

Pennsylvania State Veterans Commission

Meeting Agenda

December 8, 2023, at 1000 AM

Location: Arrowheads Community Club

1000	Call to Order	Chairman Nicholas Taylor
	Moment of Silence	Vice-Chair Connie Snavelly
	Pledge of Allegiance	Chairman Nicholas Taylor
	Introduction of Commission Members	Chairman Nicholas Taylor
	Certificate of Appreciation: Mr. Robert Heister-MOAA	MG Schindler/Taylor
	Chairman's Open Remarks	Chairman Nicholas Taylor
	TAG's Opening Remarks and Comments	MG Mark Schindler
	Approval of 13 October 2023 Meeting Minutes	Requires Vote
	Reading of Official and Other Communications	Chairman Nicholas Taylor
	DAG-VA Opening Remarks and Report	BG (PA) Maureen Weigl
	<ul style="list-style-type: none">• PPL, BVH, PIRO• Programs Report	Requires Vote
	VISN 4	Mr. Timothy Liezert
	Committee Reports	
	<ul style="list-style-type: none">• Legislative• Pensions/Relief/Grave Markings• RETX• MAL• Transportation• Veterans' Health• VSO Grant• Women Veterans• PAWVC Update	Mr. Robert Heister Mr. Larry Googins Mr. Jesiah Schrader Ms. Constance Snavelly Mr. William Hines Mr. Mark Baylis Mr. Matthew Hollenbeck Ms. Lisa Kaye President David Gyger
	Unfinished Business	Chairman Nicholas Taylor
	New Business	Chairman Nicholas Taylor
	<ul style="list-style-type: none">• Presentation: Reconsolidation of Traumatic Memories	Mr. Greg Jolissaint
	Good of the Order	SVC Commissioners
	Agenda Items for Next Meeting	SVC Commissioners
	Closing Remarks	Chairman Nicholas Taylor
	Next Meeting	
	January 12, 2024, at 10 AM	
	Fort Indiantown Gap, Annville	
	Retiring of the Colors	Chairman Nicholas Taylor
	Adjournment	Chairman Nicholas Taylor



**STATE VETERANS COMMISSION MEETING
DECEMBER 8, 2023**



DMVA MILITARY UPDATE

CURRENT AND FUTURE UNIT MOBILIZATIONS



2024									2025										
DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	
ET 1 B - SWB -23 PAX																			
2-112 IN - HOA#1 -1099 PAX																			
		56 SBCT - FLEE / FLEW - 14 PAX																	
		28 MP - GTMO -111 PAX																	
			56 SBCT - JMTG-E -165 PAX																
			56 SBCT - HOA#2 -1099 PAX																
			213 PC - OSS -16 PAX																
			213 PC - OSS -20 PAX																
			213 PC - OIR -10 PAX																
												528 FIN - OSS - 25 PAX							
																		3622 ODCO - OSS - 159 PAX	

ARNG Unit Soldiers in Theater: 23
 ARNG Soldiers at MOB/DEMOB Site: 29
 ARNG Individual Mob: 6
 Total ARNG Mob: 58

**Total PANG
 Mobilized: 806**

Current ANG Unit Airmen Mob: 113
 Current ANG Individual Mob: 15
 Total: ANG Mob: 128

CURRENT MOBILIZATIONS & TOTAL DEPLOYMENTS



PAARNG Current Deployments						
MDATE	MSAD	UNIT	OPN	PAX	MISSION	Projected Return Date
07 OCT 23	10 OCT 23	Det 1 B, 1-224 AVN	Counter Drug	23	T10, 12302	12 NOV 24
ARNG Soldiers at MOB/DEMOB Sites				29	Various Missions	Various based on tour
Various Individual MOB Soldiers				6	Various Missions	Various based on tour
Total PAARNG Deployed: 58						

PAANG Current Deployments		
Unit	Opn	Pax
193 SOW	OFS-OIR-OSS, Other	8/1
111 ATKW	IPR (HS), OFS-OIR-OSS, TS	36/6/40
171 ARW	Alert Status (HS), OFS-OIR-OSS	37
Total PAANG Deployed		128

Total PANG Deployed 806

As of 14NOV23

> community > commonwealth > country



**DMVA
POLICY, PLANNING & LEGISLATIVE AFFAIRS
MR. SETH BENGÉ**



Policy, Planning and Legislative Affairs (PPL)



HB 325 (Staats) Act amending Title 51 (Military Affairs) in Department of Military Affairs, providing for burial benefits. **05/23/23 Awaiting 2nd Consideration, laid on the table.**

SB 531 (Baker, L) Amends Title 51 (Military Affairs), in State Veterans' Commission and Deputy Adjutant General for Veterans' Affairs, further providing for Veterans' Trust Fund. (Has not crossed opposite chamber). **10/03/23 Passed Senate, referred to House VAEP Cmte.**

SB 447 (Mastriano) Amends Title 51 (Military Affairs), in Department of Military Affairs, establishing the PA VETConnect Program . **10/31/23 1st Consideration in House, awaiting 2nd Consideration.**

HB 892 (Kaufer) Identical. **06/13/23 Pass House, referred to Senate VAEP Cmte.**

Blind, amputee and paralyzed veteran's pensions

HB 1091 (Williams, D) \$270/month. **05/23/23 Awaiting 2nd Consideration, laid on the table.**

HB 542 (Gregory) \$250/month. **3/20/23 Introduced and referred to House VAEP Cmte.**

SB 189 (Ward, J) \$200/month. **05/01/23 Awaiting 2nd Consideration, re-referred to Senate Appropriations.**

RETX

HB 1227 (Sappey) [Companion Bill SB 177 Bartolotta] A Joint Resolution proposing an amendment to the Constitution of the Commonwealth of Pennsylvania, further providing for exemptions and special provisions. **11/15/23 Voted favorably from House VAEP Cmte, awaiting 1st Consideration.**

[Report on RETX bills:](#) HB 171, HB 1227, HB 1401, SB 177, SB 194, SB 450, SB 844, SB 947

[Report crossed chambers bills:](#) HB 269, HB 363, HB 877, HB 892, HB 1086, SB 126, SB 146, SB 209, SB 248, SB 411, SB 429, **SB 438**, SB, 447, SB 477, **SB 531, SB 933**

[Report on passed bills:](#) **HB 157, HB 404, HB 804, HB 1094, SB 141, SB 829**

As of 21 Nov 2023

> community > commonwealth > country



**DMVA BUREAU OF VETERANS HOMES
MR. TRAVIS DAVIS**



PVH Current Licensure Status



SVH Survey Table as of 16 Nov 2023 (Remains Current)				
SVH	Regulatory Agency	Survey Reason/Type	Survey Date(s)	Status/comments
DVVH	DOH Nursing	Annual Recertification	03/01/23 - 03/06/23	Cleared
	DOH Nursing	Abbreviated - Complaint	11/07/23	Cleared
	DOH Nursing	Abbreviated - Complaint	09/26/23	Cleared
	DOH Nursing	Abbreviated - Complaint	09/14/23	Cleared
	DOH Nursing	Abbreviated - Complaint	08/14/23	Cleared
	DOH Nursing	Abbreviated - Complaint	05/30/23	Cleared
	DOH Life Safety	Annual Recertification	03/21/23	Cleared
	VA	Recognition Survey	12/14/22 - 12/16/22	Cleared
GMVC	VA	Annual Recertification (next due Dec 23)	06/07/22 - 06/10/22	Cleared
	DOH Nursing	Annual Recertification	08/29/23 - 09/01/23	Cleared
	DOH Nursing	Abbreviated - Complaint	03/01/23	Cleared
	DOH Life Safety	Annual Recertification	09/12/23	Cleared
HVH	VA	Annual Recertification	02/14/23 - 02/17/23	Cleared
	DOH Nursing	Annual Recertification	08/21/23 - 08/24/23	Cleared
	DOH Nursing	Abbreviated - Complaint	08/08/23	Cleared
	DOH Nursing	Abbreviated - Complaint	06/15/23	Cleared
	DOH Nursing	Abbreviated - Complaint	04/14/23	Cleared
	DOH Nursing	Abbreviated - Complaints	11/29/22	Cleared
	DOH Life Safety	Annual Recertification	07/17/23 - 07/19/23	Cleared
	DHS	Annual Recertification	08/16/22 - 08/17/22	Cleared
VA	Annual Recertification	06/05/23 - 06/08/23	Cleared, provisional certification granted	

Ratings as of 17 Nov 2023			
Facility	5 Star Rating	Facility	5 Star Rating
DVVH	★★★★★	PSSH	★★★★★
GJMVC	★★★★★	SEVC	★★★★★
HVH	★★★★★	SWVC	★★★★★

Each DMVA Pennsylvania Veterans' Home is currently licensed by the PA Department of Health, PA Department of Human Services and certified by the U.S. Department of Veterans Affairs. HVH, PSSH and SEVC have a Personal Care program.

Last updated: 8-24-2023

PVH Current Licensure Status



SVH	Regulatory Agency	Survey Reason/Type	Survey Date(s)	Status/comments
PSSH	DOH Nursing	Annual Recertification	04/18/23 - 04/21/23	Cleared
	DOH Nursing	Abbreviated - Incident	05/15/23	Cleared
	DOH Life Safety	Annual Recertification	04/25/23	Cleared
	DOH Life Safety	Occupancy Inspection	06/28/23	Cleared
	DHS	Annual Recertification	02/21/23 - 02/23/23	Cleared
	DHS	Abbreviated - Complaint	08/30/23	Cleared
	DHS	Abbreviated - Incident	05/02/23	Cleared
	DHS	Abbreviated - Incident	03/09/23	Cleared
	VA	Annual Recertification	02/13/23 - 02/17/23	Cleared, full certification
SEVC	DOH Nursing	Annual Recertification	08/21/23 - 08/24/23	Cleared
	DOH Nursing	Abbreviated - Complaint	10/25/23	Cleared
	DOH Nursing	Abbreviated - Event	03/16/23	Cleared
	DOH Nursing	Abbreviated - Event	12/14/22	Cleared
	DOH Life Safety	Annual Recertification	08/07/23	Cleared
	DHS	Annual Recertification	10/04/23	POC submitted, date certain 11/30/23
	VA	Annual Recertification	02/27/23 - 03/03/23	CAP accepted; date certain 7/28
SWVC	DOH Nursing	Annual Recertification	06/26/23 - 06/30/23	Cleared
	DOH Nursing	Abbreviated - Complaint	11/08/23	Cleared
	DOH Nursing	Abbreviated - Complaint	08/17/23	Cleared
	DOH Nursing	Abbreviated - Complaint	01/26/23	Cleared
	DOH Nursing	Abbreviated - Complaint	12/23/22	Cleared
	DOH Life Safety	Annual Recertification	06/28/23 - 06/29/23	Cleared
	VA	Annual Recertification	05/02/23 - 05/05/23	CAP accepted; date certain 8/15

Each DMVA Pennsylvania Veterans' Home is currently licensed by the PA Department of Health, PA Department of Human Services and certified by the U.S. Department of Veterans Affairs. HVH, PSSH and SEVC have a Personal Care program.

Last updated: 8-24-2023

Resident COVID-19 Update

Resident COVID-19 Status: 17 Nov 2023			
Veteran Home	Isolation COVID	Quarantine	Isolation Influenza
DVVH	1	0	0
GMVC	2	2	0
HVH	12	2	0
PSSH	1	0	0
SEVC	1	0	0
SWVC	0	0	0

Resident and Staff COVID-19/Influenza Update

Number of Resident and Staff COVID-19/Influenza Positive							
17 Nov 2023	DVVH	GJMVC	HVH	PSSH	SEVC	SWVC	TOTAL
Total # of COVID + residents	1	2	12	1	1	0	17
Total # of COVID + staff	0	3	10	4	0	5	22
Total # of residents + for Influenza	0	0	0	0	0	0	0
Total # of staff + for Influenza	0	0	0	0	0	0	0
Total # of staff who received the 23/24 COVID vaccine	10	4	2	23	7	14	60
Total # of residents who received the 23/24 COVID vaccine	66	17	2	105	35	2	227
Total # of staff who received the Flu Vaccine	73	69	56	51	58	114	421
Total # of residents who received the Flu Vaccine	133	142	158	129	114	134	810

Pennsylvania Veterans Homes COVID-19 Update

COVID-19 links for information related to the Veterans Homes and skilled nursing facilities.

- <https://www.dmva.pa.gov/Pages/default.aspx>
- <https://www.health.pa.gov/topics/disease/coronavirus/Pages/LTCF-Data.aspx>
- <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Monitoring-Dashboard.aspx>
- <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Guidance/SNF-Guidance.aspx>
- <https://docs.google.com/spreadsheets/d/19MpLoPxayE1MDwQJJYCZxISN64V4FJSJPGzfvVBb5Mw/edit#gid=1511961664>



**BUREAU OF VETERANS PROGRAMS,
INITIATIVES, REINTEGRATION, AND OUTREACH
MR. JOEL MUTSCHLER**



- Our Servicemember, Veterans, and their Families (SMVF) Community
 - Comprises approximately 14% of Pennsylvania's total population
 - Find resources and link to our team through PA VETConnect – dmva.pa.gov/vetconnect
- PACT Act Impact:
 - 544,924 Total Veterans/Survivors nationwide completed PACT Act-related claims
 - Pennsylvania is 8th out of 55 state/territories in completed claims
 - 32,761 (2.78% of total claims) from PA Veterans/Survivors (8/10/22 – 11/10/2023)
 - Visit www.va.gov/PACT to get the latest information and updates
- Expanding Outreach Efforts
 - Pennsylvania Salutes You for Your Service: www.pa.gov/welcome-back-veterans
 - Sign up for PA Veterans Registry and the *DMVA Digest* – register.dmva.pa.gov



PA VETConnect



We build relationships that amplify service to the SMVF community

- Region 1 - presented about benefits, pensions and aid and attendance to nursing home directors in Clearfield county.
- Region 2 - Together With Veterans Greene, of which the R2 VSS is the Facilitator, sponsored a Veterans Pancake breakfast for 52 veterans plus some dependents. Several veterans were referred for resources.
- Region 3 - Worked with VCI and the Cameron County VA Office to host a VCI Rural Veteran Outreach in Emporium. This is the first time an outreach resource fair was done in Cameron County since before COVID. Five new appointments were made with the County Director that day (this is 1% of the total veteran population in Cameron Co.)
- Region 4 - Presented to 34 Geisinger Veteran Employees across the Geisinger network on an overview to accessing essential veteran resources; Region 3 and 4 also developed one-page inserts on essential veteran contact information at the local, state, and federal levels during the Geisinger Veterans Day Dinner Distribution across all facilities.
- Region 5 - Is attending the MilitaryShare in Allentown and Middletown regularly to assist our PANG Family Readiness. During the MS we encounter veterans with claim questions or in need of community resources that we are able to assist.

■ Successes

- >17,000 Connections
- > 2,000 resources
- Building trust within the network



www.dmva.pa.gov/vetconnect

> community > commonwealth > country

Veteran Issues and Collaboration Efforts

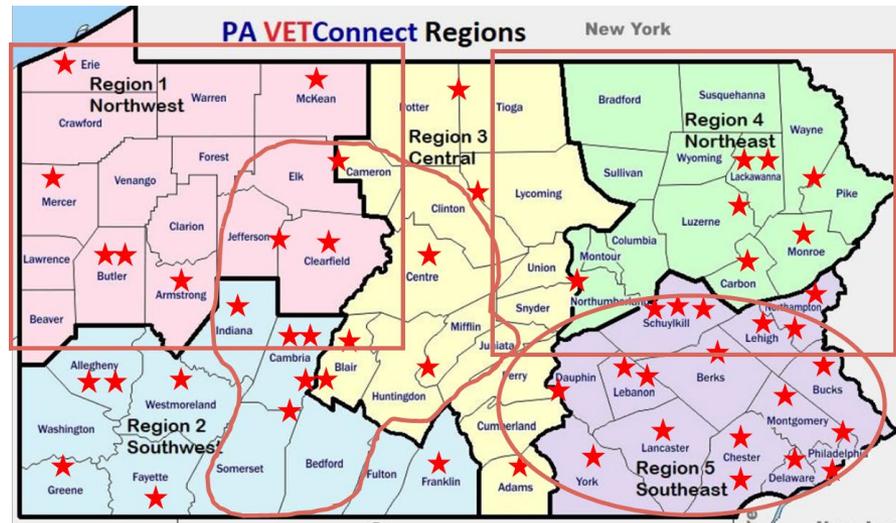


Currently, PA VETConnect team members are chairing, facilitating or participating in 57 veteran-focused collaboratives while also engaging with numerous mainstream community-based groups to raise a voice for veterans' considerations and to promote veterans' resources and benefits among those providers.

Top Regional Veteran Issues: Resource Awareness, Mental Wellness, Transportation, Housing/Food Insecurity, Employment, and Financial Insecurity.

