

Veterans Affairs

January 2018

Compiled by Mercer County Veterans Affairs Office

2018 Retiree/Veterans Events Schedule is Online – Milton Bell, RETVET Events Schedule Manager (Youngstown Air Reserve Base Retirement Activity Office)

The RETVET Events Schedule is intended to serve as a one-stop resource for retirees and veterans seeking information about events such as retirement appreciation days (RAD), stand downs, veterans town hall meetings, resource fairs, free legal advice, mobile outreach services, airshows, and other beneficial community events. The events included on this schedule are obtained from military, VA, veterans service organizations and other reliable RETVET related websites and resources.

The current 2018 RETVET schedule is available at [http://www.hostmtb.org/RADs and Other Retiree-Veterans Events.html](http://www.hostmtb.org/RADs_and_Other_Retiree-Veterans_Events.html).

At your leisure, please review the events schedule.

If your event is listed, please let me know if more information about the event should be added to the schedule, e.g., information such as street address, phone number(s), link to a flyer or webpage, etc.

NOTE: Hover over (mouseover) scheduled events to see if additional information is available for the events.

If you're involved with a 2018 RETVET event that's not listed on the draft schedule, please provide information about the event for inclusion on the new RETVET schedule. Please include location, phone number, etc. Tentative event dates are acceptable.

All events identified for inclusion on the 2018 RETVET schedule will be greatly appreciated. Please keep our schedule in mind when scheduling RETVET related events throughout 2018.

The RETVET schedule, the host website and associated mailing lists are all non-profit and supported entirely by personal funds.

Please let me know if you have any RETVET Events Schedule related comments, questions, and/or suggestions.

Thank you, and thank you very much for all you do for our retirees and veterans.

Contact Milton Bell at milton.bell126@gmail.com.

Introducing TRICARE Select – TRICARE Health Matters

On Jan. 1, 2018, a new program called TRICARE Select will replace TRICARE Standard. Beneficiaries who are using TRICARE Standard and TRICARE Extra as of Dec. 31, 2017 will be automatically converted to TRICARE Select on Jan. 1, 2018. Beneficiaries will remain in the plan unless they choose to change their coverage. Here are a few of the changes you'll notice with TRICARE Select:

TRICARE Select is a preferred provider plan. Once enrolled, you choose to receive covered benefits from any TRICARE-authorized provider without a referral or authorization. (Certain services require prior authorization.) You can also receive services from authorized, out-of-network providers, but you'll pay higher cost-sharing amounts for this out-of-network care. Care received from non-authorized, out-of-network providers won't be reimbursed by TRICARE.

All TRICARE plans, except Continued Health Care Benefit Program (CHCBP), will shift from fiscal year (Oct. 1 to Sept.30) timing to a calendar year timing (Jan. 1 to Dec. 31). This is important to note for those plans with an enrollment fee and billed by the fiscal year, such as TRICARE Young Adult (TYA).

Beginning Jan. 1, 2018, you must be enrolled in a TRICARE plan for TRICARE to share costs on any civilian health care claims. As mentioned, if you are covered by TRICARE Standard on Dec. 31, 2017, your coverage will be automatically converted to TRICARE Select on Jan. 1, 2018. If you become eligible for TRICARE after Jan. 1, 2018, you must actively enroll in a TRICARE Prime option or TRICARE Select.

New active duty service members and family members will automatically be enrolled in TRICARE Prime if they live near an active military installation, and if not, in TRICARE Select. You may enroll and dis-enroll in TRICARE health plans at any time during 2018. To learn more about enrollment, go to www.tricare.mil/about/changes/enroll.

In fall 2018, there will be an open enrollment period in which you can enroll in or make changes to your TRICARE plan. The changes you select will take effect Jan. 1, 2019.

In 2018, the open enrollment period will occur from Nov. 12 to Dec. 10, 2018. For 2019 onward, if you choose to switch between a TRICARE Prime option and TRICARE Select, you can only do so during the fall open enrollment period or within 90 days of a Qualifying Life Event (QLE). QLE's include events like marriage, birth of a child, a move and more. Learn more at www.tricare.mil/lifeevents.

VA Refutes Rumors of a New Policy on Medical Marijuana – Leo Shane III (Military Times)

Veterans Affairs officials are denying a report that they have softened their stance on medical marijuana, insisting that updated guidance on the drug does not amount to a new policy change.

...Marijuana Majority founder Tom Angell posted on Forbes.com a new five-page guidance issued by the department earlier...focused on VA physicians "discussing the use of marijuana and its impact on health, including veteran-specific treatment plans."

The document also encourages VA doctors to "discuss marijuana use with any veterans requesting information" due to "its clinical relevance to patient care."

But VA spokesman Curt Cashour said the new guidance is not a new endorsement of medical marijuana by the department or even a change in existing VA policies.

"It is updated guidance to encourage veterans to let their VA physicians know if they are using marijuana for medicinal or recreational purposes, just as VA physicians would want to know about any other use by veteran patients of federally illegal drugs," he said.

The goal is to get a full picture of patient health, including all legal and illegal medications. Calling the updated guidance document a more open approach to marijuana use is "a mischaracterization," he said.

"VA physicians can also gather statistics and other information from veterans about their use of marijuana or other federally illegal drugs as part of understanding the effects of that drug use on their overall health. VA's position on marijuana remains unchanged," Cashour said.

That position has been outlined multiple times in recent months by VA Secretary David Shulkin. VA doctors cannot prescribe, recommend or assist with getting medical marijuana because of federal prohibitions against the drug.

Shulkin has said he is interested in looking into the possible benefits for cannabis in a range of veterans' ailments, but pro-marijuana groups and veteran's advocates have sharply criticized the department for failing to follow through on those comments with meaningful research changes.

The new VA document reiterates that VA doctors cannot assist veterans in obtaining medical marijuana even in states where it is legal but also notes that "veterans must not be denied Veterans Health Administration services solely because they are participating in state-approved marijuana programs."

It also notes that possession of marijuana on VA property is a federal crime, even in states where it is legal.

Message from VA Secretary David Shulkin – VA Accomplishments in 2017 – Department of Veterans Affairs

Secretary Shulkin provided a year-end statement focused on VA accomplishments for 2017. The text is below.

Happy Holidays!

2017 has been a year of accomplishments for the Department of Veterans Affairs and this is a perfect time to reflect on, acknowledge, and thank all of those who have enabled our many accomplishments for Veterans during this past year. We owe so much to our Nation's leaders and others in and outside of government for supporting and enabling improvements to the ways in which we serve Veterans.

- First and foremost, let me express my gratitude to President Trump. His leadership and vision have driven and inspired VA to better care for Veterans and their families. Among his many supportive acts and leadership initiatives, he has signed 9 bills to improve our ability to serve Veterans, as well as one Executive Order and three Presidential Proclamations; he has personally participated in and led six events honoring Veterans, and he has kept their interests foremost in the minds of all Americans by mentioning their service and sacrifices in 25 of his public speeches. He was the driving force behind the White House Hotline for Veterans, which opened for 24-7 service in October and has served more than 16,000 callers.
- Vice President Pence has also been critical to every initiative involving Veterans. He personally led our Veterans Day ceremony at Arlington and demonstrated his concern for Veterans by supporting and attending Honor Flight ceremonies and events such as the Wounded Warrior bicycle ride.
- Thanks to all the Members of Congress for making 2017 a legislative success for Veterans. With the unwavering support and leadership of our VA committees, Congress supported and passed groundbreaking legislation on VA Accountability, Appeals Reform, the Forever GI Bill, Veterans Choice Improvements, and Personnel Improvements and Extension of Choice funding.
- Thanks also to my fellow Cabinet Secretaries and leaders of Administrations for their departments and agencies support:
 - Department of Defense: We are partnering on a new Electronic Medical Record and shared purchasing to better serve both Veterans and Service Members and best use taxpayer resources.
 - Housing and Urban Development: Together, VA and HUD helped house over 61,000 homeless Veterans last year alone.
 - Department of Energy: With DoE assistance, we've launched an important Veterans Brain Health Initiative and Big Data Super Computing to expand dramatically our research into Veterans' health.
 - Department of Labor: Working together, the unemployment rate for Veterans has dropped to 2.6%, the lowest in 17 years.
 - Department of Education: With DoE's support, VA helped enable more than 1 million Veterans to use the GI Bill in 2017.
 - Health and Human Services: Our collaborations have led 620,000 Veterans to participate in precision medicine initiatives, achieve a reduction of 36% in the use of opioids, and produce over 10,000 research papers that will help us better serve Veterans and all Americans.
 - Department of State: Thanks to DoS for coordinating the visits of dignitaries from 16 countries to the Department of Veterans Affairs.
 - The Department of Justice has assisted with revising and coordinating new Telehealth regulations and regulations for prescriptions to improve Veterans' access to care and medications.
 - The Department of Interior helped provide employment opportunities for Veterans through the Park Ranger Internship Program.

- The Small Business Administration almost doubled the goal of 10 percent of federal contracts with Service Disabled Veteran Owned Business by achieving 19 percent.
- And thanks to our partners in the private sector for helping provide Veterans' care. In 2017, VA authorized 6.1 million community care appointments, a 42 percent increase over 2016.

These and other collaborations have helped VA make significant progress in serving Veterans and their families. We have become more transparent by posting wait times for Veterans' appointments, Veterans' satisfaction with VA care and services, facility quality scores and accountability actions.

We've reduced dropped calls to our Veterans Crisis Line from 35 percent to less than 1 percent, ensured Veterans have same-day access to primary and mental health care at all our care facilities, identified 430 unused and under-utilized facilities for disposal, and improved claims processing times by 18 percent to 2017.

All of these accomplishments have resulted in raising Veteran "Trust" Scores from a low of 46% in 2014 to 70% today.

But we still have much work to do, and we at VA look forward to the continued support and leadership of President Trump, Members of Congress, Veterans Service Organizations, and all Americans as we fulfill Lincoln's famous words "to care for him who shall have borne the battle, and for his widow, and his orphan."

As the year comes to a close, may God bless each and every one of you, and may God continue to bless this wonderful country of ours.

Wasting Money? Most New Recruits Pay \$1,200 for Lesser Education Benefit – Natalie Gross (Military Times)

A large majority of new service members are spending \$1,200 on a veteran's education benefit they will never use.

Military service branches automatically enroll their recruits in a decades-old GI Bill either during, or soon after, boot camp, even though modern-day service members can get a newer, more comprehensive version of the benefit – without spending a dime.

Recruits can opt out if they choose, but, according to a recent analysis of federal data, 70 percent of them don't.

