on general military culture and the military experiences pertaining to veterans of specific campaigns and combat theaters.** The Committee believes that for each combat theater, the following variables will have significant consequences for the physical and mental health conditions of its veterans. The Committee likewise believes that the outcome of the VA health care services provided is largely contingent upon the attending physician's knowledge of the combat conditions experienced by the veteran:

- Historical source of the engagement
- Type of warfare and rules of engagement
- UN involvement
- US public support
- Support of indigenous population
- Geographical boundaries and conditions of the combat theater
- Natural and technological environmental exposures
- Adverse medical risks
- Involvement of National Guard and Reserve Personnel
- Involvement of Special operation forces
- Total service members deployed to the combat theater
- Military policy regarding multiple tours to the combat theater

9. It is the understanding of the Committee that Vet Centers make far more referrals to VA medical centers than VA medical centers make to Vet Centers. The Committee also understands that VA mental health professionals at medical centers have no standardized mechanism for executing and tracking referrals to Vet Centers. **The Committee recommends that VHA Mental Health establish a standardized referral procedure to Vet Centers and develop a performance measure that requires follow-up from the VAMC within 30 days to ensure that the veterans are receiving the care intended by the referring VA clinician.**

10. The unanimous judgment of the Committee following its viewing of the documentary film Shakey's Hill, was that the film was of significant therapeutic value to veterans and family members. In addition to the actual combat footage in Vietnam, the film promoted the role of family, peers and community in war veterans' readjustment through film footage showing a reunion among the surviving veterans in the present day. The Committee understands that VA can not endorse products intended for commercial gain. However, the film's producer, Mr. Norman Lloyd, has established a not for profit organization to help him defray the personal cost of promoting his film. **The Committee recommends that VA give consideration to any ethically feasible means to promote the widest distribution of this film at VA Vet Centers and other VA facilities for viewing by the widest possible veteran audience.**