Highlights of these efforts:

- Region 1
 - Co-chair for the Community Veteran Engagement Boards (CVEBs) in Erie and McKean Counties.
 - Advisory Member for Pitt-Peru that covers 15 counties in Region 1.
 - Community Co-chair for the Butler VA Medical Center Veteran Community Partnership (VCP) Committee.
 - Advisory member for Armstrong County Veteran Providers Group.
 - Member of Butler County VSO Veteran Suicide Prevention Coalition.
- Region 2
 - Facilitator and Steering Committee member on the Together with Veterans (TWV) for Greene and Cambria Counties.
 - Member of the PA Disabled Veterans Rehabilitation (PDVR) Committee for Bedford, Cambria, Indiana and Somerset Counties.
- Region 3
 - Stood up two veteran coalitions in '22-'23 (Adams Co. Veteran Advocate Network and the Lycoming Clinton Veteran Coalition) which have completed SWOT (Strengths, Weaknesses, Opportunities, Threats) analyses and identified focus areas for workgroups.
- Region 4
 - Co-chair to Wilkes Barre VA Medical Center Veterans Community Partnership (VCP) Committee.
 - Facilitator/Coordinator for Together with Veterans (TWV) - Carbon County.
 - Voting Member on PA LINK Oversight Committee – Veteran Advocate for Wayne, Pike, Monroe Carbon, Lackawanna, Luzerne and Wyoming Counties.
- Region 5
 - Steering Committee member for the PA Suicide Prevention Alliance Task Force which statewide but hyper-focused in SEPA, and the LGBTQ+ Veterans Coalition which is VA sponsored and covers the entire commonwealth



Legend:
 ★ Specific Coalition
 Region 1 Box is Pitt-Peru 15 county coverage area
 Region 4 Box is WB VAMC VCP coverage area
 Region 1, 2, 3 Blob is the Altoona VA Postvention and Women Veteran Coalitions coverage area
 Region 5 Oval is the Lebanon VA University and LGBTQ+ Coalitions coverage area

Impact of Collaboration Efforts

- Region 1 – Humana provided \$2500 towards funding for the Vietnam Traveling wall to be placed in Mercer County. The wall was on display for 5 days and viewed by thousands of Veterans and their family members.
- Region 2 – Veterans Leadership Program Stand Downs in both Pittsburgh & Johnstown assisted 204 veterans with food, haircuts, winter clothing, vaccinations and many other resources during October 2023.
- Region 3 – The PA Lions’ Project New Hope provided 17 disabled Veterans (plus 40 total family members - spouses and children) with a free extended weekend of camping at their Beacon Lodge Camp resulting in a time for camaraderie and relaxation, as well as the opportunity to ask PA VETConnect and County VA staff questions about federal and state veteran benefits, VA health care, and community-based resources to address unmet needs.
- Region 4 – Together with Veterans NEPA, grassroots veteran-led advisory committee focused on addressing rural veteran suicide held an annual Vietnam Veteran Era Luncheon on March 28, 2023, which provided a free lunch to area Vietnam Era veterans plus one guest. While the event serves to bring veterans together to be honored for their service as well as a space to connect with others, it also serves directly a suicide prevention tactic to combat isolation and promote connectedness and help-seeking resources. The 2022 event brought together 141 Vietnam Era Veterans and 89 spouses/caregivers; in 2023 the event brought together 181 Vietnam Era Veterans and 99 spouses/caregivers. In a survey conducted at the 2023 event, 76 veterans responded to the survey; of those, 62 respondents said they made a new connection with another veteran at the event.
- Region 5 – The Middletown VFW, National Guard Family Readiness, DMVA and Central PA Foodbank’s monthly MilitaryShare impacts 111 families with supplemental groceries and resources to prevent food insecurity.



Veterans Courts in Pennsylvania



Veterans Treatment Court (VTC) are specialized problem-solving courts that provide veterans who have committed nonviolent offenses with the opportunity to receive treatment and assistance for substance abuse, mental health, and other challenges. VTCs are designed to help veterans overcome their challenges and return to productive lives in community.

Benefits of VTCs

- Cost-effective: It is cheaper to treat a veteran than to incarcerate them (approximately \$100 inmate housing cost per day).
- Provide support: VTC participants have access to mental health and addiction treatment, job training, and other resources.
- Reduce recidivism: VTC graduates are less likely to re-offend than veterans who do not participate in VTC programs.
- Strengthen communities: VTC graduates often go on to volunteer and mentor other veterans in their communities.

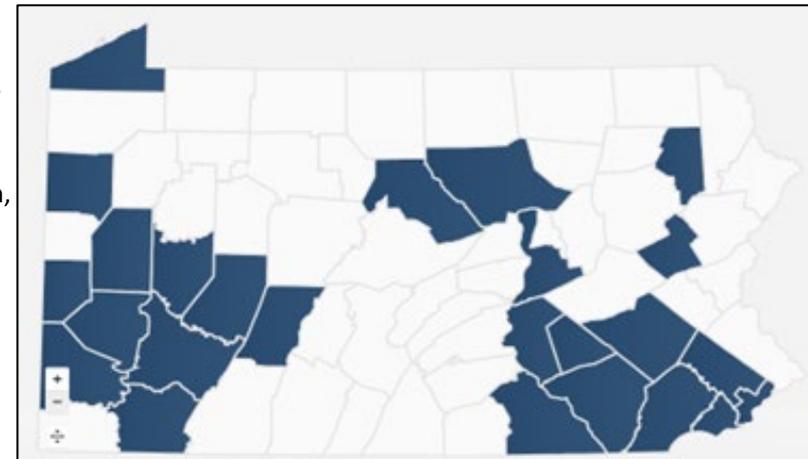
How to Start a VTC

To start a VTC, a county needs to have the support of the president judge and other key stakeholders. The county also needs to have a team of people who are willing to work together to support the VTC, including a judge, program coordinator, district attorney, public defender, law enforcement representative, probation officers, VA's Veteran Justice Outreach Specialists (VJOs), treatment representative, volunteer mentors, and volunteer mentor coordinators.

VTCs in Pennsylvania

There are currently 25 VTCs operating across Pennsylvania with a 167 veterans graduated an 81% successful graduation rate in 2022. We will gain on 26th VTC early in 2024 in Northampton. There is currently a regional veterans treatment court in the works and anticipated to start early 2024 including the following counties: Blair, Clinton, Centre, Mifflin, Huntingdon, Perry, Juniata, and Clearfield. Lawrence, Luzerne, and Wyoming/Sullivan all have current veterans tracks within another treatment court, which is a phenomenal solution for counties that do not have enough veterans to sustain a full court. We are on target to have access to a VTC in 38 counties!

More information may be found at veterans.pa.gov click on Special Initiatives and then Veterans Treatment Court or through the [Unified Judicial System of PA](#) website.



Reintegration and Outreach Events Overview



Outreach Statistics

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Year to Date
Outreach Events Supported	87	34			121
Mobile Outreach Van Events	8	7			15
Veteran Interactions	2,202	601			2,803
Claim referrals to County Directors and Service Organizations	684	195			879
Claim referrals to other state, county and local organizations assisting Veterans	626	149			775
Health Care Enrollment Referrals	438	105			543
Number of Veterans Registry Cards distributed	350	10			360
County Directors Office Attended	45	17			62
Legislative attended events	56	11			67

As of 31 October 2023

> community > commonwealth > country

VETERANS' TRUST FUND



	Receipts	Expenditures	
Transfers to VTF	\$1,700,000.00		
HOV License Plate	\$56,805.00		
PA Monuments License Plate	\$0.00		
HOV Motorcycle License Plate Sales	\$3,706.00		
Honoring our Women Veterans License Plate	\$2,080.00		
Donations, Contributions, Gifts	\$230,038.63		
VTF Check Off	\$14,492,176.35		
VTF Online Donations	\$7,553.00		
SECA Donations	\$19,121.88		
County Juror Donations	\$77,105.57		
Casino Donation	\$51,565.91		
Interest	\$299,450.77		
Veterans Service Organizations		\$700,000.00	
PennDOT		\$776,000.00	
Veteran Programs Training		\$8,700.00	
Veterans Assistance and Veterans Temporary Assistance (VTA)		\$6,352,823.66	
County Director and VSO Grants (2023)		\$0.00	
County Director and VSO Grants (2022)		\$800,000.00	
County Director and VSO Grants (2021)		\$1,320,926.68	
County Director and VSO Grants (2020)		\$789,809.33	
County Director and VSO Grants (2019)		\$789,349.09	
County Director and VSO Grants (2018)		\$768,801.35	
County Director and VSO Grants (2017)		\$763,749.14	
County Director and VSO Grants (2016)		\$641,329.75	
County Director and VSO Grants (2015)		\$522,368.88	
County Director and VSO Grants (2014)		\$472,473.67	
County Director and VSO Grants (2013)		\$421,777.15	\$7,290,585.04
Working Balance	\$1,811,494.41		

As of 15 November 2023

> community > commonwealth > country

GDx Analysis Update FY 2010-2022



Year	Veteran Population*	Total Expenditures	Expenditures per Veteran
2010	964,132	\$ 3,824,046,165	\$ 3,966.31
2011	933,404	\$ 4,096,335,085	\$ 4,388.60
2012	980,529	\$ 4,075,363,910	\$ 4,156.29
2013	953,644	\$ 4,782,351,480	\$ 5,014.82
2014	939,069	\$ 5,260,391,172	\$ 5,601.71
2015	916,638	\$ 5,432,717,648	\$ 5,926.79
2016	845,507	\$ 5,480,864,013	\$ 6,482.34
2017	819,185	\$ 5,663,673,670	\$ 6,913.79
2018	793,321	\$ 5,547,696,283	\$ 6,993.00
2019	768,094	\$ 6,107,649,721	\$ 7,951.70
2020	791,914	\$ 6,439,247,984	\$ 8,131.25
2021	720,029	\$ 6,646,599,889	\$ 9,231.02
2022	719,233	\$ 7,782,109,558	\$ 10,820.01

Analysis:

- 104% Increase in expenditures= increase in claims processed
- 25% Decrease in Veteran population
- 173% Increase in expenditures per veteran
 - Increased ROI per Veteran, more claims per Veteran

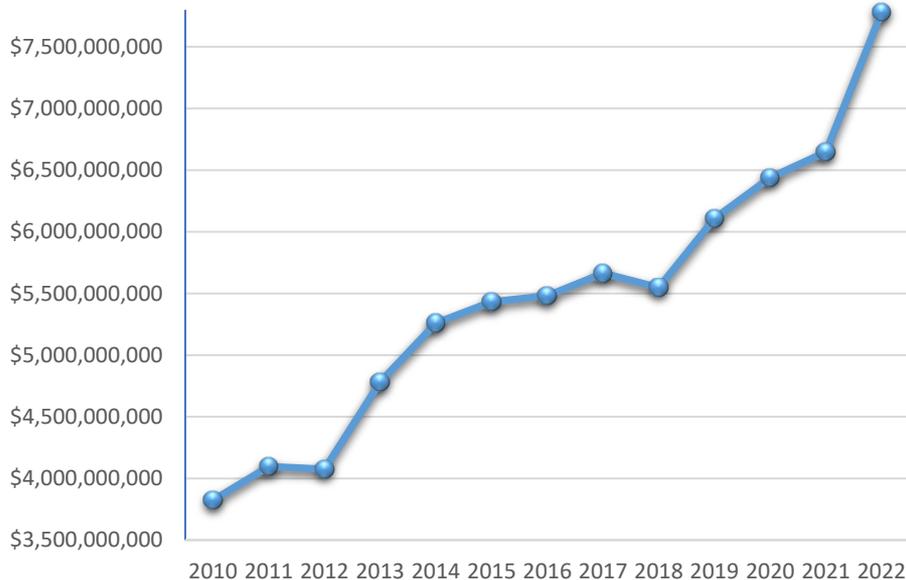
DMVA & Partners are:

- Serving more Veterans
- Serving Veterans more efficiently
- Generating significant increases in Federal Expenditures being spent on the Commonwealth's Veterans, despite a decreasing population.

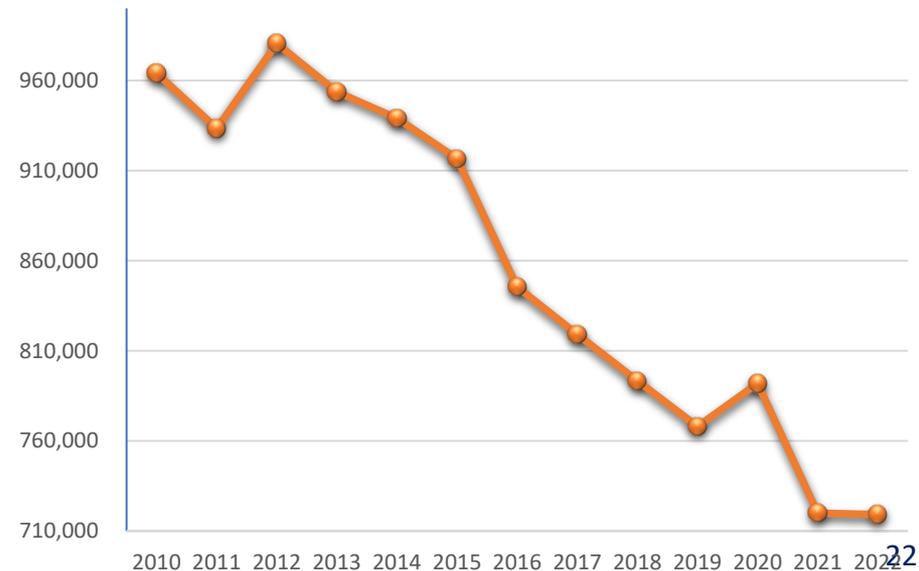
Pennsylvania FY22 GDx Changes:

- C&P expenditures up 18%
- Total expenditures up 17%
- Population down 6.7%
- Education & Vocational Rehabilitation/ Employment 12th to 11th, passing Arizona up 10%