The newer Post-9/11 GI Bill, which troops don't have to pay for, covers all standard, in-state tuition costs at public universities, plus a housing stipend paid to the student that is nearly as valuable and as much as \$1,000 extra for books each year. The older Montgomery GI Bill is much less generous, except in rare cases.

Yet nearly three quarters of recruits pay \$1,200 to be eligible for the Montgomery GI Bill.

"This means that new enlistees and newly commissioned officers spent over \$134 million last year to buy into a GI Bill benefit they will probably not use," the CFPB analysis said, citing Defense Department data from last fiscal year.

The percentage of new recruits enrolled in the Montgomery GI Bill, established in 1984, varies by service branch. According to the CFPB, the Navy had the largest percentage of new recruits signing up for the Montgomery GI Bill at 76 percent, followed by 74 percent of new soldiers, 70 percent of new airmen and 64 percent of new Marines. Among new Coast Guard members, that figure was much lower, at 13 percent.

But even as the majority of new recruits were opting for the benefit – or forgetting to opt out – and agreeing to pay \$100 each month for their first year in service, fewer veterans were using it. Usage of the Montgomery GI Bill declined by 23 percent between fiscal 2015 and 2016, according to Veterans

Affairs Department data. Meanwhile, the Post-9/11 GI Bill had hundreds of thousands more users, and the number of beneficiaries remained relatively unchanged.

On average, the Post-9/11 payment per beneficiary in fiscal 2016 was more than \$14,000, compared to less than \$8,000 for the under the Montgomery GI Bill benefit, VA spokeswoman Tatjana Christian said in an email.

Air Force spokeswoman Capt. Kate Atanasoff said in an email the service is working on an update to the way it trains airmen in GI Bill benefits. Come January, recruits will need to opt in to the Montgomery GI Bill to be enrolled – rather than having to opt out in order to avoid being enrolled.

Across all service branches currently, new service members get a DD 2366 form to fill out, which states that they are automatically enrolled in the Montgomery GI Bill unless they choose to decline the benefit.

The amount of time they have to decide varies by service, but new sailors have just two days to sign the form, while new soldiers have three.

Will Hubbard, vice president of government relations for Student Veterans of America, finds such time limits problematic. At boot camp, he said, education benefits are not troops' No. 1 focus.

"The real question, I believe at this point, is why DoD is still telling and directing recruits to pay into the benefit," Hubbard asked.

DoD deferred to the VA when asked for comment on this story.

Public affairs officers for the service branches said new recruits are not steered toward a particular benefit.

"Servicemembers are not persuaded to choose one program over the other but are provided explicit details of what each program offers," said Coast Guard spokeswoman Lisa Novak.

The same is true for new sailors, said Lt. Commander Katherine Meadows of Naval Education and Training Command. "Our goal is to ensure that they have all necessary information in order to make the best decision for them and their families."

But a Powerpoint presentation given to new Army recruits presents the options to new soldiers this way: The Montgomery GI Bill is a one-time offer. Opting in means you have a choice of benefits down the road.

One slide states, "After declining MGIB, you cannot change your mind." The word "cannot" is underlined for emphasis.

Besides the \$1,200 price tag on the Montgomery GI Bill benefits, there are other distinct differences between the two education benefits.

The Montgomery GI Bill pays a set monthly amount directly to eligible veterans for 36 months, at a current full-time rate of \$1,928 per month. Those monthly benefits can increase if service members opt to make an additional \$600 contribution, above the initial \$1,200 investment.

The Post-9/11 GI Bill covers full tuition and fees for 36 months at the in-state tuition rate for public schools, or up to \$22,805.34 annually at private schools for service members who are fully eligible for the full benefit. While this money is paid to the school, the service members also receive a large housing stipend and money for textbooks.

The Montgomery GI Bill is good for 10 years after a veteran's release from active duty. Under a recent change to the Post-9/11 benefit, new recruits who go on to use the benefit have no expiration date.

"For most participants, the Post-9/11 GI Bill is the best option," the VA's Christian said. "But in certain limited circumstances, the Montgomery GI Bill may be better."

A veteran with a full scholarship attending school at half-time or less who would not qualify for the monthly housing allowance could fall into this category, she said.

Steve Clair, deputy chief of continuing education at Army Human Resources Command, also gave the example of someone who lives in a state that offers full tuition benefits for veteran students. In

these situations, service members could end up pocketing more each month by using the Montgomery GI Bill.

The majority of recruits who buy into the Montgomery GI Bill benefit don't end up using it, and, in many cases, they never see their \$1,200 again. Service members who choose to go the Post-9/11 route are eventually eligible for a refund from the VA, calculated by dividing their unused Montgomery GI Bill benefits by 36 months, then multiplying that number by 1,200. The \$600 fee for increased benefits is nonrefundable.

Veterans education advocates like Hubbard have proposed ending the Montgomery GI Bill all together.

"We haven't seen any movement on this just yet. Obviously the data is still fresh and still new," Hubbard said, adding, "It's something that we suspected for a long time."

New in 2018: 'Forever GI Bill' Changes Take Effect – Natalie Gross (Military Times)

The new Forever GI Bill signed into law by President Trump...has multiple provisions that will roll out in 2018. Among them are changes to the Post-9/11 GI Bill for Purple Heart recipients, reservists and dependents – all of which start in August.

Post-9/11 Purple Heart recipients will be eligible to receive 100 percent of GI Bill benefits regardless of how long they served. This includes coverage of tuition at a public school's in-state rate for 36 months, and books and housing stipends.

There will also be scholarship funds available on a first-come, first-serve basis for GI Bill users who need a fifth year of school to complete science, technology, engineering or math programs.

The Veterans Affairs Department will begin calculating housing stipends based on where a student takes the most classes – a change from current policy, which uses the ZIP code of a student's school.

If a dependent who received transferred benefits dies before using all of the benefits, the Forever GI Bill gives the service member or veteran the ability to transfer remaining benefits to another dependent. This provision will apply to all deaths since 2009.

Congress Eases Rules for Active-Duty Troops, Reservists Seeking Commercial Driver's Licenses – Leo Shane III (Military Times)

Lawmakers have again eased rules regarding troops seeking commercial driver's licenses, part of an ongoing effort to help veterans use their military skills for post-service jobs.

On Dec. 21, in pre-recess work, House lawmakers easily passed the Jobs for Our Heroes Act, which clarifies eligibility rules for active-duty service members and reservists applying for the licenses under Department of Transportation programs. The measure now heads to the White House to be signed into law.

Previously, lawmakers had created a special program for veterans seeking driver's licenses, which allowed them to skip driving tests and some certification requirements if they had previous applicable experience from their time in the ranks.

But those provisions – outlined in the Fixing America's Surface Transportation Act in 2015 – did not include reservists who have not yet separated from the military or active-duty troops planning ahead for their post-service careers. Transportation officials created a two-year exemption to cover those groups, but the new legislation makes those changes permanent.

In addition, the measure also allows more Veterans Affairs medical professionals to perform required federal health examinations for the licensing processes. Because of current rules, only a small number of VA staffers meet the requirements for administering those tests.

Sen. John Cornyn, R-Texas, and one of the sponsors of the legislation, said in a statement after the vote that the new bill fills an important gap for military members and the industry.

“There is a shortage of people who can get a commercial driver’s license and fill these well-paying jobs,” he said. “This bill would also allow states to permanently waive license requirements for current service members and national guardsmen if they have military experience driving a comparable vehicle.”

“That way, members of the military don’t have to go through the same old rigmarole twice,” he said, adding, “They get trained in the military; and then they get out; and then the civilian world ignores the fact that they have trained and been qualified in the military; and this bill fixes that.”

Rep. Rob Woodall, R-Ga., who sponsored the measure in the House, offered similar praise for the move.

“This bill has always been about crafting a common sense, bipartisan solution that provides opportunities for our veterans returning to the civilian workforce as quickly as possible while also filling much-needed positions within the trucking industry,” he said in a statement.

“These kinds of seemingly small, targeted solutions may not always make the front page news, but they make a big difference in the lives of those affected,” he said.

State and federal lawmakers in recent years have pushed a number of initiatives to better match military skills with civilian credentialing requirements in an effort to help veterans transition into private-sector jobs.

Chairwoman and New Members Appointed to VA Advisory Committee on Women Veterans – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) announced the appointment of a new chairwoman and four new members to the Advisory Committee on Women Veterans, an expert panel that advises the VA Secretary on issues and programs of importance to women Veterans, their families and caregivers.

“As VA continues to work toward modernization, the committee’s guidance will assist the department in meeting the important and evolving needs of women Veterans,” said VA Secretary Dr. David J. Shulkin. “The new chairwomen and new appointees’ deep and broad perspectives are invaluable in anticipating these needs.”

Established in 1983, the committee provides policy and legislative recommendations to the Secretary.

Current member Octavia Harris, a retired U.S. Navy command master chief petty officer from San Antonio, Texas, is appointed as the new chairwomen of the committee. The following are new members of the Advisory Committee on Women Veterans:

- **Moses McIntosh**, of Hephzibah, Georgia, is a retired U.S. Army chief warrant officer and immediate past national commander of the Disabled American Veterans, where he served as the official spokesman and provided leadership to the National Executive Committee.
- **Yareli Mendoza**, of Iowa City, Iowa, is a U.S. Air Force Veteran. She is pursuing a doctorate of philosophy degree in higher education and student affairs, with a specialization in higher education administration and policy.
- **Keronica Richardson**, of Gaithersburg, Maryland, is a U.S. Army Veteran with deployments in support of operations Enduring Freedom in Iraqi Freedom. She serves as the assistant director for Women and Minority Veterans Outreach at the American Legion.
- **Wanda Wright**, of Tempe, Arizona, is a retired U.S. Air Force colonel, currently serving as the director of the Arizona Department of Veterans Services, where she is a state cabinet member, providing leadership and direction for administering benefits and services to Veterans and their dependents.

In addition, committee members Dr. Kailyn Bobb, a U.S. Air Force Veteran, from Plumas Lake, California, and Commander Janet West, of the U.S. Navy, are reappointed for an additional term.

For information about VA's benefits and services for women Veterans, visit www.va.gov/womenvet or contact the Women Veterans Call Center at 855-829-6636. The call center is available to address concerns of women Veterans, their families and caregivers from Monday to Friday, 8 a.m. - 10 p.m. (EST), and Saturday, 8 a.m. – 6:30 p.m.

VA to Take Immediate Actions on Timely Payments to Community Providers – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) announced a series of immediate actions to improve the timelines of payments to community providers.

The actions will address the issue of delayed payments head-on and produce sustainable fixes that solve ongoing payment issues that affect Veterans, community providers and other VA partners.