Total Expenditures



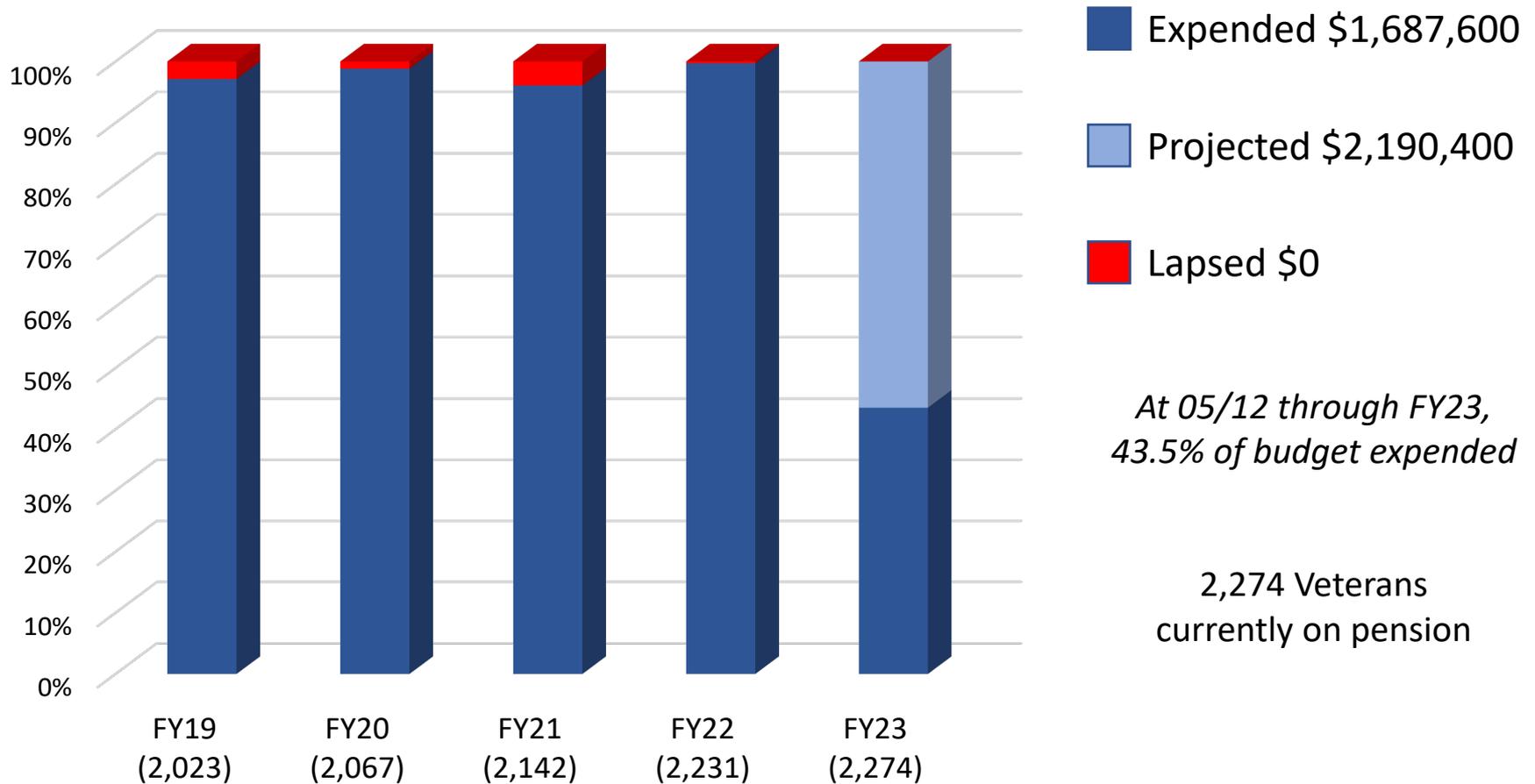
Population



AMPUTEE & PARALYZED VETERANS' PENSION



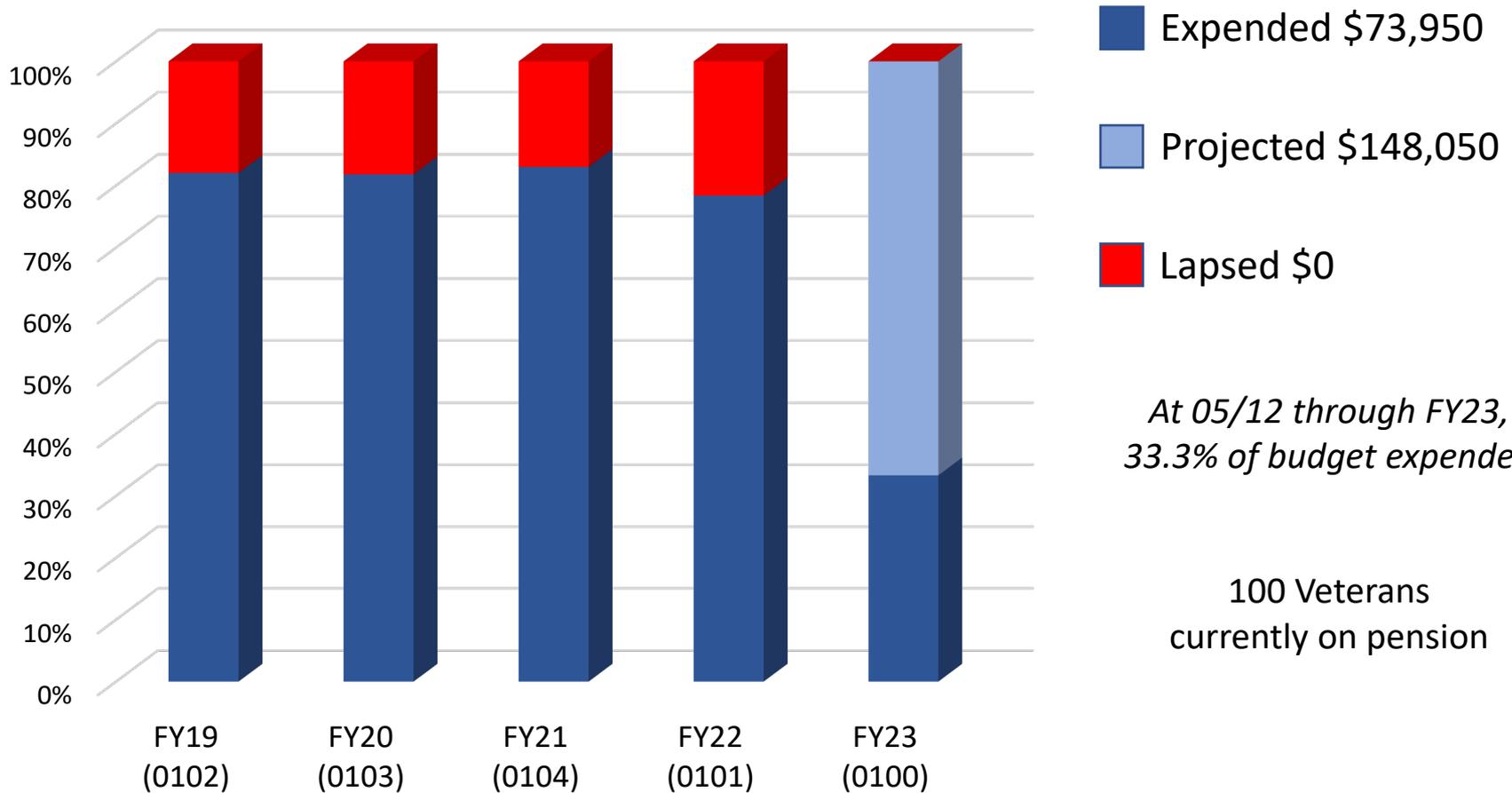
\$3,878,000



BLIND VETERANS' PENSION



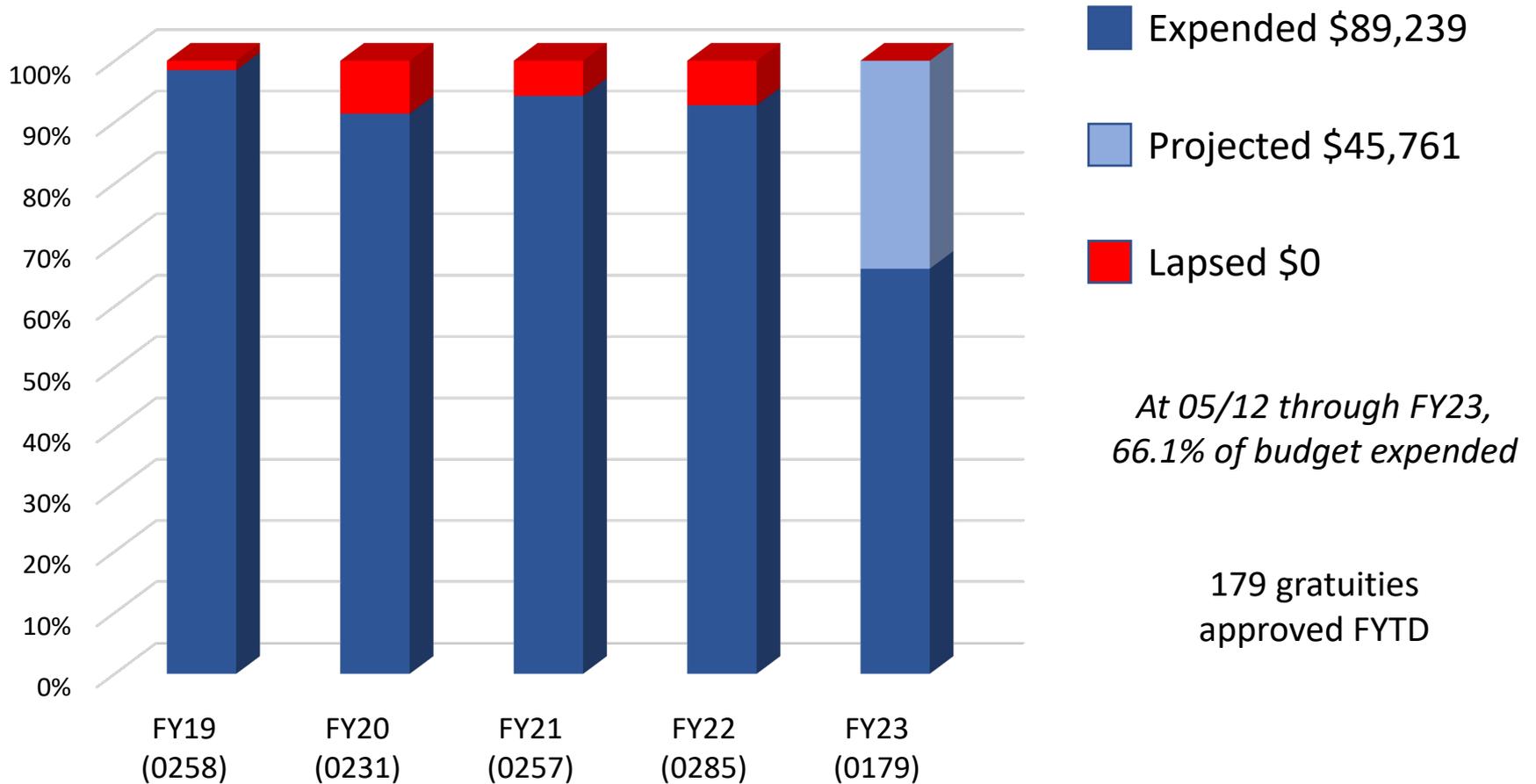
\$222,000



EDUCATIONAL GRATUITY



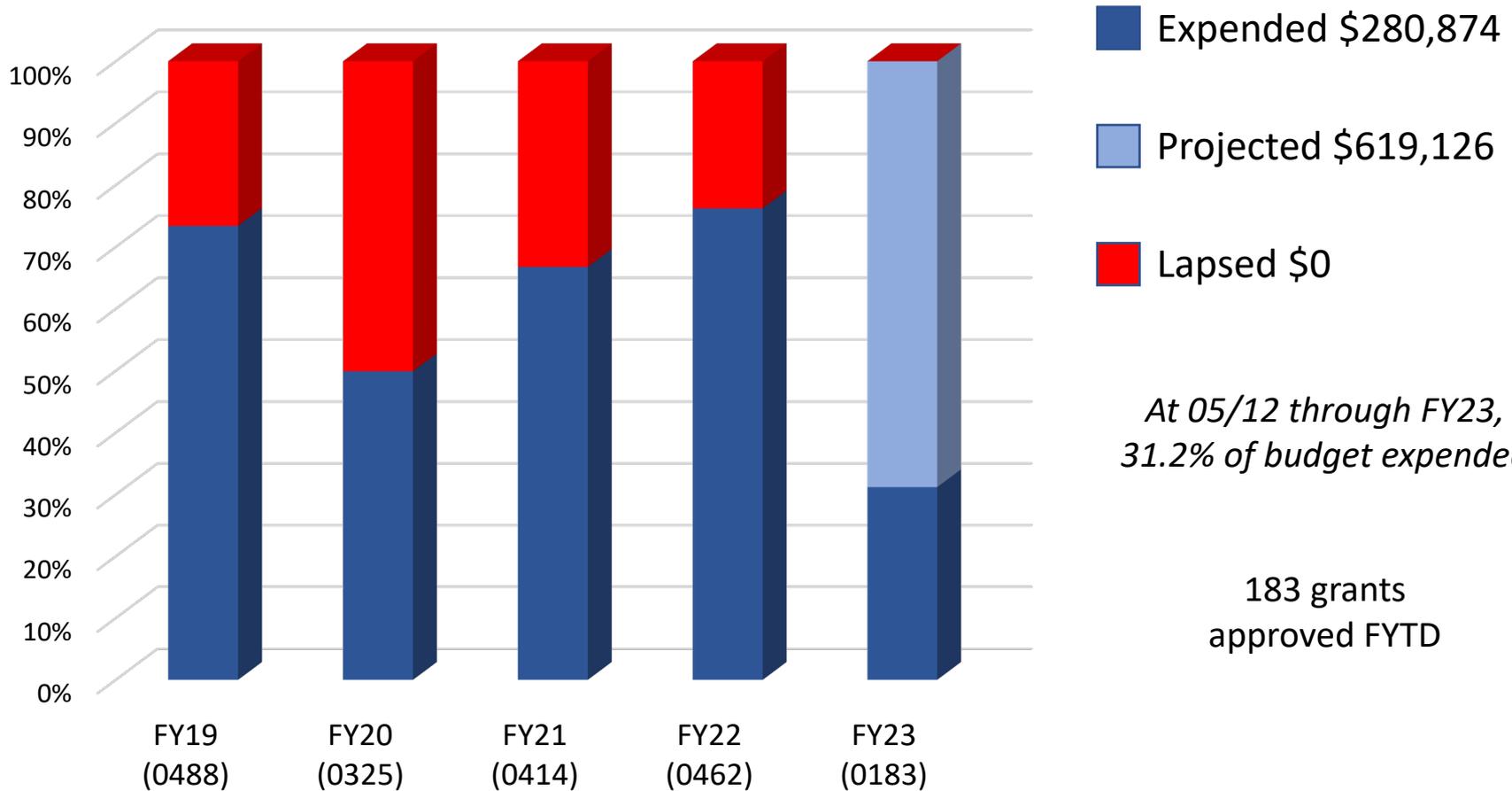
\$135,000



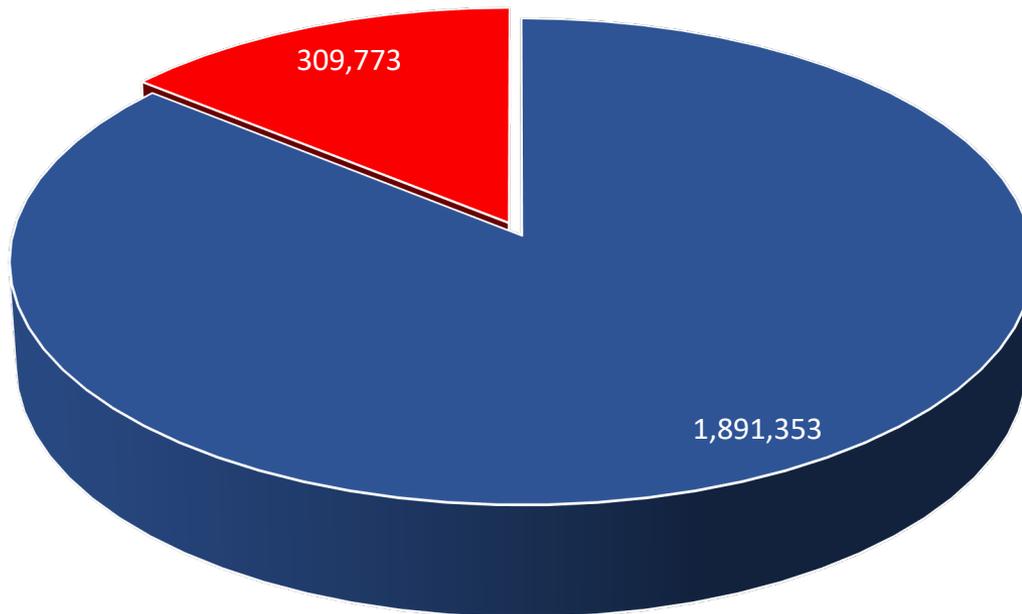
VETERANS' TEMPORARY ASSISTANCE



\$900,000 (VTF)



MFRAP Fund Balance \$1,199,624



Total Donations FY05-23: \$2,201,126.26

- Personal Income Tax Donations
- Private/Cash/Other Donations

Total Grants FY05-22: \$1,001,501.86*

FY23 Total Donations: \$2,782.11

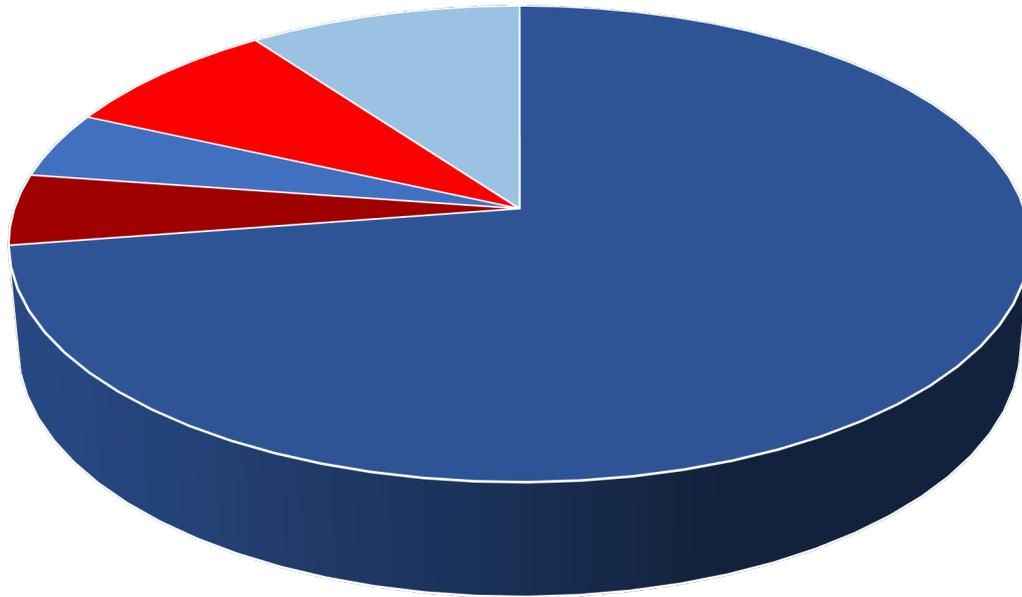
FY23 Total Grants: \$23,500

**Program surpassed \$1M in total grants in November 2023.*

DISABLED VETERANS' REAL ESTATE TAX EXEMPTION



954 Total Adjudications
from 29 Sep to 21 Nov 2023



- 692 Approved (72.5%)
- 46 Denied: Financial Need
- 43 Denied: Ineligible*
- 78 Removed: No Response
- 95 Removed: Eligibility Change

*** 43 Applications Ineligible by Reason**

- 10 – Veteran did not have total or 100% permanent disability during lifetime
- 09 – Property not owned solely by Veteran or jointly/estate by entirety with spouse
- 15 – Veteran did not have service during a period of war or armed conflict
- 09 – Veteran's disability not rated 100% permanent due to future exams