“It is vital to the health of our network of providers that we provide payment in a timely and consistent fashion,” said VA Secretary Dr. David J. Shulkin. “Our outside providers are an essential part of our network and we need to improve our system of payments for their services.”

VA will immediately take the following short and long-term actions to improve payments to community providers. Short-term actions include:

- Publish a list identifying providers with high dollar value of unpaid claims, to be published the week of Jan. 8 at the following website: <https://www.va.gov/COMMUNITYCARE/providers/>.
- Create rapid response teams to work on the ground with these providers to reach financial settlement within 90 days.
- Increase the number of claims processed by vendors by 300 percent in January 2018 and by 600 percent in April 2018 with a goal of 90 percent clean claims processed in less than 30 days.
- Establish multiple entry points for providers to check the status of their claim, including a dedicated customer service team and VA's Vendor inquiry System (VIS) located at <https://www.vis.fsc.va.gov>.

In addition, long-term actions include:

- Deploy multiple IT improvements within the first six months of 2018 that streamline the claims submission and payment process to reduce time for payments significantly.
- Align on concurrent performance improvement goals with VA's existing Third Party Administrators to improve multiple aspects of their performance rapidly to ensure Veterans have continued uninterrupted access to care.
- Award four new contracts in 2018 for implementation in 2019 to establish the new Community Care Network that includes elements designed to ensure prompt payment of claims.
- Work with Congress to consolidate and simplify all VA community care programs, including provisions for prompt payment of claims.
- Ensure transparency with VA's claims processing performance by publishing VA's claims processing timeliness on a monthly basis.

VA's current Third Party Administrators, Health Net Federal Services and TriWest Healthcare Alliance are committed to working with VA to improve the timeliness of payments to community providers. Health Net and TriWest manage VA's community care networks and process payments to community providers.

“It is an honor and responsibility to serve the Veteran community,” said Billy Maynard, CEO of Health Net. “We remain committed to partnering with VA to improve the claims payment process.”

David McIntyre, president and CEO of TriWest said, “We could not be more please at the aggressive focus on this critical topic. We look forward to continuing to reach the industry-leading performance level we all desire and expect.”

Improving timeliness of payments to community providers is a critical element in VA’s goal of building a community care program that is easy to understand, simple to administer and meets the needs of Veterans and their families, community providers and VA staff.

Here are resources for community care providers:

<https://www.va.gov/COMMUNITYCARE/providers/resources.asp>.

Gen. George Casey’s 6 Keys to Success for Student Veterans – Natalie Gross (Military Times)

Former Army Chief of Staff Gen. George Casey knows what it’s like to experience a difficult transition out of the military.

He describes it with a story about a crossword puzzle he did after leaving the Army’s top post in 2011, in which a seven-letter-word with the clue “Army head” was not “general,” but, instead, “latrine.”

“That’s kind of what it’s like,” Casey joked with student veterans assembled for his keynote presentation at the Student Veterans of America national conference in San Antonio.

“Every time you transition, it’s hard,” he told Military Times in an interview. “It’s like learning a new language.”

But veterans, he said, are will poised to succeed. “A little perseverance, and they’ll be fine.”

Casey, now an SVA board member who describes himself as the “grumpy general” of the group who asks tough questions, shared his six keys for success with student veterans at the conference.

- **Don’t sell yourself short** – “This is probably the biggest challenge I see for people making the transition from military to civilian life,” he said. When Casey was a graduate student at the University of Denver, he remembers feeling like the “dumbest sucker on the face of the Earth.” But, he came to realize, he already knew how to do the hard part. And the same is true for today’s student veterans, he said, reminding them that they’ve been to war and accomplished things that, in many cases, exceed the life experience of their civilian peers. “Power through,” he said. “This is not the hardest thing you have done or will ever do.”
- **Learn to ask for help** – It may feel awkward to ask for help after growing accustomed to military life, but many people and organizations out there want to help, Casey said. “Take advantage of it. It’s not a sign of weakness.”
- **Build and use your network** – “Every place I go I think we’re generally lousy networkers – people who come out of the military,” Casey said, speculating that’s because former service members are used to having their unit be their network. Casey mentioned tools like LinkedIn, Rally Point and other networking sites as possible tools. “Build that network,” he said. “Use it to get help and then give back. Use it to help others. That’s what vets are all about.”
- **Stay fit** – “I noticed the gm wasn’t very crowded this morning,” Casey joked with the audience, before stressing the importance of exercise for physical, mental and emotional health. Even when he was in a combat zone, Casey make a point to exercise four to five times a week, he said, and recommended that student veterans start establishing workout habits now that will continue throughout their life.
- **Graduate** – “Use your benefits and follow through,” he said. “You owe it to the people behind you and you owe it to the country. So persevere and finish up.”

- *Be bold* – Casey said anyone who makes success sound easy isn't telling the truth. "Nobody – nobody – if they're honest with you succeeds all the time," he said. He gave the example of Apple co-founder Steve Jobs who was pushed out of the company before he came back and changed the world. "You don't hit home runs every time," Casey said. But the key is being bold enough to act.

Know Your Benefit: VA Loan Can Be Used Multiple Times for Multiple Properties – Kevin Lilley (Military Times)

When a soldier spoke with Juanita Charles, an Army veteran who serves as a Realtor in the Fort Campbell, Kentucky, area, he thought his finances were figured out.

Rather than put his VA loan to use while on active duty, "he was going to 'save' his VA loan for his retirement home," Charles recalled. A forward-thinking plan, sure, but not a practical one...the VA loan benefit can be used more than once, in some cases even on more than one home at a time.

Once you've paid off the loan in full, your benefit is fully restored and ready for use on your next home. Even if you haven't paid the first loan off, you may not have used all of your VA loan benefit and can use the rest for a second loan. It also doesn't come with an expiration date.

And while it cannot be used for vacation homes or for rental properties, that doesn't mean you can't use it to buy a home while keeping another one, as long as you'll qualify as a full-time resident in the new home.

This may come into play for older veterans, said Kathleen Ricketts, a Realtor in the Chicago suburbs who teaches the National Association of Realtors' Military Relocation Professional program. Some may be purchasing a home in a warmer climate but keeping their old home for the summer months – the new home is a permanent residence, so it's VA loan-eligible.

As with any questions regarding the benefit, those interested in clarifying their VA loan eligibility for a second property can contact a VA Regional Loan Center [at] https://www.benefits.va.gov/HOMELOANS/contact_ric_info.asp.

Struggling to Meet the Mortgage? VA May Offer Help – Kevin Lilley (Military Times)

The same agency that helps hundreds of thousands of veterans secure home loans each year may help them keep their property when finances get tight.

The Veterans Affairs Department's foreclosure-prevention programs saved 97,368 service members and veterans from defaulting on their loans in fiscal year 2016, per VA. That's compared with 18,519 foreclosures that went through in fiscal 2016, though some of those processes began before that 12-month window.

The figure is up slightly from 2015 (90,262) and significantly from 2014 (79,814), a year when 19,813 VA-backed loans completed foreclosure.

As with the loans themselves, VA isn't the primary agent the borrower should be worried about.

The servicer (better known as the lender or just "the bank") ultimately decides whether to accept any one of several foreclosure-prevention measures, but VA agents will advocate for the borrower and advise them of options, including:

- A repayment plan that allows for missed installments to be made up over time, or a complete refinance that incorporates old debt into a new loan.
- Additional time to sell the home, or a special forbearance to delay foreclosure proceedings until an expected financial uptick, such as a bonus or tax refund.
- A short sale, which allows the borrower to sell the property for less than what's owed on the loan.
- An agreement where the deed is transferred to the servicer voluntarily, rather than through the foreclosure process.

Borrowers seeking details on these programs should contact VA directly at 877-827-3702; they'll be connected to the nearest loan office. Veterans who are facing foreclosure on non-VA-backed loans can also call for advice on foreclosure prevention, though the VA can't intervene with the servicer.

Get more on the foreclosure-prevention programs at https://www.benefits.va.gov/HOMELOANS/resources_payments.asp.

Learn more about VA loans at our VA Loan Center at <https://www.militarytimes.com/home-hq/va-loan-center/>.

VA Loan History Lesson: The Program in the 1940s – Kevin Lilley (Military Times)

The Veterans Affairs Department's home-loan guarantee program has its roots in the 1944 Servicemen's Readjustment Act, better known to most as the original GI Bill.

Signed by President Franklin Roosevelt, the legislation was designed to boost the financial well-being of returning service members on multiple fronts without the government issuing bonus checks. A look at some of the rules when the program launched and some early changes, according to VA accounts and other government sources.

The bottom line: Loans for homes, farms and businesses were backed up to 50 percent of the total amount, could last up to 20 years, and could have interest rates up to 4 percent. The total guarantee amount had a hard cap: \$2,000.

Sign up now: Veterans had until five years after the war's end (still to be determined when the legislation passed) to apply for the benefit. After that, no more applications would be accepted.

Early fixes: A 1945 law boosted the cap to \$4,000 and extended the loan limit to 25 years (40 for farms). It also expanded the eligibility window to 10 years.

Honoring the fallen: Legislation in 1950 expanded the benefit to widows of veterans who'd died in service or from a service-connected injury, provided the widow had not remarried. It also boosted the loan cap again (up to 60 percent of the loan guaranteed to a maximum guarantee of \$7,500).

Early returns: Nearly 2.4 million World War II veterans used VA-backed loans from the program's inception through 1952.

FDR speaking: Roosevelt's statement after signing the original legislation read, in part: "With the signing of this bill a well-rounded program of special veterans' benefits is nearly completed. It gives emphatic notice to the men and women in our armed forces that the American people do not intend to let them down."