DISABLED VETERANS' REAL ESTATE TAX EXEMPTION

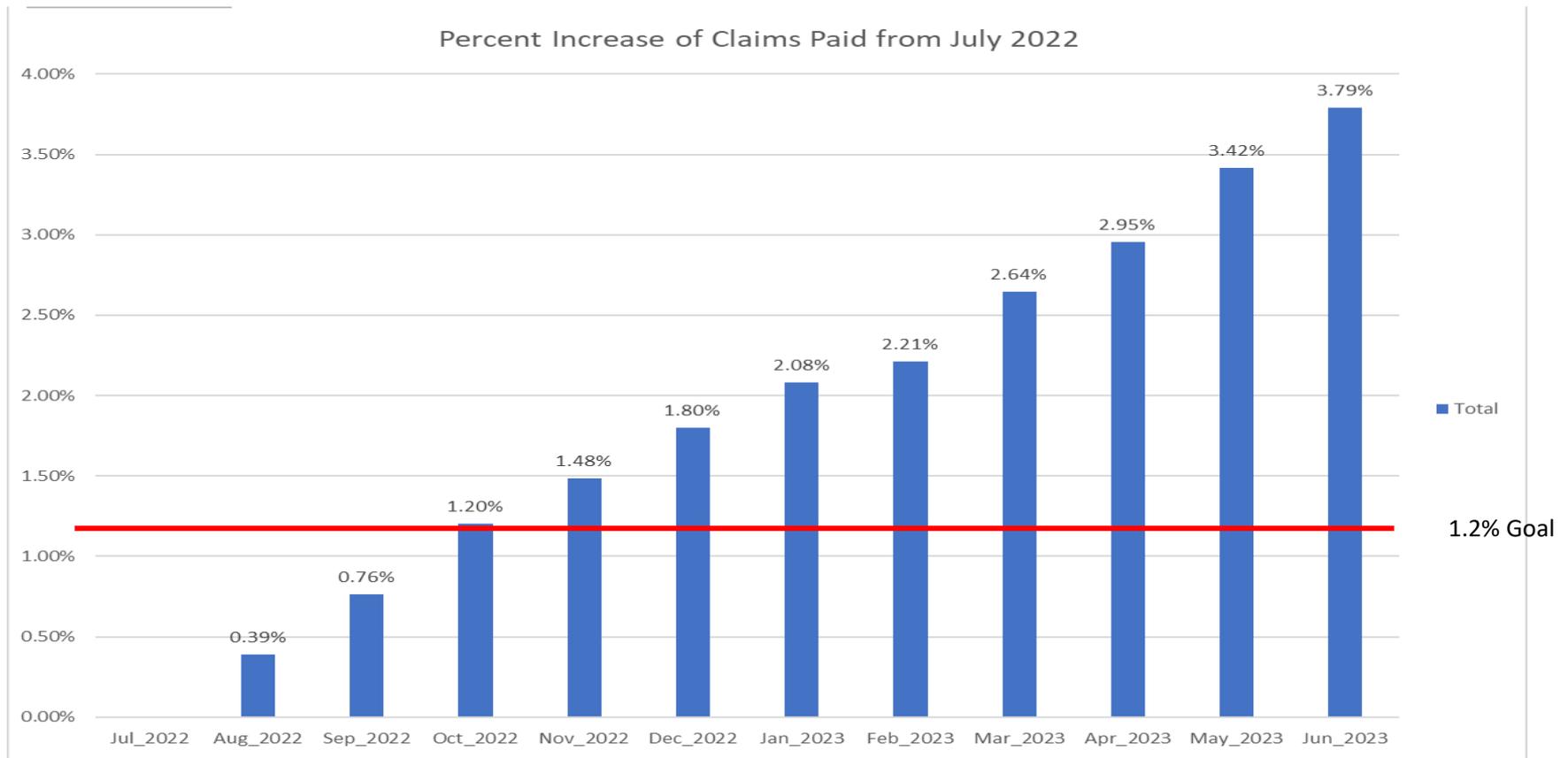


Estimated \$54.7M in real estate tax exemptions to disabled veterans and their surviving spouses.

As of 21 Nov 2023

> community > commonwealth > country

Claims Paid As Reported By VA Central Office (VACO)



% reflects the combined efforts of: AMVETs, DAV, DMVA (to include counties), TAL, VFW, and VVA in federal VA compensation and pension claims.

As of 30 JUL 2023

[> community](#) [> commonwealth](#) [> country](#)



VISN 4

MR. TIM LIEZERT



VISN 4 Access – Fiscal Year 2024 Wait Times



Clinics FY24 thru Nov. 13	Number of Appointments	Average Wait
Mental Health	41,434	5.6
Primary Care	64,660	4.4
Specialty Care	118,352	9.9
Other	84,088	6.2
ALL	308,534	7.2

FY24 data updated 11/14/2023 with appointment info as of 11/13/2023.

VISN 4 Access – Current Average Wait Times



VISN 4 Facility	Primary Care	
	New Patients	Returning Patients
James E. Van Zandt VAMC	23	2
Abie Abraham HCC	19	1
Coatesville VAMC	24	8
Erie VAMC	24	4
Lebanon VAMC	16	4
Corporal Michael J. Crescenz VAMC	38	4
VA Pittsburgh Healthcare System (University Drive)	6	5
VA Pittsburgh Healthcare System (H.J. Heinz)	35	17
Wilkes-Barre VAMC	14	2
Wilmington VAMC	21	9

FY24 data updated 11/14/2023 with wait times as of 11/13/2023 for the last 30 days.

www.accesstocare.va.gov

December 2023 Update

> community > commonwealth > country

Improvements to the Access to Care website

Average wait times for all VHA medical centers and clinics are now calculated to include additional steps in the appointment process that had not been captured in the past.

- For **new patient** appointments, average wait time is calculated from the earliest time a request for care is consistently recorded in the scheduling system to the date the appointment is completed – or the date it is scheduled to occur if not yet completed.
- For **established patient** appointments, average wait times are measured from the date agreed upon between a Veteran and provider for future care and ends on the date care is received, or the date that care is scheduled to occur if it has not yet occurred.

The upgraded calculation makes the website more reflective of the complete process of requesting and receiving care. Averages are representative of general performance and may not represent individual experience. Average wait times are never used to determine eligibility for community care.

VISN 4 Care in the Community



	Care in the Community Consults (Scheduled and Completed)	Non-VA Unique Patients*
FY22	168,182	89,683
FY23	190,817	99,691
FY24 (as of 11/13/23)	26,285	29,916

*Number of unique enrolled Veterans who receive community care at VA expense

FY24 data updated 11/14/2023 with consult info as of 11/13/2023.



RTM TRAMATIC MEMORIES PRESENTATION

MR. GREG JOLISSAINT



**Reconsolidation of Traumatic Memories (RTM) Protocol™
In the Treatment and Remission of PTSD
for
Pennsylvania State Veterans Commission**

**J. Greg Jolissaint, MD
Colonel, US Army, Retired
Infantry and Operational Medicine
Board Certified, Family Medicine**



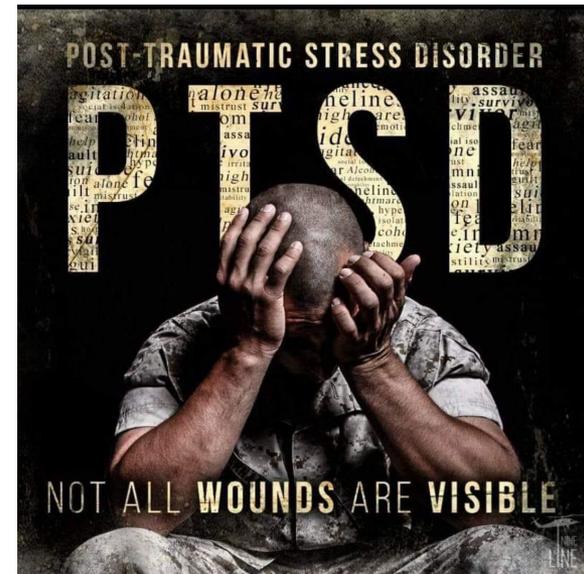
**Frank Bourke, PhD
CEO Emeritus
Research and Recognition Project, Inc.**



Post Traumatic Stress Disorder (PTSD)

Diagnostic Criteria

- Exposed to traumatic event
- Impaired function with a duration > 1 month
- 4 categories of symptoms
 - Re-experiencing (nightmares, flashbacks)
 - Avoidance and numbing
 - Increased arousal (startle, hypervigilance)
 - Negative changes in mood and cognition



PTSD in U.S. Military Service Members

- Common: 10-20% of OEF/OIF-deployed service members (SMs)
 - Similar annual prevalence in Viet Nam Veterans
 - Associated with high rates of depression, **suicide**, and functional impairment in multiple domains
 - Successful treatment achieved in ~40% of patients using current
 - “standard of care” [Prolonged Exposure (PE), Cognitive Processing Therapy, and pharmacotherapy]
 - **Why only ~40% remission with current treatments?**
 - treatment ineffectiveness, low tolerability

01

A unique, brief, non-traumatizing , highly effective and cost-efficient breakthrough treatment for PTSD that does not require drugs! It is called the *Reconsolidation of Traumatic Memories Protocol™* (RTM Protocol™).

02

In multiple clinical trials, the RTM Protocol™ *eliminated PTSD symptoms in more than 90% of patients*. As a result, PTSD sufferers and their families are spared common co-occurring problems: *alcohol and drug misuse, family and career disintegration, suicidal behaviors, etc.*

03

The RTM Protocol™ typically works in less than half the time of current therapies, averaging two to three sessions of 60-90 minutes. The RTM Protocol™ eliminated PTSD symptoms in 90% of patients in four published research studies.

04

RTM Protocol™ training is available for clinicians across the US in an accessible, live, virtual format. In the past three years, despite the pandemic, over 300 US clinicians were trained in using the RTM Protocol™; in 2022-2023, 65 clinicians in Poland and Ukraine were trained and are using the protocol. RTM Protocol training institutes are being established in Asia and Europe.



**A PROMISING
BREAKTHROUGH**

RTM PROTOCOL™ DEVELOPMENT TIMELINE

- The **RTM Protocol™** originally developed by a team of experts at the
 - Research & Recognition Project led by Frank Bourke, PhD,
 - a clinical psychologist and former lecturer at Cornell University.

Dr. Bourke volunteered to treat those suffering from PTSD after the 9/11 attacks; *treated over 250 World Trade Center survivors suffering from PTSD.*

EXPANDING RTM PROTOCOL™ USE

2006 – Research & Recognition (R&R) Project founded as a 501(c)(3) nonprofit organization to accelerate research and advance adoption through licensing of the RTM Protocol™.

CLINICAL STUDIES

2014 – Four published clinical studies with more underway.

CLINICIAN TRAINING

2020 – Post Traumatic Training Institute LLC (PTTI) began hosting US trainings; over 300 clinicians have been trained to date. *Ukrainian and Polish clinicians were trained in 2023.*

COMPARATIVE ADVANTAGES OF THE RTM PROTOCOL™

CLINICALLY-EFFECTIVE

The **RTM Protocol™** has demonstrated remarkable effectiveness in clinical studies with 90%+ remission compared to an average of 35%-40% improvement with other treatments.

LOWER COST

<**\$1,000** = average treatment cost using the **RTM Protocol™** ; more affordable AND effective as compared with **\$8300** (the average VA PTSD annual treatment cost for one US Veteran)

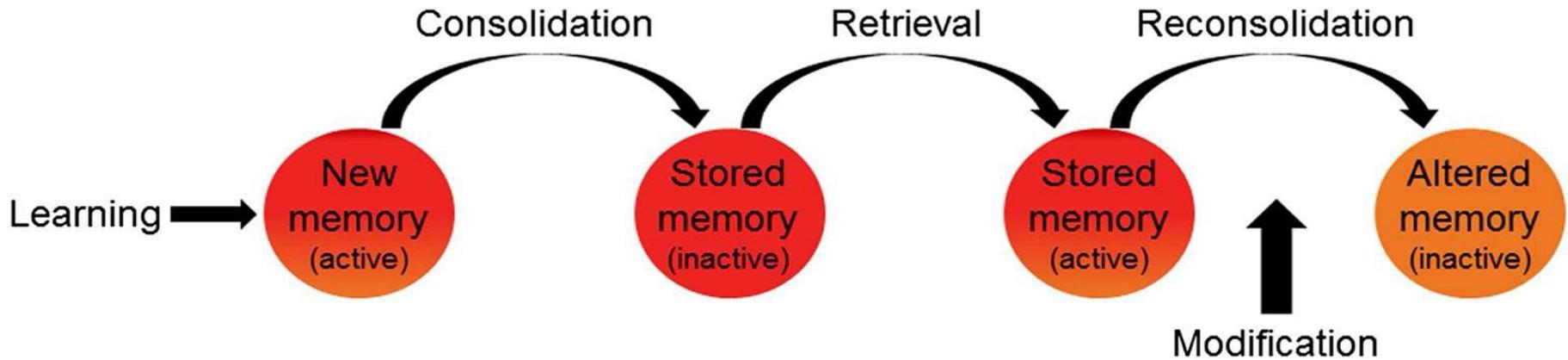
NON-TRAUMATIZING

Patients and Therapists experience minimal distress when treated with the **RTM Protocol™** compared with moderate to extreme discomfort with other treatments (resulting in high rates of treatment dropout).

"There are many hundreds of thousands suffering from PTSD. Their families suffer along with them. Over 20 each day die by suicide. I can only hope that the Veterans Administration and others will totally embrace this successful RTM Protocol™."

-VADM David Buss, US Navy (Ret.)

Mechanism of Action



A Neurological Intervention!

THE LONG ROAD HOME

“... I had no friends, I couldn't get out of bed, I was contemplating suicide. It seems like it is impossible to come back from that ... I finally realized 'this isn't getting any better' ... so I went and I did it ... for the first time in a long time I feel like my life has purpose and opportunity.”

Doug Baldwin

Army Veteran

Completed RTM treatment in 2016



Pennsylvania Veterans Commission Opportunities

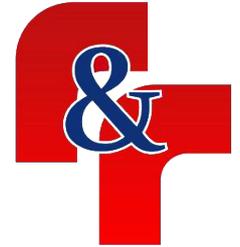
- Encourage community Mental Health Therapists to complete the RTM Protocol Training for the treatment of PTSD, then request they utilize this therapeutic “Tool” in their practices for the treatment of PTSD.
- Encourage community Health Care Systems to train their inpatient and outpatient Therapists to utilize the RTM Protocol for their enrolled and hospitalized patients with PTSD.
- Encourage Primary Care Practitioners to investigate the RTM Protocol Training for the treatment of PTSD (Family Medicine, Internal Medicine, Family and Adult Nurse Practitioners, etc.), then utilize this non-pharmacologic, non-traumatizing, and curative “Tool” in their Primary Care practices for all patients with PTSD (including Veterans and their Family Members).
- Collaborate with PA State Department of American Legion and County American Legion Posts to create statewide American Legion RTM training scholarships (like New York State)
- Petition Pennsylvania legislature for funding to train community therapists and Primary Care physicians in the RTM Protocol



Comments?

Questions?

Next Steps?



The Research and
Recognition Project

Dr. J. Gregory Jolissaint, MD Email gregjolissaint@gmail.com
Mobile 757.969.0145

Dr. Frank Bourke, PhD Email frank.bourke@randrproject.com
Mobile 607.346.6280

NEXT MEETING



**Friday January 12, 2023
at 10:00AM**

**Arrowheads Community Club
Fort Indiantown Gap
Annville, PA 17003**

VISIT www.dmva.pa.gov/veterans/commissionsandcouncils FOR SVC INFO



Call to Order **Chairman Nicholas Taylor**

The Pennsylvania State Veterans' Commission (SVC) meeting was called to order at 10:00 AM.

Moment of Silence and Pledge of Allegiance

Vice Chairwoman Constance Snavelly led the moment of silence.