VA Home Loans – Department of Veterans Affairs

Eligibility – You must have satisfactory credit, sufficient income, and a valid Certificate of Eligibility (COE) to be eligible for a VA-guaranteed home loan. The home must be for your own personal occupancy. The eligibility requirements to obtain a COE are listed below for Servicemembers and Veterans, spouses, and other eligible beneficiaries. VA home loans can be used to:

- Buy a home, a condominium unit in a VA-approved project
- Build a home
- Simultaneously purchase and improve a home
- Improve a home by installing energy-related features or making energy efficient improvements
- Buy a manufactured home and/or lot
- To refinance an existing VA-guaranteed or direct loan for the purpose of a lower interest rate
- To refinance an existing mortgage loan or other indebtedness secured by a lien of record on a residence owned and occupied by the veterans as a home

Eligibility Requirements for VA Home Loans – Service during wartime:

World War II – September 16, 1940 – July 25, 1947

Korean War – June 27, 1950 – January 31, 1955

Vietnam War – August 5, 1964 – May 7, 1975

Service Requirements:

- At least 90 days active duty – with other than dishonorable discharge
- Less than 90 days active duty – if discharges for a service-connected disability

Gulf War – August 2, 1990 – to be determined

Service Requirements:

- 24 months continuous active-duty – with other than dishonorable discharge
- At least 90 days or completed the full term that he or she was ordered to active duty with other than dishonorable discharge
- At least 90 days active duty – and discharged for hardship, early out, convenience of the Government, reduction in force, condition interfered with duty or compensable service-connected disability
- Less than 90 days active duty – if discharged for a service-connected disability

Service during peacetime:

All – July 26, 1947 – June 26, 1950 and February 1, 1955 – August 4, 1964

Enlisted – May 8, 1975 – September 7, 1980

Officers – May 8, 1975 – October 16, 1981

Service Requirements:

- At least 181* days continuous active duty – with other than dishonorable discharge
- Less than 181 days active duty – if discharged for a service-connected disability

If you were separated from service:

Enlisted – After September 7, 1980

Officer – After October 16, 1981

Service Requirements:

- 24 months continuous active duty – with other than dishonorable discharge
- At least 181 days or completed the full term that he or she was ordered to active duty with other than dishonorable discharge
- At least 181 days active duty – and discharged for hardship, early out, convenience of the Government, reduction in force, condition interfered with duty or compensable service-connected disability
- Less than 181 days active duty – if discharged for a service-connected disability

*90 days applies for wartime

Active-duty service personnel: If you are now on active duty, eligibility can be established after 90 days of continuous active duty. Upon discharge or release from active duty, eligibility must be reestablished.

Selected Reserve or National Guard: If you are not otherwise eligible and you have completed a total of six credible years* in the Selected Reserve or National Guard (member of an active unit, attended required weekend drills and two-week active duty for training) and one of the following:

- Were discharged with an honorable discharge
- Were placed on the retired list
- Were transferred to the Standby Reserve or an element of the Ready Reserve other than the Selected Reserve after service characterized as honorable service
- Continue to serve in the Selected Reserve

*Individuals who completed less than six years may be eligible if discharged for a service-connected disability

You may also be determined eligible if:

- You are an un-remarried spouse of a Veteran who died while in service or from a service-connected disability
- You are a spouse of a Servicemember missing in action or a prisoner of war
- You are a surviving spouse in receipt of Dependency and Indemnity Compensation (DIC) benefits in cases where the Veteran's death was not service-connected

Note: A surviving spouse who remarried on or after age 57 and on or after December 16, 2003, may be eligible for the home loan benefit. However, a surviving spouse who remarried before December 16, 2003, and on or after age 57, must have applied no later than December 15, 2004, to establish eligibility.

Spouses: The spouse of a Veteran can also apply for home loan eligibility under one of the following conditions:

- Unremarried spouse of a Veteran who died while in service or from a service connected disability, or
- Spouse of a Servicemember missing in action or a prisoner of war
- Surviving spouse who remarried on or after attaining age 57, and on or after December 16, 2003 (Note: a surviving spouse who remarried before December 16, 2003, and on or after attaining age 57, must have applied no later than December 15, 2004, to establish home loan eligibility. VA must deny applications from surviving spouses who remarried before December 6, 2003 that are received after December 15, 2004).
- Surviving spouses of certain totally disabled veterans whose disability may not have been the cause of death

Other Eligible Beneficiaries: You may also apply for eligibility if you fall into one of the following categories:

- Certain U.S. citizens who served in the armed forces of a government allied with the United States in World War II
- Individuals with service as members in certain organizations, such as Public Health Service officers, cadets at the United States Military, Air Force, or Coast Guard Academy, midshipmen at the United States Naval Academy, officers of National Oceanic & Atmospheric Administration, merchant seaman with World War II service, and others

Restoration of Entitlement: Veterans can have previously-used entitlement "restored" to purchase another home with a VA loan if:

- The property purchased with the prior VA loan has been sold and the loan paid in full, or
- A qualified Veteran-transferee (buyer) agrees to assume the VA loan and substitute his or her entitlement for the same amount of entitlement originally used by the Veteran seller. The entitlement may also be restored one time only if the Veteran has repaid the prior VA loan. Remaining entitlement and restoration of entitlement can be requested through the VA Eligibility Center by completing VA Form 26-1880.

Experts: VA Loan ‘Churning’ Can Hurt Vets...and the Mortgage Market – Karen Jowers (Military Times)

The abusive practices of some lenders are hurting some veterans financially, experts told House lawmakers...and their behavior could end up weakening the VA loan benefit and the overall mortgage market.

The behavior is known as “home loan churning,” and it involves targeting VA loan users with an onslaught of mortgage-refinance solicitations, often shortly after they’ve closed on a home loan. Some borrowers have been convinced to refinance their loan multiple times in a year, without any financial benefit; fees attached to the deals can increase the overall loan amount.

It’s an alarming trend that’s “borderline predatory in nature,” Michael R. Bright, executive vice president and chief operating officer of the Government National Mortgage Association, better known as Ginnie Mae (<https://www.ginniemae.gov/>), told the House Veterans Affairs Committee’s economic opportunity panel. The practices are similar to loan-industry techniques used in the run-up to the 2008 financial crisis, Bright said.

Officials from the Veterans Affairs Department and Ginnie Mae said they are taking steps to curb the practice to protect veterans and the VA home loan guarantee benefit itself, as well as taxpayers and financial institutions.

Ginnie Mae and VA officials said data indicate a small number of lenders are churning loans. There were “about a dozen” such lenders in 2016, said Jeffrey London, director of the VA Home Loan Guaranty Service. That number was reduced to “a handful” in 2017, he said.

Veterans who engage with these lenders can sign deals that drain their equity in their house, leaving them “upside down” on the mortgage, or owing more than what the home is worth. The average cost to refinance a VA loan is \$6,000 in fees, Ginnie Mae found, with the borrower receiving an average payment savings of \$90 a month. It will take a veteran 5 ½ years to break even.

Rep. Jodey Arrington, R-Texas, said he is concerned that this practice could ‘depreciate the value of VA-guaranteed loans and the integrity of the program, and potentially expose taxpayers to greater risk,” as well as affect financial institutions.

While there are certainly circumstances where financing is appropriate, he said, officials need to ensure there are appropriate standards in place to prevent unfair and deceptive practices.

VA plans to provide veterans with more information about the financial consequences of their loan earlier in the loan process. VA already requires the lender to disclose the terms of the loan, including how long it will take to break even on the fees that were charged, but that information is provided at the closing table, along with a lot of other information that must be digested all at once, said Jeffrey London, director of the VA Home Loan Guaranty Service.

New policy will require the lender to give that information up front, and also provide a copy to the VA, London said, adding that the change is expected this year.

VA is looking at other policy changes, such as “net tangible benefit tests” which clear information about the cost and benefit to the borrower, London said. It’s also been working with Ginnie Mae on a joint refinance task force, which among other things has resulted in a Ginnie Mae rule that requires a six-month waiting period for streamlined and cash-out refinancing loans to be eligible for certain Ginnie Mae securities.

VA doesn’t loan money; it guarantees loans made by private lenders. The benefit helps provide service members and veterans access to all low-cost mortgage option, requiring a low or no down payment, no private mortgage insurance, and often with lower interest rates than other loans.

More than 98 percent of the loans that are guaranteed by VA, the Federal Housing Administration and the Agriculture Department are financed through Ginnie Mae mortgage-backed securities. The loans are sold in the secondary mortgage market with a full faith and credit guaranty from Ginnie Mae, which is also responsible for policing their program to protect against loss.

In early 2016, Ginnie Mae officials began to notice repayments of VA loans at speeds that couldn't be justified by economic factors. Investors began to notice this, too, Bright said. The increased repayment risk, which would remove the returns expected from the monthly principal and interest payments, drives down the value of these securities for investors.

That means every veteran who relied on the program could pay a higher rate than they should, Bright said. And borrowers in other government loan programs could pay higher rates, too.

Rep. Beto O'Rourke, D-Texas, said he hopes the problem can be fixed "in a way that's not burdensome or onerous, but protects veterans from fraud or duplicity, or decisions they may not be making in an informed way."

'Churn' Cheat Sheet: 5 Ways Veterans Can Steer Clear of Refinancing Troubles – Kevin Lilley (Military Times)

Mortgage experts from within and outside of the Veterans Affairs Department spoke with House lawmakers...about what they consider a troubling amount of mortgage "churn": Many VA-backed loans are being refinanced, some very shortly after they're signed.

Some borrowers may have good reasons to refinance: Better rates may be available, or a cash-out loan may suit their financial situation. But for most VA loan users, especially those who've just closed on their new home, refinance solicitations can lead to problems.

New regulations are planned for later this year to better monitor this lending practice. In the meantime, here are five ways to keep you guard up:

1. **Read everything.** A November 2016 report by the Consumer Financial Protection Bureau included multiple complaints from VA loan-holders about refinance solicitations. A common theme: Promises in big letters, problems in the fine print; Some "low, low interest rates" went up once the conditions were factored in, and on refinance used a homeowner's escrow account to pay down the loan balance, then started charging the borrower to rebuild a new escrow account.
2. **Ask anything.** If the fine print is confusing, don't just not along with what the lender tells you. Seek clarity on any points of confusion, and if you feel like the lender's representative is moving too fast, stop the process cold. And be sure to confirm with your lender that you qualify, in full, for any program being advertised. If you don't expect some fees to pop up late in the process.
3. **Don't get caught up.** A typical borrower concern, per the CFPB report, came when red flags shot up just prior to signing, after the lender had run the borrower's credit. Faced with a higher rate or a potential ding on their credit score, at least one borrower report going through with the transaction, worried that changing leaders would be too complicated. That's not true, the CFPB advised: Running your credit has a minimal effect on your score, and having it run multiple times during a given window (at least two weeks, sometimes longer) while shopping for a new mortgage rate will count as a single inquiry.
4. **General scam awareness.** Check out our refinance-scam tip sheet (<https://www.militarytimes.com/home-hq/va-loan-center/2017/12/26/just-closed-your-va-loan-beware-of-refinancing-scams/>), including advice from the Better Business Bureau.
5. **Get educated.** Along with Military Times' coverage of the issue, check out this from the CFPB (<https://www.consumerfinance.gov/about-us/blog/veterans-day-compliant-review-va-home-loan-refinancing/>) (written by Holly Patraeus), learn the basics on VA's Interest Rate Reduction Refinance Loans (<https://www.benefits.va.gov/homeloans/irrrl.asp>), and get briefed by the Federal

Trade Commission (<https://www.ftc.gov/news-events/media-resources/consumer-finance/mortgage-relief-scams>) on all types of mortgage scams.