Commission Introductions

MG Mark Schindler	The Adjutant General
BG (PA) Maureen Weigl	DAG DMVA-OVA
Mr. Nicholas Taylor	SVC Chairman; Commander, Catholic War Veterans
Mr. David Gyger	Commander, Veterans of Foreign Wars
Mr. Paul Foresman	Commander, AMVETS
Mr. Timothy Alexander	Commander, Disabled American Veterans
Mr. William Albert	Commander, Blinded Veterans of America
Mr. Jesiah Schrader	President, PA State Association of County Directors of Veterans Affairs
Mr. Robert Heister	President, Military Officers Association of America
Mr. Larry Googins	President, Vietnam Veterans of America
Ms. Diana Henry	Commandant, Marine Corps League
Mr. James Hogan	Adjutant, The American Legion
Ms. Lisa Kaye	Member-at-Large
Mr. Mark Baylis	Member-at-Large
Mr. Charles Jackson	Member-at-Large
Mr. Michael Brooker	Member-at-Large
Mr. Gerald Hawk	Executive Director, AMVETS
Mr. John Gets	Adjutant, Veterans of Foreign Wars
Mr. Stanley Majocka	Commander, Italian American War Veterans
Ms. Constance Snavelly	SVC V-Chairwoman, Representative, Korean War Veterans
Mr. Michael Rang	Commander, Catholic War Veterans
Mr. Peter Verbos	Adjutant, Military Order of Purple Hearts
Mr. Stephen Lavelle	Commander, The American Legion

Absent

Mr. David Gui	Adjutant, Disabled American Veterans
Mr. Chris Fidler	Director, Keystone Chapter Paralyzed Veterans of America
Mr. Phillip Arnold	Commander, Military Order of Purple Hearts
Mr. Richard Fine	Commander, Jewish War Veterans

Others Present

Mr. Tim Liezert	VISN 4
Mr. Michael Hillman	Executive Director, PA House VAEP (Rep Solomon)
Mr. Joel Mutschler	Director DMVA-PIRO
Mr. Brian Natali	DMVA-PIRO (Programs and Services)
Mr. Dusty Durand	DMVA-PPL
Mr. Seth Bengel	DMVA-PPL

CSM Jon B. Worley	PANG-Army
Ms. Diane M. Stackhouse	MOAA
Ms. Kerry Vanyo	PA House VAEP (Rep. Solomon)
Mr. Carl Curtis	VVA
Mr. Joseph Neild	PASACDVA-Dauphin County
Mr. Leonard M. Johnson	DAV
Mr. William Hines	DAV
Mr. Edward Andakinow	DAV
Mr. Matt Hollenbeck	TAL
Mr. Troy Michaels	TAL
Mr. Richard Hudzinski	VVA
TEAMS Virtual Guests	46

Oath of Office	MG Mark Schindler
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The Adjutant General (TAG) administered the Oath of Office to the following newly appointed Pennsylvania State Veterans Commission members: Mr. Timothy A. Alexander-DAV and Mr. Peter Verbos-MOPH.

Chairman's Opening Remarks	Chairman Taylor
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The Chairman welcomed the members and guests to the meeting. He directed the newly sworn in members to Title 51 books, so they understand their responsibilities, and the copy of the laws applicable to veterans and families. And advised members to wear their new name tags at meetings and if conducting official business on behalf of the SVC.

Chairman noted he signed 61 educational grants to dependents of disabled veterans. Chairman informed the members that not every organization responded to his request for feedback on the Veterans Trust Fund but those who did the feedback was forwarded to TAG.

Chairman requested that all members who hadn't yet provided a biographical memo to SVC coordinator to please do so.

Chairman announced the development of a new MAL committee: Mr. Larry Googins-VVA, Mr. Gerry Hawk-AMVETS, Mr. Stanley Majocka-IAWV and Vice Chairwoman-KWVA. The committee was approved by TAG. The process of advertising for the new MAL position will begin forthwith in conjunction with PPL.

Chairman noted that the Governance Committee was dissolved at the request of the committee chairman, Michael Brooker, at the previous meeting and a pending appointment officially dissolving it was owed. He then congratulated the committee for its good job.

Chairman requested that DMVA staff and committee chairman's work more closely together with issues that are germane to PA veterans utilizing MS TEAMS for a unified effort.

Questions/Discussion

None.

TAG's Opening Remarks	MG Schindler
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TAG greeted and welcomed everyone. He then went through the PANG slides and advised the members that not much has changed since the last meeting. He did note that the air national guard is leading the in deployments over the army national guard. He said it's good to see soldiers and airman back home reunited with their families.

- TAG informed members that September was a busy month for veterans and veterans' organizations: suicide awareness month, MIA Day at the Capitol, met with West Virginia Gold

Star Families and Pennsylvania Gold Star Families events- they were outstanding events. TAG attended Operation Enduring Freedom event at the Capitol.

TAG noted that the events are well attended by veterans who many belong to service organizations. He encouraged the continued support that these events; and noted the events are good to recruit younger veterans. TAG closed by thanking all the members, and their organizations for what they do to help veterans every day.

Questions/Discussion

None.

Approval of the September 8, 2023, Meeting Minutes

Motion: Mr. Robert Heister, MOAA, made a motion to approve the minutes.

Second: Mr. David Gyger, VFW, seconded the motion.

The body agreed; motion carried. Minutes approved.

Reading of Official and Other Communications

Chairman Taylor

Chairman Taylor said he only had one official communication. He advised those members that were available to please attend PA State Senator John DiSanto's Veterans Appreciation Breakfast being held on October 19, 2023, from 830am to 1030am at the Scottish Rite Theater, Third Street, Harrisburg. He advised they register beforehand by calling 717-787-6801.

Questions/Discussion

None.

Deputy Adjutant General-VA Remarks

BG (PA) Weigl

DAG greeted the commission members and informed them that Executive Director Bureau of Veterans Homes, Mr. Travis Davis, is unavailable, and she will do the briefing on the homes.

On other topics DAG briefed the following:

- DAG told the members that MAL Mr. Mark Baylis, Mr. Travis Davis and she serve on the Long-Term Care Council on aging in PA. The Long-Term Council has formed a new committee on aging which was broken down into different mini committees. It's a whole agency approach to aging in PA which includes our veterans.
- The mini committees are addressing health services, housing, dignity/respect and transportation. She noted they each sat on one of the mini committees.
- DAG said it is important for the SVC committees, and specifically the transportation committee to view the direction of the Long-Term Care Council and provide valuable feedback.
- DAG urged members and members of their service organizations to attend all invited events held by PA Senators and Representatives. She informed members that if they would like a calendar of the events, she and TAG will be attending Director of PIRO Mr. Joel Mutschler will send it out.

Questions/Discussion

None.

BVH Bureau of Veterans Homes

BG (PA) Weigl

DAG provided the BVH brief:

- Two complaints addressed one at Gino Merle and one at Delaware Valley Veterans Home (DVVH) both of which were unsubstantiated.
- BVH had an upswing in COVID currently 94 cases. Both DVVH and Southeastern Veterans Center are currently under required masking- regular surgical masks.

- DAG announced the retirement of DVVH commandant Peter Ojeda, and informed members applications for commandant are advertised.

DMVA Bureau of PIRO

Mr. Mutschler

Mr. Joel Mutschler briefed the members on the following:

- Announced the yard signs are present and requested the members to take as many as their organizations can distribute.
- Briefed to update on slides: The PACT Act nationally had 550,000 veterans with PA comprising 2.8% approximately 30,000.
- Announced the federal VA just reported as related to the DMVA the recovery of compensation of pensions was 971 million which was an 18% increase from the previous fiscal year.
- Mr. Mutschler credited all the VSOs out in the counties and DMVA with doing a good job.
- Mr. Mutschler announced that the DMVA are posting two vacancies: 1 in Philadelphia and 1 in Pittsburgh.
- The RETX has grown to 18,000. The program is growing due to the increase in the presumptive.
- On 11/5/2023, 2pm at the Fort Indiantown Gap National Cemetery the re-dedication at the Memorial Mall.

Questions/Discussion

None

Approval of State Veterans' Programs Reports

Motion: Mr. Mark Baylis, MAL, made a motion to approve the programs report.

Second: Mr. James Hogan, TAL, seconded the motion.

The body agreed; motion carried. Programs reports approved.

DMVA Policy, Planning, and Legislation

Mr. Bengé

Mr. Seth Bengé told the members that the fiscal plan had finally been passed, said it doesn't impact here but it does free up the legislature to work on other matters.

He told the members that SB531 passed the senate and is now in the house.

Questions/Discussion

None

VISN-4

Mr. Liezert

Mr. Liezert reviewed/ highlighted the following talking points/slides that were available in the read ahead with the commission members:

- On September 22, Tanya Bradsher was confirmed by the Senate as VA's deputy secretary. In this role, Deputy Secretary Bradsher will help lead the Department of Veterans Affairs. She is the first woman of color to serve in that position. VA now has all its leadership positions intact and is moving forward.
- VISN 4 now has the flu and COVID vaccines available.
- PACT Act update VA processed more than 570,000 of these claims granting 78% of them for a total award of 2.3 billion.
- VA is on track to have a record-breaking year processing claim, while on a hiring increase.

Questions/Discussions

Chairman Taylor asked Mr. Liezert if he knew which flu variant the vaccine was designed to address.

Mr. Liezert said he only knew that the vaccine was designed as a quad year meaning it will address two variances of the B2 influenza. Addressing what is believed will be the dominating variants this year...sort of a cocktail vaccine.

Committee Reports

Legislative Committee

Mr. Heister

Mr. Robert Heister told the members that the legislative committee had recently met and discussed two topics:

- The committee addressed the Chairman's request of submitting to the legislature a establishment of a placard for veterans similar to what they have in NJ. Mr. Heister said it had been brought up previously to the legislature but failed to generate interest- the committee will initiate it again.
- The committee discussed the request by PA State Senator Douglas Mastriano about enhancing the oversight of the SVC pertaining to the BVH homes. The committee did not think this was necessary because what is in place is working well. So, the committee is not supporting that legislation Senator Mastriano is pushing forward.
- The committee would like to develop a plan to get more participation from veterans who are not in the concentrated areas of PA.

Questions/Discussion

None

Pensions/Relief/Grave Markings/State Military Cemetery Committee

Mr. Googins

No official report.

Questions/Discussions

None.

RETX

Mr. Schrader

No official Report

Questions/Discussions

None.

Transportation Committee

Mr. Hines

Mr. William Hines reported on the following statics:

- 21 of the 110 vehicles are presently out of service.
- Ridership increased by 9.9% over last year at this period.
- Mileage increased by 11.6% over last year at this period.

Mr. Hines thanked the Director of VISN 4, Mr. Timothy Liezert, for the cooperation of securing titles so they can auction the vehicles.

Questions/Discussions

Chairman Taylor requested that the transportation committee research the possibility of utilizing other transportation means: Uber, Lyft and what else might be available. And to research the cost of using these other means of transportation.

Veteran Health Committee

Mr. Baylis

Mr. Mark Baylis briefed on his involvement as the SVC representative at the Long-Term Care Council.

- Mr. Baylis reported that at the recent Long-Term Care Council meeting he sat on the mini committee transportation. He advocated for the rural veterans who have trouble in getting to their

medical appointments. He also raised the difficulty of the availability of health services in rural areas.

- Mr. Baylis called on the members to provide feedback to him so he can raise it at the Long-Term Care Council meetings. He said he is focused on the transportation of veterans to their health care service locations.

Questions/Discussions

None

VSO Grant Committee

Mr. Hollenbeck

No official Report

Questions/Discussions

None.

Womens Health

Ms. Kaye

Ms. Lisa Kaye briefed the members on the following:

- Had the honor of presenting at the Parx Casino Expo.
- Ms. Elizabeth Cooper spoke about women veteran issues at the Governor's Advisory Council. Ms. Kaye said it was a productive session-discussed transportation and the edibility of PANG and Reservists that may not qualify for benefits, and different courses of actions to address this short coming.
- Ms. Kaye told the members she will work with VISN 4, DMVA and others to mine out data woman veterans to better develop more targeted programs.
- Ms. Kaye informed the members that there is a significant rise in female inmates in the DOC for various reasons. Exploring the data leading to this trend is worth the effort.

Questions/Discussions

None

PAWVC

Mr. Gyger

Mr. David Gyger said he had not official report but will have the legislative issues that the PAWVC will address for discussion at the next SVC meeting.

Questions/Discussions

None

Unfinished Business

Chairman Taylor briefed the members on the formation of the Member-At-Large selection committee. He informed members that the operating procedure for the nominations needs to be updated, and that is in process with PPL- Mr. 'Dusty' Durand. He noted that by the middle of October the advertisement for the MAL position-Vietnam Veteran should be published.

New Business

Chairman said he'll entertain a motion to induct Mr. Peter Ojeda into the Hall of Fame. Mr. Steve Lavelle-TAL made the motion, and Ms. Constance Snavely-KWVA seconded the motion. Members agreed and Mr. Peter Ojeda is inducted into the Hall of Fame.

The DAG introduced Ms. Rachel Barrett the director of the Elizabeth Dole Foundation. The foundation takes care of Caregivers providing care to veterans.

Ms. Barrett provided a brief overview of the Elizabeth Dole Foundation:

- Ms. Barrett is a caregiver to her brother who is permanent and totally disabled. The caregivers are brothers, sisters, family friend and spouse. The foundation works with the wounded and injured warriors. It provides grants to cover expenses, such as, home repairs, medical bills and for caregivers, including mortgage payments.

- The foundation has a peer support group. The foundation will be opening its Fellows Program which is a two-year fellowship. Ms. Barrett provided the members with her card.

Good of the Order

Mr. David Gyger-VFW announced that on November 5, 2023, will mark the 41st annual Veterans' Day ceremony at 2pm which will include the dedication of the Memorial Park at the National Cemetery Fort Indiantown Gap. The dedication will feature the 3.5-million-dollar investment in the Memorial Park.

Mr. Gerry Hawk-AMVETS wanted the members aware that there are many unaccompanied veterans that get interred at the National Cemetery (FIG). He said the VFW does a good job of having people there and announce the interments on their Facebook page. He said AMVETS now closes its office, and they go to the interments. He encouraged every member to do their best to attend these unaccompanied interments.

Mr. Mark Baylis-MAL was given the responsibility from a homeless veteran to have a military burial for him. Mr. Baylis is in the process of doing that and offered all members to participate. -VFW said they will join in.

Mr. Leonard Johnson-DAV, guest at the meeting, requested the status of HB1091- increase in monthly Blind/Paralyzed Pension. He was informed it must go to a second consideration and then over to Senate, signed by Governor. It is believed the final amount settled on will be \$275.00.

Agenda for Next Meeting

Chairman Taylor reminded the members that in December meeting a presentation on Reconsolidation of Traumatic Memories.

Election of Chairman and Vice Chairman

Mr. Batt

Mr. Joseph Batt-DMVA-OCC administered the election for SVC Chairman and Vice Chairman. Mr. Batt called for nominations for Chairman:

- Mr. Robert Heister-MOAA nominated Chairman Taylor for Chairman.
- Mr. Batt called three times for other nominees, no other nominations. Mr. Batt called for motion to elect Chairman Taylor: Mr. Robert Heister made the motion, Mr. Michael Rang-CWV seconded the motion. DAG called for a vote. Body voted aye- Mr. Taylor elected to Chairman.

Chairman Taylor thanked the members for their confidence in him, and announced this will be his third and last term. He said he is looking forward to working closely with the members and DMVA staff to do some more great things as a commission.

Mr. Batt called for nominations for Vice Chairman: Mr. Mark Baylis-MAL nominated Mr. Michael Brooker-MAL who accepted. Mr. Jesiah Schrader nominated current Vice Chairwoman Ms. Constance Snavelly-KWVA who accepted.

- Ms. Diane Henry-MCLA requested both nominees present their background/qualification. Both nominees did.
- DAG called for a vote, vote taken (paper ballot) and counted (Mr. Batt, Mr. Mutschler, and Mr. Natali)

Ms. Constance Snavelly was elected Vice Chair.

Closing Remarks

Chairman Taylor congratulated Ms. Constance Snavelly. Chairman Taylor thanked Ms. Henry for the suggestion, said it was a lesson learned and will have it built into next year's elections.

Chairman Taylor then introduced Ms. (Kerry Carri Last name) who works as a research analyst with the VAEP in PA Representative Solomon's Office (165th District).

Ms. Kerry Vanyo said she works with the PA House VAEP Chairman Solomon and VAEP executive director Mr. Michael Hillman. She said he met many of the members at the PWVC meeting held at the American Legion (HQ). Ms. said she wanted to highlight a few items. She thanked Mr. Hudzinski, a

guest and 2nd Vice President VVA, for testifying at a public hearing on HB 231 which addresses post-conviction review for incarcerated veterans with PTSD and/or Traumatic Brain Injury (TBI).

Ms. Vanyo said HB 804 passed which guarantees in-state tuition for reassigned military families. SB141 which allows civilians and military members of certain foreign family nations to be awarded distinguished service medals and meritorious awards. HB 217 which is a resolution recognizing this week of October 9, 2023, as United States Navy Fleet Week.

She said there is an upcoming public hearing on Friday October 27, 2023 on two bills: HB 1227 and HB 1401 both these bills address expands the disabled veterans state pension program. She said they reached out to veteran organization DAV to provide some disabled veterans to testimony. She then opened the offer up to members.

DMVA-EDS Mr. Marc Ferrero introduced Ms. Angela Watson who replaced the previous press secretary and communications director for TAG. Mr. Ferrero said Ms. Watson has a lot of knowledge from the various jobs she had held in government and is actively involved in supporting veterans' efforts.

Next Meeting

Friday, December 8, 10:00 AM
Forum: Arrowheads Community Center, FIG

The minutes of this meeting are respectfully submitted by:

BG (PA) Maureen Weigl
Deputy Adjutant General
Veterans Affairs



U.S. Department of Veterans Affairs

Veterans Health Administration
VA Healthcare—VISN 4

VISN 4 Update

December 8, 2023

Leadership Update

Tara Callahan, Chief of Biomed at the Coatesville VA will serve as their Acting Associate Director until a permanent Associate Director is selected.

Teresa Waksmonski-Frye, the Deputy VISN CFO is currently serving as Interim VISN CFO during the recruitment process.

Paul Woodland, the Chief of Police at the Wilmington VA is currently serving as our Acting VISN 4 Security Officer.

VA Chief of Staff Appointment

On October 10, Kimberly Jackson was sworn in by Secretary Denis McDonough as VA's chief of staff. In this role, Chief of Staff Jackson will help lead the Department of Veterans Affairs as it continues to deliver more care and more benefits to more Veterans than ever before in the nation's history.

Chief of Staff Jackson served as a Naval Reserve officer from 2012 to 2020, holding assignments in the Office of the Under Secretary of Defense for Intelligence, Naval Special Warfare, and the Chief of Naval Operations' Strategic Studies Group. Most recently, she served as deputy assistant secretary of defense for force readiness — the principal advisor to the secretary of defense on the strategic and operational readiness of the Armed Forces.

With this swearing in, VA has now filled its top six positions — including the [secretary](#), [deputy secretary](#), [under secretary for benefits](#), [under secretary for health](#), [under secretary for memorial affairs](#), and [chief of staff](#) for the first time since 2014.

Uber Health Connect available in VISN 4

Uber Health Connect provides an additional option for Beneficiary Travel eligible Veterans to get to and from VA healthcare appointments. It improves Veterans' access to healthcare and quality of life. There is no cost to Veterans and no need to file claims.

At this time, Pittsburgh and Philadelphia are seeing the most success (urban areas) but the service is available at all nine (9) VISN 4 Medical Centers.

Beneficiary Travel eligible Veterans may contact their local VA Medical Center Veteran Transportation Office to learn more about the VHA-Uber Health Connect Initiative.

Links to a brochure with more detailed information and the Uber Health webpage are included with the read ahead.

Uber Health Connect brochure

<https://www.innovation.va.gov/ecosystem/views/vuhc/assets/documents/VHA-Uber-Health-Connect-Initiative-FAQ.pdf>

Uber Health webpage: <https://www.innovation.va.gov/ecosystem/views/vuhc/>

All WWII Veterans are now eligible for VA health care

On November 10, VA announced that all World War II Veterans are now eligible for no-cost VA inpatient and outpatient health care.

Under this expansion, all WWII Veterans who served between Dec. 7, 1941, and Dec. 31, 1946, are now eligible for VA health care, regardless of their length of service or financial status. These Veterans will not have to pay inpatient or outpatient copays, enrollment fees, or monthly premiums.

VA is reaching out by phone and mail to encourage WWII Veterans who are not currently enrolled in VA care to apply today. Veterans who enroll may also keep their private providers, Medicare, and most other insurance to meet their health care needs.

Veterans who were not approved for VA health care in the past due to income limits should apply again; income levels no longer apply due to this expansion. VA cannot automatically enroll these Veterans in health care; WWII Veterans must [apply for VA health care](#) if they are not currently enrolled.

While World War II Veterans will no longer have to pay inpatient or outpatient copays, they may still have to pay modest medication or urgent care copayments in some cases, depending on their [eligibility and service connection](#).

Nursing home care is free (no copays) for nearly all World War II Veterans who are eligible for nursing home services at VA, including 1) anyone in need of such care for a service-connected [disability](#), (2) anyone in need of such care who also has a service-connected [disability](#) rated at 70 percent or more. However, contrary to the language of the original VA Press release on November 10th, not all World War II Veterans are eligible for nursing home care under this new law.

Additionally, as stated in the release, all World War II Veterans are eligible for VA health care and will not have to pay inpatient or outpatient copays. However, these Veterans may still have to pay modest copayments for medication or urgent care or long-term care in some cases, depending on their [eligibility and service connection](#).

This expansion is made possible through the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022 ([Cleland-Dole Act](#)), signed in December 2022.

To apply for VA health care, visit [VA's health care enrollment website](#), call 1-800-MyVA411 (800-698-2411), or [visit your nearest VA medical center or clinic](#).

Links on how WWII Veterans can apply for care are included in the read ahead.

VA launches advertising campaign

On November 10, VA launched a groundbreaking national advertising campaign to encourage Veterans to sign up for the VA health care and benefits they've earned.

The \$5+ million campaign, "[What You Earned](#)," focuses on educating Veterans and their families about some of the most tangible, cost-saving benefits of using VA – including [low-cost or no-cost health care](#), [debt-free education](#), [\\$0 down payments on home loans](#), [no-cost memorial services and burials](#), and much more. The campaign uses actual cost comparisons to demonstrate Veterans' savings with VA vs. without VA, with the goal of encouraging Veterans who are not enrolled in VA health care or receiving VA benefits to apply for the first time.

This first-of-its-kind campaign – which will run across television, print, radio, digital media, billboards, public transit, and social media – is the next phase of VA's aggressive efforts to bring new Veterans to VA. While last year's campaign resulted in [record numbers of Veterans applying for VA benefits](#), many of our nation's heroes are still not

connected with VA. The new campaign aims to reach these Veterans by providing clear, compelling reasons for them to sign up for what they've earned.

This new advertising campaign is a part of the largest outreach effort in VA history, which VA launched after President Biden signed the PACT Act into law as a part of his Unity Agenda for the nation. Thus far, the effort has resulted in an all-time record number of Veteran benefits applications in 2023; a 25% increase in health care enrollments year-over-year; an 80% awareness among Veterans of the PACT Act.

In addition to focusing on Veterans who are newly eligible for VA care and benefits under the PACT Act, the campaign is also designed to reach historically underserved Veterans – including women Veterans, Black Veterans, Hispanic Veterans, younger Veterans, and Veterans living in rural areas. The campaign will feature [ads in both English and Spanish](#).

Moving forward, VA will continue to aggressively reach out to Veterans to encourage them to come to VA. VA encourages all Veterans, family members, caregivers, and survivors to [learn more about VA](#) and apply for their world-class [health care](#) and [earned benefits](#) today.

Parkinson's disease now covered under Camp Lejeune Family Member Program

On November 10th, VA announced that family members of Veterans exposed to contaminated drinking water at Marine Corps Base Camp Lejeune from Aug. 1, 1953 to Dec. 31, 1987 are now eligible for reimbursement of health care costs associated with Parkinson's disease under the [Camp Lejeune Family Member Program](#).

These family members are also [eligible for health care reimbursement](#) for esophageal cancer, lung cancer, breast cancer, bladder cancer, kidney cancer, leukemia, multiple myeloma, renal toxicity, miscarriage, hepatic steatosis, female infertility, myelodysplastic syndromes,

Veterans who served at Camp Lejeune are also eligible for no-cost Parkinson's health care and other VA benefits. Recent studies have also shown that the risk of Parkinson's disease is [70% higher](#) for Veterans stationed at Camp Lejeune.

Thanks to the [PACT Act](#), the biggest expansion of Veteran health care and benefits in generations, [Veterans and their families can also now file lawsuits](#) for harm caused by exposure to contaminated water at Camp Lejeune. To apply for health care

reimbursement under the Camp Lejeune Family Member Program, visit [the program website](#). To apply for Veteran benefits related to Camp Lejeune, visit VA.gov/CampLejeune.

Links on how to apply for these benefits have been included with the read ahead material.

Coverage for Burn Pit exposure

As President Biden directed, all toxic-exposed Veterans will be eligible to enroll directly in VA health care next year under the PACT Act – including any Veteran who served in Iraq, Afghanistan, the Gulf War, or any other combat zone after 9/11. This will eliminate the phase-in approach called for under the law, meaning that millions of Veterans will get access to VA health care more quickly.

We at VA look forward to providing these heroes with the world-class, low-cost care that they've earned and deserve – and we will share more details about this policy in the near future.

A link to the White House Fact Sheet discussing this change for 2024 has been included with the read ahead.

[FACT SHEET: To Mark Veterans Day, Biden-Harris Administration Highlights Historic Care, Benefits & New Actions to Support Veterans and Their Families | The White House](#)

VA National Veteran Suicide Annual Report

On November 16th, the VA released the [National Veteran Suicide Prevention Annual Report](#), the largest national analysis of Veteran suicides through 2021 (the latest year for which we have data). The report shows that 6,392 Veterans died by suicide in 2021, which is 114 more than in 2020. The number of non-Veteran suicides also increased to 40,020 deaths in 2021, which is 2,000 more than in 2020.

2021 was the first full year of the COVID-19 pandemic, which led to greater financial strain, housing instability, anxiety and depression levels, and barriers to health care – all of which are known to be associated with increased risk of suicide for Veterans and non-Veterans alike. There was also an increase in firearm availability in 2021, which is proven to increase both the risk of suicide and the risk of dying during a suicide attempt.

Ending Veteran suicide is VA's top clinical priority. Since 2021, VA has worked aggressively to expand support for Veterans in crisis, including offering no-cost health care to Veterans in suicidal crisis at VA or non-VA facilities; launching the 988 (then press 1) to help Veterans connect more quickly with caring, qualified responders through the Veterans Crisis Line; partnering with community-based suicide prevention organizations to provide Veterans with on-the-ground support; expanding firearm suicide prevention efforts; and encouraging Veterans to reach out for help through a national Veteran suicide prevention awareness campaign. These steps have led to more than 33,000 Veterans getting free emergency health care, a 12.1% increase in use of the Veterans Crisis Line, more than 3.5 million visits to [VA's support website](#).

Before 2021, Veteran suicide had decreased two years in a row—from 6,718 Veteran suicides in 2018 to 6,278 in 2020.

This report is based on verified data from the Centers for Disease Control and Department of Defense, and it meets the quality standards of a peer-reviewed publication. In the interest of full transparency, VA releases yearly reports detailing how we come to the conclusions in the [Annual Suicide Prevention Report](#).

Links to the full report and additional suicide mortality data are included with the read ahead:

[full report](#)

[accompanying state data sheets](#).

Flu and New COVID Vaccines

VA Health and Wellness Clinics are currently sponsoring the [Flu Shot Campaign](#) – the flu vaccine is given at many VA facilities, as well as community clinics and pharmacies. A link where eligible Veterans can receive their flu shots is included in the read ahead.

VISN 4 has received and currently offering the new COVID vaccine. Veterans are encouraged to contact their local VA if interested in receiving the new COVID Vaccine.

Patient Experience Update

VISN 4 continues to have the highest trust score in the nation at 93.9%. VISN 4 also has the highest number of compliments at 77.8 %. VISN 4 has the lowest number of recommendations at 10.5% and concerns at 11.8%.

Connected Care Update

My HealtheVet: As we know, My HealtheVet offers Veterans greater control over their health and wellness with the ability to refill VA prescriptions, send Secure Messages, view, print or download VA health records, and view, schedule and cancel VA appointments. To avoid losing access to all these features, My HealtheVet Premium Account users are encouraged to log in to their accounts frequently. If users do not access their account within the past 26 months, the account may be deactivated. If the account is inactive, the user will receive an email notification 30 days prior to deactivation. If the account does deactivate, the user is to contact the My HealtheVet Help Desk to have the account reactivated. If a Veteran does not currently have a My HealtheVet account and wishes to manage their VA care and benefits in one place, the Veteran should visit the My HealtheVet website to create a Premium Account. If a Veteran has a My HealtheVet account that needs to be upgraded to Premium status, they can do so for free in person, online, or through a VA Video Connect appointment. Veterans should contact their VISN 4 Facility My HealtheVet Coordinator for assistance or questions.

Telehealth: Telehealth is an option for many appointments, but now it can be used for a Veteran's hearing through VA Video Connect. VA health care providers can give real-time hearing feedback with VA Video Connect. Hearing aid settings can be checked and adjusted remotely, taking into consideration the Veteran's environment for their regular noise level and how often the hearing aids are worn. If there are problems with the hearing aids, the VA health care provider can help figure out what is wrong or if other accessories are needed. A virtual visit through VA Video Connect can help with a demonstration about hearing aids, provide assistance with device or accessory needs, or offer education on how to clean the hearing aid(s). Of course, for hearing tests or diagnostics, a Veteran will still need an appointment to go to their local VA medical center or community-based outpatient clinic for testing which can be requested through a Secure Message to the Veteran's health care team. VA's Office of Connected Care recently released updated versions of the VA Video Connect mobile app for Apple and Android devices. Android users can find VA Video Connect on the Google Play Store, and Apple iOS users can do the same on the Apple App Store. Veterans should talk with their VA health care team or audiologist about how to use VA Video Connect to manage their hearing aids from home.

Pennsylvania Veterans Homes Census as of Midnight September 30, 2023

Delaware Valley Veterans' Home, Philadelphia PA - Andrew Rusavage - Interim Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	141	128	13	91%	2	3	3	45	11		
Memory Care	30	26	4	87%	0	0	0	17	6		
Total	171	154	17	90%	2	3	3	62	17		
Non-Veteran Census Percent				6%							
Gino J. Merli Veterans' Center, Scranton PA - Vito Ruggiero - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	156	125	31	80%	4	0	4	6	13		
Memory Care	40	38	2	95%	4	0	2	10	3		
Total	196	163	33	83%	8	0	6	16	16		
Non-Veteran Census Percent				16%							
Holidaysburg Veterans' Home, Holidaysburg PA - Christina Dambeck - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	231	165	66	72%	9	2	4	16	6		
Memory Care	26	20	6	77%	2	0	1	2	0		
Personal Care	167	72	95	43%	0	0	0	1	1		
Total	424	257	167	61%	11	2	5	19	7		
Non-Veteran Census Percent				14%							
Pennsylvania Soldiers' & Sailors' Home, Erie PA - Cheri Spacht - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	75	70	5	93%	6	0	4	10	3		
Memory Care	32	32	0	100%	0	0	0	2	5		
Personal Care	100	55	45	55%	1	0	0	4	0		
Total	207	157	50	76%	7	0	4	16	8		
Non-Veteran Census Percent				10%							
Southeastern Veterans' Center, Spring City PA - Brian Gula - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	208	141	67	68%	6	1	5	28	9		
Memory Care	30	30	0	100%	0	0	0	29	1		
Personal Care	54	32	22	59%	0	1	0	8	4		
Total	292	203	89	70%	6	2	5	65	14		
Non-Veteran Census Percent				8%							
Southwestern Veterans' Center, Pittsburgh PA - Richard Adams - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	196	113	83	58%	0	1	1	25	6		
Memory Care	40	32	8	80%	0	0	0	1	1		
Total	236	145	91	62%	0	1	1	26	7		
Non-Veteran Census Percent				13%							
Summary / Pennsylvania Bureau of Veterans' Homes											
Veteran Census/Events	Auth Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	1007	742	265	74%	27	7	21	130	48		
Memory Care	198	178	20	90%	6	0	3	61	16		
Personal Care	321	159	162	50%	1	1	0	13	5		
Totals	1,526	1,079	447	71%	34	8	24	204	69		
Veteran Status: Non-Veteran/Veteran	Total Non-Vets (f)	Male Non-Vet	% Non Vets (f)	Total Vets (f)	% Vets (f)	Male Vets	Total Male (f)	Female Non-Vets	Female Vets	Total Female (f)	VH Totals (f)
DVVH	9	0	6%	145	94%	144	144	9	1	10	154
GJMVC	26	1	16%	137	84%	135	136	25	2	27	163
HVH	35	1	14%	222	86%	211	212	34	11	45	257
PSSH	16	2	10%	141	90%	135	137	14	6	20	157
SEVC	17	1	8%	186	92%	174	175	16	12	28	203
SWVC	19	2	13%	126	87%	123	125	17	3	20	145
Totals	122	7	11%	957	89%	922	929	115	35	150	1,079

Delaware Valley Veterans' Home, Philadelphia PA - Andrew Ruscavage - Interim Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
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Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	75	70	5	93%	6	0	4	10	3		
Memory Care	32	32	0	100%	0	0	0	2	5		
Personal Care	100	55	45	55%	1	0	0	4	0		
Total	207	157	50	76%	7	0	4	16	8		
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DVVH	9	0	6%	145	94%	144	144	9	1	10	154
GJMVC	26	1	16%	137	84%	135	136	25	2	27	163
HVH	35	1	14%	222	86%	211	212	34	11	45	257
PSSH	16	2	10%	141	90%	135	137	14	6	20	157
SEVC	17	1	8%	186	92%	174	175	16	12	28	203
SWVC	19	2	13%	126	87%	123	125	17	3	20	145
Totals	122	7	11%	957	89%	922	929	115	35	150	1,079

SEVC

- Halloween party in Tilghman hall on 10/31 from 2-3:30pm.
- Fall Festival/Car Show outside of Coates Hall on 11/4 from 12-3pm.
- Caroling group from St. Andrews Lutheran Church throughout the facility on 12/9 starting at 6:30pm.
- Group from Knights of Columbus performing a holiday concert in Tilghman hall on 12/10 from 1-3pm.
- CLC1 Christmas party on 12/11 from 2-3:30pm in 1A.
- CLC2 Christmas party on 12/12 from 2-3:30pm in 2A.
- CLC3 Christmas party on 12/13 from 2-3:30pm in 3A.
- CLC4 Christmas party on 12/14 from 2-3:30pm in 4A.
- Coates Hall Christmas party on 12/15 from 2-3:30pm in 2DR.
- Glossy Nails Spa Day for the holidays on 12/20 from 10am-4pm in the multi-purpose room.