Bipartisan Senate Bill Targets Predatory Home-Loan Practices Aimed At Vets – Kevin Lilley (Military Times)

A Senate bill would prevent homeowners with VA-backed loans from refinancing their deals within six months of signing them, one of multiple ways its authors hope to limit loan “churning” and prevent veterans from succumbing to loan scams.

Sens. Thom Tillis, R-N.C., and Elizabeth Warren, D-Mass., introduced the Protecting Veterans from Predatory Lending Act of 2018...alongside 10 co-sponsors, evenly split between Republicans and Democrats. In addition to limiting how soon a veteran could refinance a loan while keeping it federally guaranteed under the Veterans Affairs Department benefit, the legislation would:

- Require lenders to provide borrowers with a “net tangible benefits test” that outlines the full financial scope of the refinanced loan, so borrowers have a complete picture of what they’re paying and saving over time.
- Mandate that fees associated with refinanced VA loans be recouped within 36 months.
- Impose minimums on interest rates for the refinanced loans – the new loan must have a rate at least 50 basis points lower than the old fixed rate, for instance. Loans that didn’t meet such requirements wouldn’t be backed by VA.

“Unfortunately, a few bad actors are taking advantage of the program as home lenders have begun targeting veterans and servicemembers to generate profit and fees at their expense, often leading to higher loan amounts and putting families in a worse financial position than they started off,” Tillis said in news releases issued from both his and Warren’s offices.

“The government shouldn’t be backing lenders who exploit veterans just to line their own pockets,” Warren said in the releases.

Last year, the senator engaged with the Government National Mortgage Association, better known as Ginnie Mae, regarding the predatory practices. That agency and VA created a task force to investigate the issue.

While some veterans have been bombarded with refinancing solicitations and may have entered into deals with questionable long-term benefits, the frequent refinancing, or “churn,” can mean trouble well beyond personal finances, Ginnie Mae officials explained in their letter to Warren. Frequent refinancing has added instability to the investment products that contain these loans, they said, which could drive investors away and lead to higher rates for VA-backed borrowers.

Both the American Legion and the Veterans of Foreign Wars backed the new bill, per the releases, with Legion national commander Denise H. Rohan calling it a “thoughtful approach...in addressing the abusive lending practices that are targeting our nation’s veterans.”

Military vs. Civilian: Which Pays Better? – Andrew Tilghman (Military Times)

Do military service members make more money than civilians over a career?

For example, would 18-year-olds who graduated high school in 2000 be wealthier today if they had enlisted and served through 2018, or would they have made more money if they had spent those years working in the civilian workforce?

It’s a question separate from the many noble reasons that motivate troops to enlist. It’s a straight money question, aimed at calculating the dollars that result from an important life choice.

There is no simple answer. Comparing civilian pay to military compensation can seem like apples and oranges. In addition to basic pay, troops get generous tax-free housing allowances as well as bonuses, special pays and more.

Yet troops surrender more control over their career moves, commit to potentially dangerous work assignments and make frequent family moves that can jeopardize spouses' earning potential.

Moreover, military personnel typically advance along a standardized career path, but in the civilian sector, promotions and career advancements are far more varied and less predictable.

"The general challenge in military and civilian compensation is that we don't have a way to track civilian earnings like we track service members'," said Brooke Goldberg, director of military family policy at the Military Officers Association of America.

Nevertheless, it's a question that generates a lot of interesting discussion.

Military pay got a big boost in the years immediately following 2001, when a surge of patriotism and overseas operations prompted Congress to grant a series of annual pay raises that were quite generous by historic standards.

Yet in more recent years, budget battles in Washington have led to historically small military pay raises that have failed to keep up with civilian wage growth and have eroded the total value of military compensation packages.

Nevertheless, some evidence suggests that service members who joined the military in 2000 are making more than their civilian counterparts. Overall, military pay raises during the past 18 years have slightly outpaced the growth in average civilian wages (as defined by the government's Employment Cost Index).

Average military pay from 2000 through 2018 grew by 76 percent, compared to civilian wage growth over the same period of 63 percent, according to government data. Yet the news is not so good for troops who missed out on those big pay bumps after 2001.

For troops who joined the military after January 2010, pay raises have failed to keep up with civilian sector wages. Since 2010, civilian pay rose a total of about 19 percent, while military pay climbed by about 16 percent.

Pay in the civilian sector is highly dependent on career field, while military pay charts standardize pay for service members of all occupational specialties, said Dan Merry, MOAA's vice president of government relations.

In 2018, an officer at the O-5 paygrade is making more than \$105,000. That's on par with some civilian jobs for people at a similar age and level of experience.

But "a squared-away engineer on the outside could easily be making \$200,000 to \$300,000 a year," Merry said. "Our four-star generals don't make that."

Merry is familiar with the military vs. civilian choice.

"I'm prior enlisted. I joined late in life," Merry said. "I tried college, I tried work, I tried whatever. I made as much money as I needed to make."

Merry said he got his "Eureka" moment years ago when he was working in a construction job under a retired officer. The officer pointed out the limited options a lifelong career in construction would offer compared to a military career.

Merry later joined the Air Force and retired as a colonel.

Goldberg's family made a different choice. Her husband, an Air Force pilot, graduated from the Air Force Academy in 2000. She graduated from law school in 2002. She gave up a job offer to move with him to Hurlburt Field in Florida, where they spent the next 10 years.

That move impacted her ability to earn for the family, so, in the final year of her husband's military service commitment, they opted to do one additional year to ensure GI Bill transferability for their daughter. They turned down the extra \$150,000 the Air Force was offering for him to remain in the service.

"\$150,000 was not enough to allow the Air Force to decide what our potential was," Goldberg said. Her husband separated from the Air Force in 2013 and they moved to Washington, D.C., to look for work – just as the government shut down and defense contractors froze hiring.

“So, my pilot husband with an engineering degree and an MBA was unemployed,” Goldberg said. “There was a chunk of about two years where we asked, ‘Should we have stayed in the military?’ Was that more lucrative choice? But the freedom factor to be able to choose – to us that had more value.”

Veterans Behind Bars: US Jails Set Aside Special Cellblocks – Michael Hill (The Associated Press)

The military veteran’s playing cards in the Albany County jail wear the same orange uniforms as everyone else, with “INMATE” printed down the legs. But their service offers one distinct privilege: a special cellblock where they can work through problems they often share, such as substance use and post-traumatic stress disorder.

“It’s not just us and our thoughts all day,” says 31-year-old Navy veteran James Gibson, who was serving a 60-day criminal contempt sentence. “Everybody who’s been in here has been in the service. So we can all relate to at least that.”

Such “veteran pods” are becoming an increasingly common part of state and county lockups as the criminal justice system focuses more on helping troubled former service members. Veteran inmates are more likely to have reported mental health issues, particularly PTSD, according to a snapshot of the prison population by the Bureau of Justice Statistics.

Nationwide, veterans accounted for 8 percent of all inmates, and there are at least 86 prisons and jails with designated veterans’ housing, according to federal government statistics. Many of the programs were started in the last five years.

Some of the half-dozen veterans’ dorms in Florida prisons feature daily flag raisings or monthly formations. Others, like Albany, tend to avoid military trappings. The San Francisco Sheriff’s Department offers yoga and meditation and works with a local veteran’s treatment court. But their common aim is to create an esprit de corps and a “safe space” to help veterans deal with their issues and reintegrate into society.

Sixty-two-year-old Army veteran Roberto James Davis said a two-month stay in veterans housing at San Bruno in the San Francisco Bay area in 2016 helped him change his mindset after decades of arrests and substance use. He now has steady work as a truck driver.

“I really started listening this time around,” Davis said. “I was determined that if I got another shot I was going to make the most of it. And I have.”

Albany’s pod, a Spartan common area flanked by two stories of single-bunk cells, recently housed about a dozen men who served in different branches and in different decades stretching back to the Vietnam War.

But for the military branch emblems on a far wall, it looks like any jail block. The difference here is that the veterans receive intensive counseling and help from the nonprofit group *Soldier On*.

On a recent morning, 10 men gathered around the pod’s bolted-down tables and drew pictures representing what they were doing in past years. The exercise helped them reflect on the choices they made that eventually landed them in jail.

“I’ve held a lot of conversation – good conversations – with some of you guys,” Wesley Merriweather, 23, said during a recent morning group session. “Like I said, I’m young I can’t give you much advice, but the advice I can give you: Just keep your heads up.”

Inmates and officials say the Albany pod is cleaner and less troublesome than other tiers. When a guard was attacked here in 2016 by an inmate from another unit, the pod inmates ran from across the common area to the guard’s aid.

“We send all these young men and women overseas and when they come back, a lot of them with PTSD, domestic violence, drug issues,” said Albany County Sheriff Craig Apple, who started the veterans pod more than three years ago. “And I just felt we could have treated them better or done something for them.”

Apple said 6 percent of the roughly 331 participating veterans in Albany over the years have returned to jail, far better than the typical jail recidivism rates of more than 40 percent.

It helps that *Soldier On* also provides post-release services like housing. So when Tommy Hartmann was released from the Albany jail last year after 90 days he had a place to go. The 29-year-old Army veteran moved into *Soldier On's* transitional housing in Leeds, Massachusetts.

He also got a job with *Soldier On*, on the resident staff. When the group helped serve a holiday meal recently, Hartmann returned to his old block to chat up inmates he knew.

This time he wore Khakis and a tie. And he got to go home at the end of the night.

"They set me up to succeed when I got out," Hartmann said before his visit. "Rather than just sitting on the tier, playing cards, watching TV, doing pushups, whatever, I was doing positive stuff toward my recovery and becoming a better part in society."

VA Seeks Public Comment on Program of Comprehensive Assistance for Family Caregivers – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) announced it is seeking public comments on how it can further strengthen and improve caregiver support through the Program of Comprehensive Assistance for Family Caregivers (PCAFC).

Through a Federal Register notice, VA announced a 30-day comment period to hear from stakeholders on whether and how PCAFC should be refined to support Veterans and their family caregivers.

"With this opportunity, VA is following through on our promise to provide better service and improve consistency for the program," said VA Secretary Dr. David J. Shulkin. "We've heard participants' concerns and encourage them to share their personal experiences and perspectives to help us make changes."

VA will use feedback, requested through responses to questions, to guide any future regulatory modifications to support family caregivers of Veterans most in need, while also improving the program under the current law.