SWVC

- Santa's workshop with the American Legion Auxiliary White Oak- 10:30-3:00-12/4
- Facility holiday luncheons scheduled for-12:00-12/13 and 12/14
- Singer Jerry DeMaria-12/8-2:00
- Sweat for Vets with the PA State Police-12/9-10:00 am
- The Belair's Band-12/11-2:00 pm
- Singer Doug Edgell-12/12-2:00 pm
- Singer Jope Lege-12/15-2:00 pm
- Vocal Confluence Performance-12/16-2:00 pm
- Operation Santa Claus gift distribution-12/18-1:00 pm
- Off Grounds Post Visit to American Legion 351-Penn Hills

GMVC

12/1 Dupont Christmas Party 4:45 (Trip)

12/10 VFW 5207 Hosting Roast Beef meal/DJ/ Caroling and visits along with Mr. & Mrs. Claus 2pm MPR

12/11-12/15 GMVC Holiday Luncheon 11:45 each day MPR

12/18 The Luongo Brothers Christmas Show 2pm MPR

12/22 Secrete Santa Shop- Santa Claus ,DJ, treats and more 2pm MPR

12/23 George Rittenhouse Christmas Show 2pm MPR

12/25 Christmas

- pass out presents to all the residents.
- 9:30 Christmas Mass with the Bishop Bambara
- 2:00 Holiday movie with Christmas cookies, hot coco, and more

12/27 The Millennium performing 2pm MPR

12/31 New Years Eve

- New Year's Eve Bash with the Fabulous Fortunes Party Hats, beads, food, beverages, etc 2 pm MPR

DVVH

The Christmas Holiday Dinner will be Wednesday, December 20th.

Additionally, we have a group going to the Vat Day parade on Nov 5th

I also, already have a lot of organizations booked throughout December to sing Carols, give gifts, Santa visits, and Hanukkah candle lighting.

I will be able to give more detail on the events soon after our department heads meet to discuss in detail.

Please let me know if you have any questions and I would be happy to answer. Have a great weekend.

HVH Eisenhower Hall:

12/5 7:00 Foot of Ten Elementary School Community Service Club

Christmas Singalong-Vets Hall

12/6 2:00 Grinch Themed Birthday Party with Karaoke Celebration-VH

12/8 10:30 Special Mass with Fr. Brad-Feast of the Immaculate Conception-VH

12/10 2:00 Girl Scouts Christmas Caroling-VH

12/11 7:00 Catholic Daughters Christmas Singalong-VH

12/12 Red Hats/ Blue Caps Christmas Bingo/Party-VH

12/13 Family Christmas Party 10:00 and 1:30-VH

12/15 1:30-3:00 Wreaths Across America-VH and 6:30 Friends of Vets Visit-VH

12/19 1:30 Altoona High School Jazz Band and Chorus Christmas Program-VH and 6:45 American Heritage Girls Christmas Caroling-VH

12/21 2:00 Christmas Party with Brian Harshberger-VH

12/22 1:30 Rodney Painter & Family Christmas Program-VH

12/25 10:30 Christmas Mass-VH and 2:00 Santa's Elves passing out Christmas presents

12/29 New Year's Party with Bridget Smith-VH

HVH Arnold Hall:

12/5 Red Hats/ Blue Caps Christmas Bingo-MPR

12/6 Duncansville VFW Christmas Meal

12/8 1:30 Special Mass with Fr. Brad -Feast of the Immaculate Conception-MPR

12/12 Grinch Themed Birthday Party with Karaoke Celebration-MPR

12/13 Family Christmas Party-MPR
12/15 1:30-3:00 Wreaths Across America-MPR
12/18 7:00 Catholic Daughters Christmas Caroling-MPR
12/19 7:30 American Heritage Girls Christmas Caroling-MPR
12/20 1:30 Altoona High School Chorus Christmas Program-MPR
12/21 2:00 Christmas Party with Tom Smith-MPR
12/22 3:00 Rodney Painter & Family Christmas Program-MPR
12/25 9:30 Santa's Elves passing out Christmas Presents and
1:30 Christmas Mass-MPR
12/29 New Year's Party with DJ Skiddy-MPR

HVH MacArthur Hall:

12/8 9:00 Special Mass with Fr. Brad for the Feast of the Immaculate
Conception-DR
12/8 Roaring Springs VFW Christmas Meal
12/9 3:00 Cresson American Legion Meal
12/15 1:30-3:00 Wreaths Across America
12/19 2:00 Christmas Party with DJ Skiddy-DR
12/20 2:00 Family Christmas Party-DR
12/21 7:00 Sons of The American Legion Christmas Singalong-DR
12/24 7:30 Christmas Eve Mass with Fr. Brad-Chapel
12/25 Santa's Elves passing out Christmas Presents
12/26 6:00 Juniata VFW Christmas Meal
12/27 2:00 Grinch Themed Birthday Party with Brian Harshberger-DR
12/29 2:00 New Year's Party with Karaoke Celebration-DR

PSSH HOLIDAY ACTIVITIES 2023:

- **FRIDAY, 12-1 TAG VISIT 12-1400**
- **SATURDAY, 12-2 NCU AND ACU FAMILY OPEN HOUSE 1400-1600**
- **SUNDAY, 12-3 AMERICA LEGION CHRISTMAS TOUR 1030-1200**
- **TUESDAY, 12-5 APTHROP REINDEER VISITS 10-1100**
- **WEDNESDAY, 12-6 PARTY PIGS CHRISTMAS VISITS 930-1030**
- **WEDNESDAY, 12-6 ACU CHRISTMAS PARTY WITH MUSIC BY MIKE AND MARIE MILLER**
- **FRIDAY, 12-8 BIRTHDAY PARTY WITH MUSIC BY JULIA HAMILTON TRIO**
- **TUESDAY, 12-12 ERIE PHILHARMONIC CHRISTMAS PERFORMANCE 1900**
- **WEDNESDAY, 12-13 NCU CHRISTMAS PARTY 1400-1500 WITH MUSIC BY ANGELO PHILLIPS**
- **THURSDAY, 12-14 ACOUSTIC JUKEBOX 1830-2000**
- **FRIDAY, 12-15 BURTON FUNERAL HOME STOCKING DISTRIBUTION PARTY 1400-1500**
- **SATURDAY, 12-16 WREATHS ACROSS AMERICA, PSSH CEMETERY 800-1200**
- **SUNDAY, 12-17 EDINBORO/MCKEAN CHRISTMAS LUNCHEON 10-1400**
- **SUNDAY, 12-17 VFW POST 52 MEADVILLE PARTY AND T-SHIRT DISTRIBUTION**
- **TUESDAY, 12-19 MERCYHURST PREP SHOWCHOIR CHRISTMAS SHOW 1030-1100**
- **WEDNESDAY, 12-20 PCU CHRISTMAS PARTY WITH MUSIC BY MIKE AND MARIE MILLER**
- **SUNDAY, 12-24 CHRISTMAS EVE SNACKS AND FACTS 1400-1500**
- **MONDAY, 12-25 CHRISTMAS DAY MASS 945**
- **FRIDAY, 12-29 NYE HAPPY HOUR WITH MUSIC BY MIKE AND MARIE MILLER 1400-1500**

Summary of Current Applications (Exempt)

Count	No Activity	Review Process Started	Review App Received	New Apps Pending
18139	17660	448	31	239

Summary of Activity from 09/29/2023 to 11/21/2023

Apps Created : 709	
New:	411
Review:	298
Apps Approved :692	
New:	370
Review:	322
Apps Denied (Need):	46
Apps Denied (Ineligible):	43
Apps Removed (No Response):	78
Apps Removed (Eligibility Changed):	95

Summary of Ineligible Reason

Reason	Count
The property for which you claim exemption is not owned solely by you, or as an estate by the entirety with your spouse.	9
The U.S. Department of Veterans Affairs has determined that the veteran did not have a total and/or 100% permanent disability during their lifetime.	10
The U.S. Department of Veterans Affairs has determined that the veteran did not serve during a period of war or armed conflict.	15
The U.S. Department of Veterans Affairs stated that you have a future exam, therefore, your disability has not been rated as total or 100% permanent.	9

Summary of Activity from 09/29/2023 to 11/21/2023

APPLICATIONS APPROVED	692
New	370
Review	322

APPLICATIONS DENIED	262
Financial Need	46
Ineligible	43
No Response	78
Change of Eligibility	95

OVER INCOME	75
New	33
Review	42

11%
9%
13%

APPLICATIONS CREATED	709
TOTAL ADJUDICATED	954



TO The Department of Military and Veterans Affairs and Pennsylvania State Veterans' Commission Members

FROM Nicholas M. Taylor
Chairman, Pennsylvania State Veterans Commission

DATE November 13, 2023

RE Change # 1 - Commission Meeting Dates for Calendar Year 2024

1. At the request of the Department of Military and Veterans Affairs (DMVA), and to synchronize the calendars of the Commissioners, the following State Veterans' Commission meeting dates are established for Calendar Year 2024:

Friday, January 12, 2024 – Rescheduled from January 5, 2024
Friday, February 2, 2024
Friday, April 5, 2024
Friday, May 3, 2024
Friday, June 7, 2024
Friday, September 6, 2024
Friday, October 4, 2024
Friday, December 6, 2024

2. All meetings will begin at 1000 hours on the specified dates. Meeting location is the Arrowheads Community Club, Building 9-65, Fort Indiantown Gap, Annville, PA 17003

3. No meetings are scheduled in the months of March, July, August, and November in Calendar Year 2024. Changes to dates, times, or location, if applicable, will be published and disseminated in advance of that date change.

4. Questions or comments may be directed to the undersigned.



NICHOLAS M. TAYLOR
Lieutenant Colonel, US Army (Ret.)
Chairman, Pennsylvania State Veterans' Commission



MEMO

TO Mark J. Schindler, Major General, Pennsylvania, The Adjutant General, Department of Military and Veteran Affairs, Building S-0-47, Fort Indiantown Gap, Annville, PA 17003 *MS*

THRU Mr. Marc Ferraro, Executive Deputy Secretary, Department of Military and Veteran Affairs, Building S-0-47, Fort Indiantown Gap, Annville, PA 17003 *MA*

THRU BG (PA Ret) Maureen H. Weigl, Deputy Adjutant General for Veterans Affairs Department of Military and Veteran Affairs, Building S-0-47 Fort Indiantown Gap, Annville, PA 17003 *MAW*

FROM Nicholas M. Taylor, Chairman, Pennsylvania State Veterans Commission

DATE September 27, 2023

RE Proposed PASVC Nomination Committee for Member at Large Positions on the Veterans Commission

The purpose of the committee would be to rack and stack the applicants, submit to the Chairman, and then I, Nicholas Taylor, submit the names to TAG for DMVA's comments and ultimately forwarding to the Office of the Governor.

If this is the case, I would like to form the Nominating Committee with the following individuals:

Committee Chair - Constance Snavely
Member: Gerald Hawk - AMVETS
Member: Woody Hogan - TAL
Member: Stanley Majocka - Ital Amer War Veterans
Member: Larry Googins - VVA

Sincerely,

TAYLOR.NICHOLAS.MICHAEL.103194432
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Digitally signed by TAYLOR.NICHOLAS.MICHAEL.1031944321
Date: 2023.09.27 17:29:11 -04'00'

NICHOLAS M. TAYLOR
LTC, USA (Ret.)
Chairman, Pennsylvania State Veterans Commission

Reconsolidation of Traumatic Memories (RTM) Protocol™ In the Treatment and Remission of PTSD for Pennsylvania State Veterans Commission

J. Greg Jolissaint, MD
Colonel, US Army, Retired
Infantry and Operational Medicine
Board Certified, Family Medicine



Frank Bourke, PhD
CEO Emeritus
Research and Recognition Project, Inc.



PTSD in U.S. Military Service Members

- Common: 10-20% of OEF/OIF-deployed service members (SMs)
 - Similar annual prevalence in Viet Nam Veterans
- Associated with high rates of depression, **suicide**, and functional impairment in multiple domains
- Successful treatment achieved in ~40% of patients using current “standard of care” [Prolonged Exposure (PE), Cognitive Processing Therapy, and pharmacotherapy]
 - **Why only ~40% remission with current treatments?**
 - treatment ineffectiveness, low tolerability (especially for repeatedly reexperiencing the trauma), poor compliance, high dropout rates, need for long-term therapy

01

A unique, brief, non-traumatizing , highly effective and cost-efficient breakthrough treatment for PTSD that does not require drugs! It is called the *Reconsolidation of Traumatic Memories Protocol™* (RTM Protocol™).

02

In multiple clinical trials, the RTM Protocol™ *eliminated PTSD symptoms in more than 90% of patients*. As a result, PTSD sufferers and their families are spared common co-occurring problems: *alcohol and drug misuse, family and career disintegration, suicidal behaviors, etc.*

03

The RTM Protocol™ typically works in less than half the time of current therapies, averaging two to three sessions of 60-90 minutes. The RTM Protocol™ eliminated PTSD symptoms in 90% of patients in four published research studies.

04

RTM Protocol™ training is available for clinicians across the US in an accessible, live, virtual format. In the past three years, despite the pandemic, over 300 US clinicians were trained in using the RTM Protocol™; in 2022-2023, 65 clinicians in Poland and Ukraine were trained and are using the protocol. RTM Protocol training institutes are being established in Asia and Europe.



**A PROMISING
BREAKTHROUGH**

RTM PROTOCOL™ DEVELOPMENT TIMELINE

The **RTM Protocol™** originally developed by a team of experts at the Research & Recognition Project led by Frank Bourke, PhD, a clinical psychologist and former lecturer at Cornell University.

Dr. Bourke volunteered to help those suffering from PTSD after the 9/11 attacks; he *treated over 250 World Trade Center survivors suffering from PTSD.*

EXPANDING RTM PROTOCOL™ USE

2006 – Research & Recognition (R&R) Project founded as a 501(c)(3) nonprofit organization to accelerate research and advance adoption through licensing of the RTM Protocol™.

CLINICAL STUDIES

2014 – Four published clinical studies with more underway.

CLINICIAN TRAINING

2020 – Post Traumatic Training Institute LLC (PTTI) began hosting US trainings; over 300 clinicians have been trained to date. *Ukrainian and Polish clinicians were trained in 2023.*

COMPARATIVE ADVANTAGES OF THE RTM PROTOCOL™

CLINICALLY-EFFECTIVE

The **RTM Protocol™** has demonstrated remarkable effectiveness in clinical studies with 90%+ remission compared to an average of 35%-40% improvement with other treatments.

LOWER COST

<\$1,000 = average treatment cost using the **RTM Protocol™**; more affordable AND effective as compared with **\$8300** (the average VA PTSD annual treatment cost for one US Veteran)

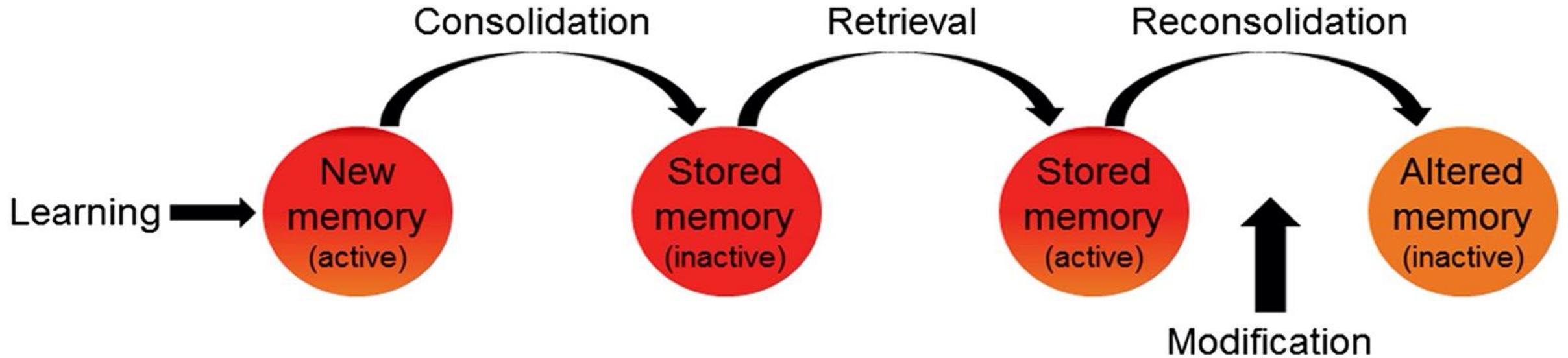
NON-TRAUMATIZING

Patients and Therapists experience minimal distress when treated with the **RTM Protocol™** compared with moderate to extreme discomfort with other treatments (resulting in high rates of treatment dropout).

"There are many hundreds of thousands suffering from PTSD. Their families suffer along with them. Over 20 each day die by suicide. I can only hope that the Veterans Administration and others will totally embrace this successful RTM Protocol™."

-VADM David Buss, US Navy (Ret.)

Mechanism of Action



A Neurological Intervention!

THE LONG ROAD HOME

“... I had no friends, I couldn't get out of bed, I was contemplating suicide. It seems like it is impossible to come back from that ... I finally realized 'this isn't getting any better' ... so I went and I did it ... for the first time in a long time I feel like my life has purpose and opportunity.”