Through PCAFC, VA provides support for certain family caregivers of eligible Veterans seriously injured in the line of duty on or after Sept. 11, 2001, including a monthly stipend, access to health-care for eligible caregivers, counseling, training and respite care.

More information about the VA Caregiver Support Program is available at www.caregiver.va.gov.

President Donald J. Trump Signs Executive Order to Improve Mental Health Resources for Veterans Transitioning from Active Duty to Civilian Life – Department of Veterans Affairs

The Secretaries of Defense, Veterans Affairs and Homeland Security will develop a plan to ensure Veterans' mental health care for the year after separating from service

President Donald J. Trump signed an Executive Order titled, "Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life." This Executive Order directs the Departments of Defense, Veterans Affairs and Homeland Security to develop a plan to ensure that all new Veterans receive mental health care for at least one year following their separation from service.

The three departments will work together and develop a Joint Action Plan to ensure that the 60 percent of new Veterans who currently do not qualify for enrollment in healthcare – primarily due to lack of verified service connection related to the medical issue at hand – will receive treatment and access to services for mental health care for one year following their separation from service.

"As service members transition to Veteran status, they face higher risk of suicide and mental health difficulties," said Secretary of Veterans Affairs Dr. David J. Shulkin. "During this critical phase,

many transitioning service members many not qualify for enrollment in health care. The focus of this Executive Order is to coordinate Federal assets to close that gap.”

The Department of Defense, Veterans Affairs and homeland Security will work to expand mental health programs and other resources to new Veterans to the year following departure from uniformed service, including eliminating prior time limits and:

- Expanding peer community outreach and group sessions in the VA Whole Health initiative from 18 Whole Health Flagship facilities to all facilities. Whole Health includes wellness and establishing individual health goals.
- Extending the Department of Defense’s “Be There Peer Support Call and Outreach Center” services to provide peer support for Veterans in the year following separation from the uniformed service.
- Expanding the Department of Defense’s Military One Source (MOS), which offers resources to active duty members, to include services to separating service members to one year beyond service separation.

“We look forward to continuing our partnership with the VA to ensure Veterans who have served our country continue to receive the important mental health care and services they need and deserve,” said Secretary of Defense James N. Mattis.

“The Department of Homeland Security is where many Veterans find a second opportunity to serve their country – nearly 28 percent of our workforce has served in the armed forces, in addition to the 49,000 active-duty members of the United States Coast Guard,” said Secretary of Homeland Security Kirstjen Nielsen.

“This critically important Executive Order will provide our service members with the support they need as they transition to civilian life. These dedicated men and women have put their lives on the line to protect our nation and our American way of life, and we owe them a debt we can never repay. We look forward to working with the VA and DoD to implement the president’s EO,” said Secretary Nielsen.

“In signing this Executive Order, President Trump has provided clear guidance to further ensure our Veterans and their families know that we are focusing on ways to improve their ability to move forward and achieve their goals in life after service,” said Secretary Shulkin.

VA Revises Regulations on Reimbursement for Emergency Treatment of Veterans – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) announced that it has, through a Federal Register notice, revised its regulations concerning payment or reimbursement for emergency treatment for non-service connected conditions at non-VA facilities.

VA will begin processing claims for reimbursement of reasonable costs that were only partially paid by the Veteran’s other health insurance (OHI). Those costs may include hospital charges, professional fees and emergency transportation, such as ambulances.

This change comes on the heels of an earlier announcement that VA was taking immediate action to address delayed payments to community providers.

Effective Jan. 9, VA updated a portion of its regulations in response to an April 2016 U.S. Court of Appeals for Veterans Claims decision that stated VA could no longer deny reimbursement when OHI pays a portion of the treatment expenses.

VA will apply the updated regulations to claims pending with VA on or after April 8, 2016, and to new claims. By law, VA still may not reimburse Veterans for the costs of copayments, cost shares and deductibles required by their OHI.

VA will work directly with community providers to get additional information needed to review and process these claims. Previous claims do not have to be resubmitted unless requested by VA.

VA Becomes First Hospital System to Release Opioid Prescribing Rates – Department of Veterans Affairs

Interactive Map Expands Transparency, Shows Opioids Dispensed Among VA Health Care Centers
U.S. Secretary of Veterans Affairs (VA) Dr. David J. Shulkin announced that VA has begun publicly posting information on opioids dispensed from VA pharmacies, along with VA's strategies to prescribe these pain medications appropriately and safely.

With this announcement, VA becomes the only health-care system in the country to post information on its opioid-prescribing rates.

The disclosure is part of VA's promise of transparency to Veterans and the American people, and builds on VA's strong record of transparency disclosures – including on wait times, accountability citations, employee settlements and the Secretary's travel – under the leadership of President Donald J. Trump over the past year.

"Many Veterans enrolled in the VA health-care system suffer from high rates of chronic pain and the prescribing of opioids may be necessary medically," Secretary Shulkin said. "And while VA offers other pain-management options to reduce the need for opioids, it is important that we are transparent on how we prescribe opioids, so Veterans and the public can see what we are doing in our facilities and the progress we have made over time."

Counselor to the President Kellyanne Conway said, "Declaring the opioid crisis a nationwide public health emergency was a call to action by the President. His administration is exploring all tools and authorities within their agencies to address this complex challenge costing lives. Veterans Affairs Secretary Dr. Shulkin is heeding that call; the VA is now the first hospital system in the country to post information on its opioid prescribing rates. This is an innovative way to raise awareness, increase transparency and mitigate the dangers of over-prescribing."

The interactive map shows data over a five-year period (2012-2017) and does not include Veterans' personal information. The posted information shows opioid-dispensing rates for each facility and how much those rates have changed over time.

It is important to note that because the needs and conditions of Veterans may be different at each facility, rates may also be different for that reason, and cannot be compared directly.

The prescribing rate information will be updated semi-annually, on January 15 and July 15 of each year.

As a learning health system using the current best evidence to learn and improve, VA continually develops and refines best practices for the care of Veterans. Releasing this data will facilitate the sharing of best practices in pain management and opioid prescribing among doctors and medical center directors.

Highlights from the data include:

- A 41-percent drop in opioid-prescribing rates across VA between 2012 and 2017
- Ninety-nine percent of facilities decreased their prescribing rates
- San Juan, Puerto Rico, and Cleveland, Ohio, top the list of medical centers with the lowest prescribing rates, at 3%
- El Paso, Texas, and Fayetteville, North Carolina, are most improved, and decreased prescribing rates by more than 60 percent since 2012. El Paso's prescribing rate decreased by 66%, and Fayetteville's decreased by 65%

VA currently uses a multifaceted approach to reduce the need for the use of opioids among Veterans. Since 2012, the Opioid Safety Initiative has focused on the safe use and slow and steady decrease in VA opioid dispensing. VA also uses other therapies, including physical therapy and complimentary and integrative health alternatives, such as meditation, yoga and cognitive-behavioral therapy.

World War I Commemorative Silver Dollars to Go On Sale – Ken Chamberlain (Military Times)

Would you spend about \$50 for a \$1 coin?

For pocket change, probably not. But an official U.S. Mint, World War I commemorative silver dollar, just maybe.

The coins, which go on sale Jan. 17 at noon ET (https://catalog.usmint.gov/interests/world-war-1-coins.html?cm_mmc=fb-wallpost-wwi%20lp-category%20link), depict a closeup of a soldier's face on the front with barbed wire. The back also has barbed wire, but with poppies mixed in with it. Congress authorized them in 2014, and the coin's design was revealed at the AUSA annual meeting last October.

"It's an opportunity to remember 4.7 million men and women who served 100 years ago," then-Acting Army Secretary Ryan McCarthy said at AUSA. "Those soldiers performed their difficult mission and left a legacy that touches us all every day."

In addition, the Mint is making available service-specific WWI medals that can be purchased with the silver dollars, though at very limited quantities and for just a short time after the silver dollars go on sale.

VA Facilities Now Offer Same-Day Care for Urgent Primary and Mental Health-Care Needs – Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) announced a major milestone, that 100 percent of its more than 1,000 medical facilities across the country now offer same-day services for urgent primary and mental health-care needs.

Same-day services means a Veteran with an urgent need for primary care and mental health-care receives services that may include: a face-to-face visit with a clinician; advice provided during a call with a nurse; a telehealth or video care visit; an appointment made with a specialist; or a prescription filled the same day, depending upon what best meets the needs of the Veteran.

"We made a commitment to our nation's Veterans that we would work to reduce wait times and improve access, and we are doing it," said VA Secretary Dr. David J. Shulkin. "We were able to meet this goal, in large part, because of the concerted focus of our staff who care for our Veterans in facilities across the country."

Since 2014, VA has concentrated its efforts on improving access and meeting the urgent health-care needs of Veterans. In 2016, all of VA's medical centers offered same-day services for primary and mental health services.

In addition to offering same-day services, VA has reduced patient wait times. VA also implemented a new process to ensure timely follow-up appointments for time-sensitive medical needs. More than 100,000 such appointments have been completed.

In 2017, Veterans completed over 57.5 million appointments and VA clinicians saw almost 6 million patients.

To view access information about each facility nationwide, visit <https://www.accesstocare.va.gov/>. The information provided at this link is not offered by any major national hospital organization in the country.

Kevlar for the Mind: Why Veterans Shouldn't Shy Away From Political Careers – Bret A. Moore (Military Times)

Bret A. Moore, Psy.D., is a board-certified clinical psychologist who served two tours in Iraq. He is the co-author of "The Posttraumatic Growth Workbook (<https://www.traumaandgrowth.com/>). "This column is for informational purposes only and is not intended to convey specific psychological or medical guidance.

The military is only the first career stop for most service members.

After serving honorably for 20 or so years, slipping into a pair of slacks, buttoning up a dress shirt and cinching up a tie every day becomes the norm.

There are a lot of jobs that are well-suited for veterans. Some veterans decide to go back to school and become health care providers, educators, information technology experts or business leaders. Others stay connected to federal service by becoming government contractors or civil servants in career fields similar to what they did on active duty. And some become politicians.

Veterans are scattered across the quirky, confusing and complex spectrum of politics. Along with the familiar names (Sens. John McCain of Arizona and Lindsey Graham of South Carolina among those on one side of the aisle, former Massachusetts senator and Secretary of State John Kerry among those on the other), there are hundreds more involved in state and local politics.

I've been asked numerous times whether I believe veterans make good politicians. My answer is always a resounding "Yes."

The same personal characteristics that result in successful military careers translate easily into politics. Honesty, loyalty and sacrifice are just a few of the many traits that serve both fields well.

In general, veterans maintain a higher degree of psychological flexibility than the average person. The ability to respect and consider opposing points of view and using those competing points in making decisions is a must for military leaders and politicians.

Unfortunately, many who serve in politics, which is not unlike society as a whole, maintain very rigid views about how things should be. This rigidity leads to stalemates and stymies compromise and progress.

You'd be hard-pressed to find a veteran who served for a couple of decades who doesn't possess at least a moderate degree of confidence. No other career field promotes strength, resolve and assuredness better than the military. People want to follow those who exude confidence. And when you combine motivated followers with confident and competent leaders, there is no limit to what can be accomplished.

One of the most important characteristics of a successful politician is selfless service...although if you watch or read the news, you probably wouldn't know it. The ultimate responsibility of the politician is to serve the best interests of the people. Likewise, an effective military leader puts the needs of his troops first while ensuring the "mission" succeeds.

There are a lot of different jobs out there that are good fits for veterans. Politics is one of them. In fact, in my humble opinion, I think our best politicians are those who are able to exploit what they've learned in the military and apply it to serving those who put them in office. Our country needs more veterans at the helm.

Lessons from Combat Veterans – Alfonso R. Batres (This is a chapter from the book, *Living With Grief, Coping With Public Tragedy*, which was written in 2003)

Alfonso R. Batres, Ph.D., M.S.W., is the Chief Officer of the Readjustment Counseling Service, U.S. Department of Veterans Affairs. He has direct oversight of the 206 Vet Centers providing trauma services to war zone veterans, including centers in Puerto Rico, Alaska, Hawaii, and Guam. He has a Ph.D. in psychology from the University of Colorado, Boulder, and a Master's in Social Work from the Kent School of Social Work, University of Louisville, Kentucky. Dr. Batres coordinated VA Vet Center mental health services at the World Trade Center and other disaster sites.

"The lessons learned in Vet Centers have helped ordinary Americans touched by trauma" – Anthony J. Principi, Secretary of Veterans Affairs, August 2002.

Introduction and Overview. In the immediate aftermath of 9/11, several Veterans Service Centers operated by the U.S. Department of Veterans Affairs (VA) deployed mental health disaster workers to the New York City area to provide crisis counseling to VA clients and staff who lived and worked in or near lower Manhattan. They counseled professional colleagues at the Manhattan Vet

Center and at two other centers across the Hudson River in Newark and Jersey City, New Jersey. One of the volunteer disaster workers, a staff psychologist from the Philadelphia Vet Center, went to Jersey City and reported later: “Vet Center staff watched as people jumped from the upper floors and the World Trade Center buildings collapsed. Vet Center employees were so close they could see men’s ties and women’s dresses blow up as they fell. They could hear the sounds and smell the fire and smoke from the disaster. They were all clearly traumatized by the horrific events they witnessed.”

As part of the VA’s national disaster response team, Vet Centers have responded to other public tragedies, including earthquakes, plane crashes, urban riots, hurricanes, and the Oklahoma City bombing. Their expertise derives from nearly a quarter-century of learning how to recognize and treat post-traumatic stress disorder (PTSD) in combat veterans.

Administered by the VA’s Readjustment Counseling Service, the Vet Centers are small, non-hospital, community-based facilities that provide mental health services and other “help without hassles” to combat veterans. The program was authorized by Congress in 1979 after years of study and debate. The goal was to fashion a compassionate and effective response to what was becoming recognized as a major social issue – the profoundly disabling, service-connected psychological problems experienced by many veterans who had seen heavy combat in Vietnam.

The landmark National Vietnam Veterans Readjustment Study, mandated by Congress in 1983, found that nearly one-third (30.6 percent) of male veterans (more than 960,000 men) and over one-fourth (26.9 percent) of female veterans (more than 1,900 women) who had served in Vietnam had experienced PTSD at some point. The same study found that nearly half a million Vietnam veterans – 15.2 percent of the men and 8.5 percent of the women – still suffered from PTSD at least 15 years after their military service.

The literature on Vietnam veterans and PTSD is vast; studies of veterans have been essential in developing and extending the concept of PTSD. It is fair to say that much, if not most, of what is known today about normal responses to catastrophic events, to fear, and to the threat of being killed, has been learned from combat veterans.

The purpose of this chapter is to sketch a brief history of PTSD in terms of the contributions and experiences of combat veterans, particularly Vietnam veterans, and their advocates in the mental health professions, Congress, and the VA. The chapter includes a snapshot of the Vet Center program, which was (and still is) one of the federal government’s primary responses to PTSD among Vietnam and all other combat veterans. In the view of many observers, it is the gold standard of federal programs.

Combat Veterans and PTSD. PTSD did not emerge for the first time during or following the war in Vietnam. Although the term is relatively new, the condition itself “has been around ever since man has been on earth”. In Vietnam and in earlier wars, what came to be called (if not understood) as PTSD was known variously as soldier’s heart, battle fatigue, shell shock, combat neurosis, combat exhaustion, and even pseudo-combat fatigue.

A 1998 report describes the case of a World War I veteran whose combat-related traumatic stress persisted for 75 years – from the time he returned home in 1918 until his death in 1993 at the age of 94. Published references to combat-related trauma date back at least to the 1940s, some based on clinical cases first seen in the 1920s. Delayed stress also was observed in many World War II combat veterans.

In literature, if not in published case studies, full-blown PTSD apparently was described long before that. Jonathan Shay, a psychiatrist who treats Vietnam veterans suffering from severe and chronic PTSD, was struck by the similarity of their war experiences to Homer’s account of Achilles in the *Iliad*. Writing 27 centuries ago about soldiers at war, Homer saw “things that we in psychiatry and psychology have more or less missed.” Homer’s epic emphasizes two common events of heavy, continuous combat – betrayal of “what’s right” by a commander, and the onset of what Shay terms the berserk state.

Similarly, Shay and Grady found in Shakespeare's *Henry IV* an account of what seemed very much like the symptoms of PTSD. The soliloquy of a combat veteran's wife ("O, my good lord, why are you this alone?") described her husband's symptoms: social withdrawal and isolation; unwarranted rage; sexual dysfunction; incapacity for intimacy; somatic disturbances; inability to experience pleasure; insomnia; depression; hyperactive startle reaction; peripheral vasoconstriction, autonomic hyperactivity; sense of the dead being more real than the living; fragmented and vigilant sleep; traumatic dreams; and reliving episodes of combat.

If signs of combat-related traumatic stress have been observed in many wars over much of human history, then why has it taken so long to come to grips with the condition now known as PTSD? One possible answer lies in the historic tenacity of an alternative explanation.

In her award-winning book, *Long Time Passing: Vietnam and the Haunted Generation*, Myra MacPherson traces the history of an idea that persisted from colonial times through the Civil War to the Vietnam era. The idea was that a soldier's "breaking" in response to exposure to continuous heavy combat was due to predisposing factors of one sort or another, such as bad character, cowardice, unstable family backgrounds, or "pathological failure in the self-control of fear."

Ultimately, however, the concept of predisposing factors could not stand up to serious scientific study. "In all wars," MacPherson concluded from her review, "there have been countless numbers from strife-torn, unstable families...who have indeed fought, not only without breaking down, but heroically".

Readjustment. In 1936, the concept of readjustment – helping combat veterans make it through the transition from military service to civilian status – was articulated in a letter written by Major General Smedley Butler, United States Marine Corps, a two-time recipient of the Congressional Medal of Honor: "Then, suddenly, we discharged them and told them to make another 'about face!' This time they had to do their own readjusting, sans mass psychology, sans Officers' aid and advice, sans nationwide propaganda. We didn't need them anymore. So we scattered them about without any speeches and parades. Many, too many, of these fine young boys were eventually destroyed, mentally, because they could not make the final 'about face' alone."

Erik Erikson, a non-physician lay analyst, spent much of his clinical practice during World War II seeing returning combat veterans at the Veterans Rehabilitation Clinic of Mount Zion Hospital in San Francisco. He used his clinical work with war veterans to reintroduce environmental factors (including traumatic experiences) into the psychological equation for understanding adult adjustment. Erikson's comments from his work with war veterans validate the importance of an informal trusting therapeutic relationship and the value of veterans treating veterans: "The administration of the help given should be locally centralized so that the veteran will not feel 'pushed around' and 'up against red tape' when asking for a little assistance. The assistance should be handled, not by the personal representative of organizations, but by specially selected people who have a direct, informed, and resourceful approach and preferably are themselves veterans of this or the First World War."

Vietnam Veterans and PTSD. By 1971, Vietnam veterans were returning in large numbers from a divisive war. Society had difficulty separating the war from the warrior, and Vietnam veterans found they would not be getting an enthusiastic welcome from a grateful nation.

In the VA and in Congress, concern emerged about Vietnam veterans' ability to re-enter civilian life. Government-funded survey research found that veterans were having difficulty finding jobs. College graduates among them fared no better than those with far less education. Moreover, various government programs designed to help veterans find jobs appeared to be ineffective, and only 18 percent of returning veterans took advantage of their rehiring rights. Reports of substance abuse and disturbed and violent behavior contributed to a negative stereotype of Vietnam veterans.

Misdiagnosis. By the mid-1970s, it appeared that many returning Vietnam veterans who wanted help were not getting it. A 1976 study suggested that 77 percent of the veterans who sought psychiatric services and were admitted to VA hospitals were wrongly diagnosed: "Their flashbacks or

hallucinations of being in combat were often so real that psychiatrists unfamiliar with the nature of postwar symptoms diagnosed the veterans as suffering from acute schizophrenic episodes. Hence, patients were primarily drugged with heavy doses of antipsychotic medications. Though these medications temporarily proved helpful in many cases, they were too often the only treatment provided.”

A big part of the problem was that PTSD can mimic virtually any condition in psychiatry. Shay suggested that combat veterans first seen in the early 1970s were almost always diagnosed as paranoid schizophrenic. If they were first seen in the late 1970s, however, they were invariably diagnosed as manic-depressive. And if they were first seen in the mid-1980s, they were found to be suffering from PTSD. Shay complained that even the official definition “almost totally fails to convey the ease with which PTSD can be confused with other mental disorders.”

Taboo Subject. For many Americans, the Vietnam War remained a taboo subject until nearly a decade after it ended. In his Pulitzer Prize-winning autobiography, *Fortunate Son*, Lewis Puller, Jr. recalled that his law school classmates were so clearly discomfited whenever he mentioned his Vietnam service that he felt obliged to help them change the subject. Worse, his military psychiatrist did not seem to want him to talk about it either. Puller, a decorated Marine who had lost both legs and part of one hand in Vietnam, was in therapy because of depression, alcoholism and a failed suicide attempt. On a few occasions over the course of his therapy, Puller brought up the subject of his war service. Unable to elicit a response, he soon gave up. “Having fought a war that cost me so dearly while leaving virtually all my new acquaintances untouched, I was now told in countless subtle ways that I could not vent my grief and frustration by talking about the war because it made society uncomfortable.”

Rap Groups. Vietnam veterans wanted to talk, and they would not be denied. Out of this determination was born the rap group. Initially, rap groups were spontaneous and undirected. Brende and Parson quoted a severely wounded veteran who was hospitalized for 21 months: “There were a lot of other guys from Vietnam in the hospital when I was there. The nursing staff didn’t understand us, either ignored us or wanted us to stop talking about what we went through. So we would get together off in the corner and rap about what happened. After spending almost two years doing that, I got it all out of my system. I haven’t has a need to talk about it since that time.”

Veterans soon sensed the value of self-help and invited trained therapists to work with them. What evolved was a kind of innovative, customized group therapy. It was initiated by veterans, including veterans who were psychologists and psychiatrists, and aided by other, non-veteran mental health professionals recruited to their cause.

Among the first psychiatrists to become involved was Robert Jay Lifton, a veteran, renowned author, and Yale University psychiatrist. In his book, *Home from the War: Vietnam Veterans Neither Victims nor Executioners*, Lifton described the genesis of rap groups. He and Chaim Shatan, a New York University psychoanalyst, met with a group of combat veterans and developed the initial skeleton of the combat rap group process.

At the time, Lifton recalled, he had a sense that he was either groping toward a new group form or being caught up in one. Although there were definite elements of group psychotherapy, he wrote, the process could more accurately be described as a dialogue between mental health professionals and combat veterans. The groups called themselves rap groups, not therapy groups. They avoided the medical model, emphasizing that PTSD is a normal response to inordinate levels of stress and trauma. They welcomed drop-ins and maintained a casual atmosphere. All participants called each other by their first names.

Arthur Egendorf, a psychologist and Vietnam veteran, coordinated some of the first-generation rap groups, which were held in New York City from 1970 to 1974. In addition to providing a place where combat veterans could talk about the horrors they could not talk about elsewhere, “we made a distinction in the rap groups that is crucial for healing: the difference between blame and responsible

criticism. Blame justifies your aloofness or sense of impotence; responsible criticism involves you in constructive change”.

The experience of the rap groups served as a blueprint for the later therapeutic groups that would become a mainstay of the services offered by the Vet Centers.

Origin and History of the Vet Centers. *Congress Acts.* By the late 1970s, veterans’ advocates in Congress had become well aware that many Vietnam veterans were feeling alienated from their community support systems and were not accessing care at VA hospitals commensurate with the utilization rates of veterans of other wars.

In mid-1979, Congress authorized and funded the new Readjustment Counseling Service (it would later become known informally as the Vet Center Program) and the VA moved immediately to implement it. By October 1, the VA was offering readjustment counseling in 87 community-based centers nationwide.

New Focus for the VA. The program’s central purpose was to assist Vietnam combat veterans with their “about face” readjustment to civilian life. The program initially was called Operation Outreach and the centers were called Vietnam Veterans Outreach Counseling Centers. The idea was to help Vietnam veterans reconnect to social support systems including family, community, employment services, medical care and other veterans’ benefits. The program was designed and staffed mostly by Vietnam veteran providers.

Vet Centers were community-based, storefront-type facilities housed outside of traditional VA facilities. The average-size staff of four was headed by a team leader, usually a veteran who was also a mental health professional. The style was informal and flexible, based on a veteran-helping-veteran model. The teams offered safe, welcoming places where combat veterans could talk about their experiences and participate in the rap groups as a first step toward healing. As knowledge accumulated about the devastating effects of PTSD on families, the centers offered rap groups and other support for wives and children of combat veterans.

Although not without flaws and start-up problems, the Vet Centers soon proved to be hugely popular with veterans and a success story in the eyes of Congress. In late 1983, Congress approved funding for additional centers.

Advancing the Study of PTSD. Beyond its acceptance by Vietnam veterans and members of Congress, the Readjustment Counseling Service “created a fundamental change in the capacity of the VA to provide care, research and training regarding PTSD” according to Arthur Blank, the new program’s second director.

In 1980, the American Psychiatric Association (APA) included PTSD in the third revision of *Diagnostic and Statistical Manual of Mental Disorders*, known as DSM-III. Strictly speaking, this was not a new entry, but a reinstated and updated old one. The APA had recognized war neuroses under the term “gross stress reaction” in its first DSM in 1952, but then inexplicably dropped it from DSM-II in 1968. The reinstatement in 1980 was due in large part to the urging of mental health professionals who had been working with Vietnam combat veterans.

By the late 1980s, the VA had become “the acknowledged experts in diagnosing and treating war-related PTSD”. Looking to the future, the VA assured Congress that it was “committed to ongoing excellence in treating the psychological as well as the physical trauma of war”. The VA could now point to PTSD inpatient units that served only combat veterans, specially trained PTSD clinical teams at VA medical centers, partial hospitalization programs, outpatient mental health clinics, and the National Center for PTSD, a resource offering scientific data and information about PTSD treatment options.

During the Persian Gulf War, the number of mental health specialists deployed by the military was four times the number deployed at the height of the Vietnam War and this time they were equipped with a sophisticated understanding of PTSD. The Readjustment Counseling Service and the Vet Centers had been the “organizational trail-blazer for PTSD programs in the VA”.

Vet Centers Today. Vet Center Statement of Purpose: “We are the people in the Department of Veterans Affairs who welcome home with honor the war veteran by providing quality readjustment services in a caring manner, assisting them and their family members toward a successful post-war adjustment in or near their respective communities.”

Each year, the 206 Vet Centers assist approximately 130,000 veterans and conduct at least 900,000 visits from veterans and family members. Since the program began in 1979, the Vet Centers have assisted 1.7 million veterans. Originally established to help Vietnam veterans readjust to civilian life, the Vet Centers now are open to all veterans who have served in a combat zone or area of armed hostility. They also are open to all veterans who have been sexually traumatized while serving in the military.

Over 80 percent of Vet Center staff members are veterans and over 60 percent have served in a combat zone. This enhances their understanding and appreciation of the population they serve. Staff members include psychiatrists, psychologists, social workers (the largest proportion of providers), psychiatric nurses, master’s-level counselors, and allied health workers.

Services. Vet Centers offer assessment and evaluation; individual, group and family counseling... substance abuse screening and counseling...

Above all, the Vet Centers retain their focus on high-quality treatment of PTSD. In recent years, this has meant increasing emphasis on long-term intervention. Since the extension of eligibility in the 1990s to all combat veterans, the Vet Centers are seeing more veterans of World War II and the Korean War. Some of these veterans have not completed their “about face” in 50 years.

Vet Centers use a mix of peer and professional counseling. One treatment modality developed and used by the Vet Centers is combat (rap group) peer counseling, the origins of which are described elsewhere in this chapter. The rap groups continue to be a major contributor to the Vet Centers’ overall success. As one veteran of the Korean War states: “I have been trying to forget these horrible thoughts and nightmares that I have had for so many years. I avoided talking about this, wanting to protect my wife and kids from these things, I drank like a fish to try to forget, always thinking all along that there was something wrong with me because Marines aren’t supposed to have these problems. It took a while, but by talking to my counselor, also a combat Marine, and the other combat veterans in my group, I am today able to know that I am not a freak; I am doing so much better. This Vet Center and my counselor have saved my dignity, my marriage, and my life. I feel like a real person again.”

Client Satisfaction. Such testimonials are not unusual. Most initial referrals to Vet Centers are by word of mouth. In client surveys, the proportion of respondents who say they would recommend the Vet Center to other veterans is consistently well over 90 percent. Between 1979 and 1990, Vet Centers assisted more than one million veterans and members of their families, but received only 45 letters of complaint. What accounts for this high level of customer satisfaction? Important program attributes include these:

“Help without Hassles.” More than a slogan, these words remind Vet Center staff of the value of streamlining or omitting bureaucratic processes and obstacles whenever possible. The idea is to facilitate access to care by valuing the fact that veterans who have been traumatized may already feel alienated by “the system.” Readjustment Counseling Service policy is that all veterans, including new clients without appointments, will be greeted immediately and counseled or otherwise helped within 15 minutes of their arrival. Paperwork and other procedural necessities come after an empathic connection has been established.

Personal Service. Although personalized service plays a key role in any service delivery, this is particularly important in the delivery of services to traumatized populations. Respecting a veteran’s need for personal space and confidentiality goes a long way in getting needed services to veteran clients. Vet Centers emphasize the importance of respecting the clients they serve. Vet Center clients, in turn, refer to the center they use as “my Vet Center,” indicating a personal investment and ownership.

Camaraderie. Military unit identification and era of service are sources of pride for many veterans. The camaraderie between and among veterans, especially combat veterans, is a bond that transcends time. Combat veterans typically feel that few persons can understand their war-related trauma except other combat veterans.

At the Vet Centers, some groups are facilitated by counselors who are combat veterans; others are facilitated by veterans who have not seen combat or by non-veteran counselors. Virtually all counselors use the camaraderie among veterans to enhance the therapeutic process, especially in the beginning. Ultimately, however, individual progress may be measured in part by how well the veteran handles, increasing heterogeneous groups and other social contacts.

Cultural Competence. Vet Centers take the time to understand the cultures of the communities they assist, and to remain sensitive to issues of culture, language and spiritual and other beliefs. In providing interventions and services, cultural competence is an integral part of the Vet Centers' approach. It facilitates more meaningful interventions and is part of the emphasis on treating the whole person.

Conclusion. On September 11, 2001, for the first time in this country, large numbers of civilians in New York City and the Pentagon and elsewhere experienced something akin to combat trauma. "Few, I'm sure, have related their experiences to combat," the VA Secretary wrote in an essay, "but they have survived an attack by a lethal enemy". That it may happen again cannot be ruled out.

...coping with public tragedy and helping others cope require an understanding of post-traumatic stress. This is true whether the tragedy is a terrorist attack, a natural disaster or some other catastrophic event.

The VA initiative described in this chapter led to a new and innovative system for delivering care to survivors of combat stress at a time when scientific knowledge about the long-term burden of war trauma was in its infancy. The Vet Centers' track record in helping veterans with combat-related traumatic stress is relevant to the needs of the citizenry in our post-9/11 world. Their expertise is grounded in government-funded clinical and epidemiological studies, some of them on going, that continue to draw on the cumulative experiences of our combat veterans.