Doug Baldwin

Army Veteran

Completed RTM treatment in 2016



Pennsylvania Veterans Commission Opportunities

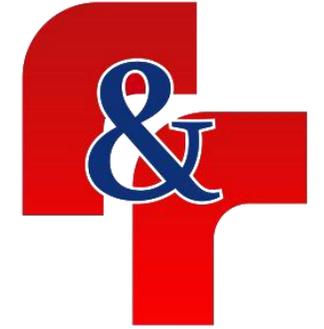
- Encourage community Mental Health Therapists to complete the RTM Protocol Training for the treatment of PTSD, then request they utilize this therapeutic “Tool” in their practices for the treatment of PTSD.
- Encourage community Health Care Systems to train their inpatient and outpatient Therapists to utilize the RTM Protocol for their enrolled and hospitalized patients with PTSD.
- Encourage Primary Care Practitioners to investigate the RTM Protocol Training for the treatment of PTSD (Family Medicine, Internal Medicine, Family and Adult Nurse Practitioners, etc.), then utilize this non-pharmacologic, non-traumatizing, and curative “Tool” in their Primary Care practices for all patients with PTSD (including Veterans and their Family Members).
- Collaborate with PA State Department of American Legion and County American Legion Posts to create statewide American Legion RTM training scholarships (like New York State)
- Petition Pennsylvania legislature for funding to train community therapists and Primary Care physicians in the RTM Protocol



Comments?

Questions?

Next Steps?



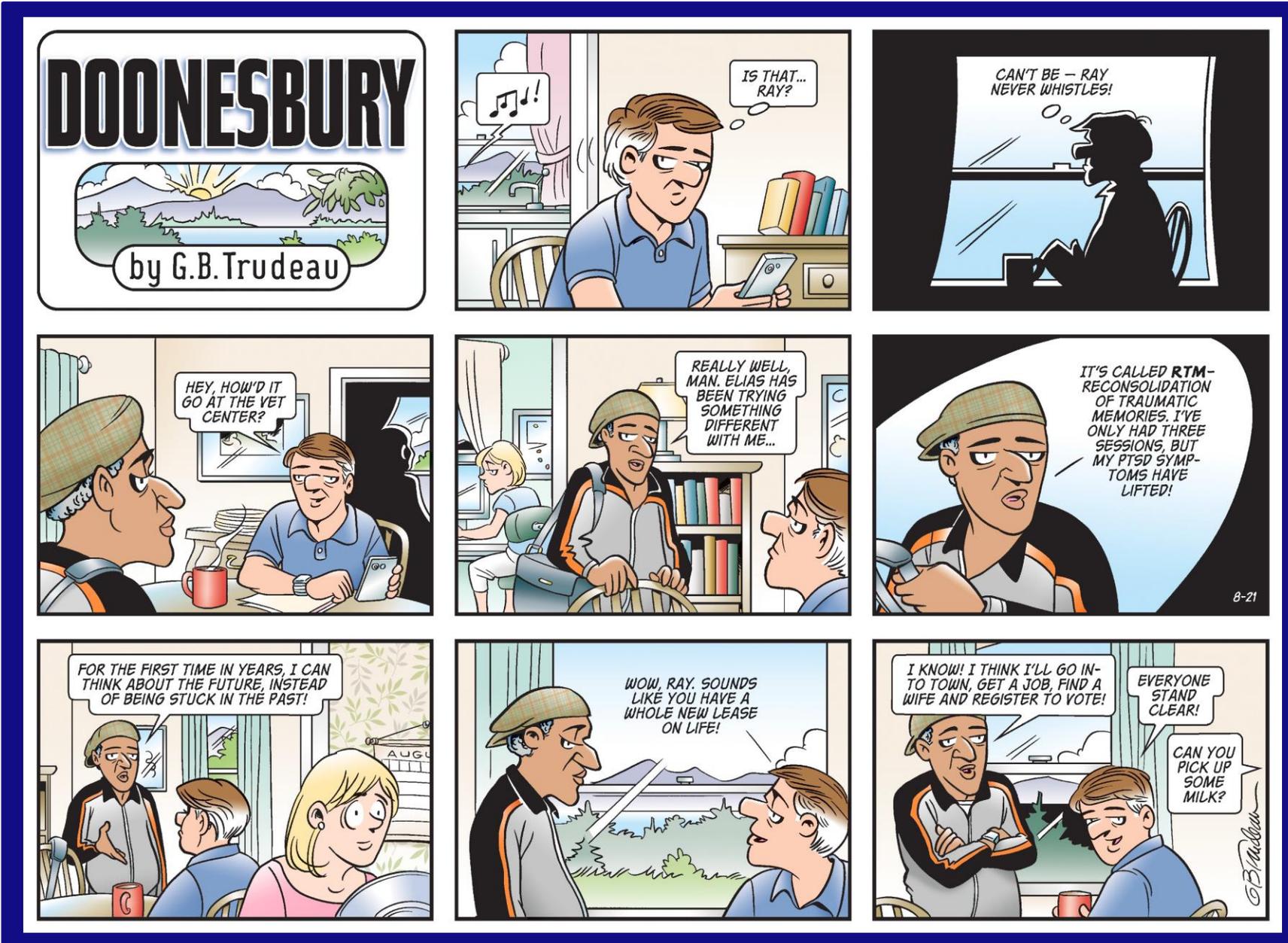
The Research and
Recognition Project

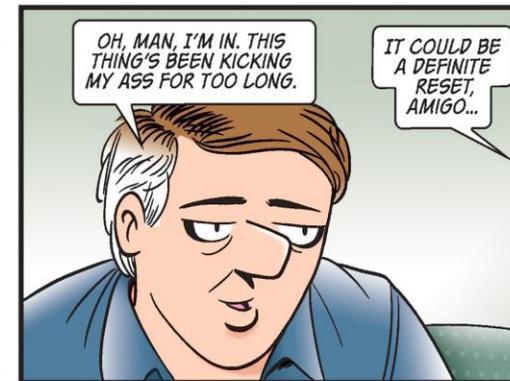
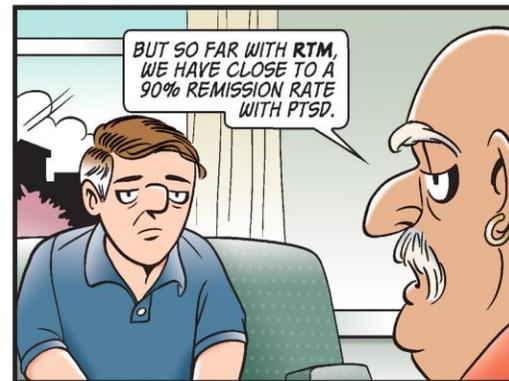
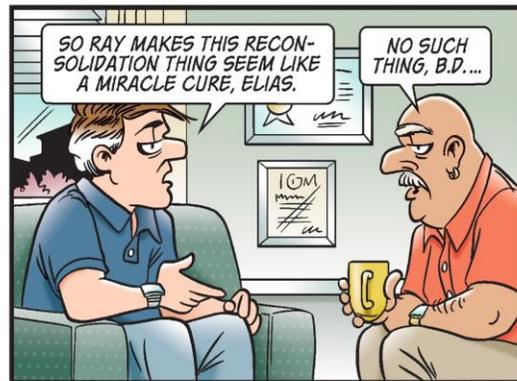
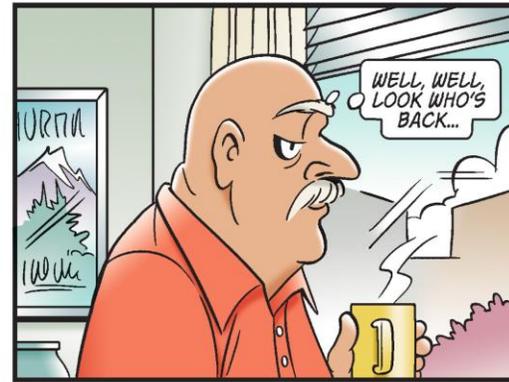
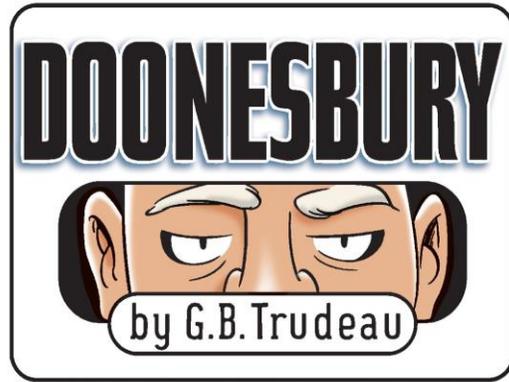
Dr. J. Gregory Jolissaint, MD Email gregjolissaint@gmail.com
Mobile 757.969.0145

Dr. Frank Bourke, PhD Email frank.bourke@randrproject.com
Mobile 607.346.6280

THE RTM PROTOCOL™ IN DOONESBURY

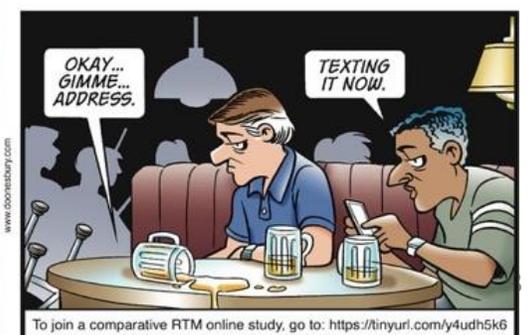
August 21, 2022





THE RTM PROTOCOL™ IN DOONESBURY

August 13, 2023



To join a comparative RTM online study, go to: <https://tinyurl.com/y4udh5k6>

“Garry Trudeau provides millions of Americans with a gut-level appreciation of the impact of PTSD on Soldiers and their Families ... in so doing he is helping to raise awareness about the importance of PTSD as a national challenge, where investment in treatment and research could have an important and lasting impact.”

John Krystal, MD

Chair, Yale Department of Psychiatry

Opinion The best PTSD treatment you've never heard of

By Garry Trudeau

July 10, 2023 at 7:00 a.m. EDT

Garry Trudeau is the creator of Doonesbury, where he has been commenting on wounded warrior issues for more than three decades.

All around the conference room in Atlanta last fall, jaws were dropping. Michael Roy, a physician from the Walter Reed National Military Medical Center, had just revealed to the International Society for Traumatic Stress Studies the preliminary results of a study comparing two treatments for post-traumatic stress disorder: Prolonged Exposure (PE) therapy, long regarded as the “gold standard,” and a novel approach called Reconsolidation of Traumatic Memories or RTM.

In such a study, effectiveness is indicated by a complete remission of symptoms, a loss of diagnosis. Roy's trial was ongoing and still double-blinded, so he could report only the outcomes of the two treatments combined. But the success rate was a stunning 60 percent. Every expert present knew that PE's known remission rate hovers at 30 to 40 percent, so the 60 percent combined figure could only mean only one thing: The new RTM treatment was tracking dramatically higher.

From the back of the room, PE researchers glowered at Roy: Way too good to be true, dude.

The Washington Post
July 10, 2023

01

It is estimated that over 12 million people, 4.6% of the US population, suffer from PTSD in any given year. One in 11 people will be diagnosed with PTSD in their lifetime. This number is rising significantly due to the COVID-19 pandemic.

02

The annual US clinical and economic burden of PTSD exceeds \$232 billion, greater than that of depression and anxiety; this data may underrepresent the actual PTSD impact, due to misdiagnoses related to trauma symptoms masked by depression, anxiety, substance misuse & other comorbidities.

03

Current treatments are often retraumatizing to clients & clinicians, taking longer to complete therapy and achieving only 30-50% improvement in symptoms. The majority of patients still suffer from nightmares, flashbacks, hypervigilance, avoidance, etc., after treatment. Most also require medication management.

04

There are ~500,000 clinicians treating patients suffering trauma from accidents, combat, violence, domestic abuse, witnessing awful events, childhood abuse, etc. Annual continuing education courses are required to maintain licensure.

05

Individuals diagnosed with mild Traumatic Brain Injury (mTBI) also experience PTSD at a high rate, whether the mTBI resulted from combat trauma, sport concussion injuries, motor vehicle accidents or sexual assault. The importance of addressing both conditions simultaneously cannot be overstated.



THE “NOW” CHALLENGE

CLINICIANS and RTM PROTOCOL™ TRAINING

Clinicians are searching for more effective treatments for their patients' trauma; current methods are falling short.

Clinicians are susceptible to secondary trauma and burnout, which increases the need for an effective protocol which is safe for patients and clinicians alike.

Over 500,000 licensed mental health professionals currently practice in the US.

Clinicians are required to earn annual Continuing Education (CEs) to maintain current clinical licensure; RTM Protocol™ training offers up to 21 CEs for <\$99 per credit.

ONE HUNDRED AND SECOND NATIONAL CONVENTION
OF
THE AMERICAN LEGION
Phoenix, Arizona
August 31, September 1, 2, 2021

Resolution No. 25: Reconciliation of Traumatic Memories Protocol for Treatment of Post-Traumatic Stress Disorder
Origin: New York
Submitted by: Convention Committee on Veterans Affairs & Rehabilitation

WHEREAS, Post-traumatic Stress Disorder (PTSD) is a significant contributor to suicide ideation throughout the United States; and

WHEREAS, Suicide of our military servicemembers is the highest on record and military veterans are committing suicide upwards of 20 per day; and

WHEREAS, The stress of multiple deployments, combat injuries, deaths, illnesses, and guilt challenge the healthiest of families both active duty and veteran; and

WHEREAS, Clinicians managing patients with PTSD have the following goals: establish a therapeutic alliance, provide ongoing assessment of safety and psychiatric status, address comorbid disorders, increase the patient's understanding of and coping with the effects of exposure to the traumatic event through implementing specific treatments (e.g. psychoeducation, psychotherapy and psychopharmacology) for PTSD; and

WHEREAS, It is time to face the fact that the currently accepted evidence-based protocols and drugs used in the private and government healthcare sectors aren't providing the care and relief PTSD patients need and require; and

WHEREAS, The Research and Recognition Project Inc., a New York based 501(c)3 non-profit, was formed for the express purpose of performing the comprehensive research necessary to validate the effectiveness of a treatment for PTSD; and

WHEREAS, Reconsolidation of Traumatic Memories (RTM) is a non-traumatizing, drug-free, reimagining process which removes nightmares, flashbacks, and the directly related emotional problems associated with PTSD stress in less than five hours; and

WHEREAS, 96% of the individuals completing the RTM pilot program had a total cessation of nightmares, flashbacks and directly related emotional problems; and

WHEREAS, These results were confirmed in a follow-up check conducted six months after treatment signifying the permanence of the relief; and

WHEREAS, The pilot was followed by three replication studies: first replication-30 male veterans-93% effectiveness-results maintained 12 months after treatment, second replication-30 female veterans-96% effectiveness, third replication-75 male veterans-90% effectiveness; and

WHEREAS, The 90%-96% clinical effectiveness results using the RTM Protocol compared to the 35% clinical effectiveness results for veterans treated with Department of Veterans Affairs accepted therapies makes the RTM Protocol a genuine breakthrough in PTSD treatment with national ramifications; and

WHEREAS, PTSD symptoms have lasted far too long, and the goal is not to manage symptoms, it is time to eliminate the nightmares, flashbacks and directly related emotional problems thereby reducing suicide ideation; and

WHEREAS, The RTM Protocol has been included in the International Society for Traumatic Stress Studies' 2019 book "Effective Treatments for PTSD," the gold standard of evidence-based PTSD; and

WHEREAS, The American Legion, Department of New York enthusiastically supports and strongly recommends the RTM Protocol and has donated \$25,000 to the Research and Recognition Project; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Phoenix, Arizona, August 31, September 1, 2, 2021, That The American Legion urge the Secretary of Veterans Affairs and the Secretary of Defense to offer the Reconsolidation of Traumatic Memories (RTM) Protocol as a treatment option for veterans and active-duty military suffering from Post-traumatic Stress Disorder (PTSD); and, be it finally

RESOLVED, That The American Legion urge Congress to provide oversight and funding to the Department of Veterans Affairs, Department of Defense, and the Research and Recognition Project for innovative PTSD research and clinical training in the RTM Treatment Protocol aimed at the national need.

RTM Protocol Training was conducted virtually for New York State and WRNMMC Mental Health Therapists March 10-12, 2023. All received "scholarships" for the training from the New York American Legion.

THE AMERICAN • legion.org

Legion

\$2.50 September 2023 Veterans Strengthening America

BREAKTHROUGH

A DRUG-FREE, STRESS-FREE
TREATMENT FOR PTSD



FOR GOD AND CO



From left, Mike Suter, Dr. Frank Bourke, Bob Salluzzo and retired Air Force Brig. Gen. Jan Adams have advanced RTM therapy as a successful, cost-effective treatment for PTSD.

Photo by Mike Brauley

MIND SHIFT

Innovative PTSD therapy has a 90% success rate for veterans, first responders and others grappling with traumatic experiences.

BY HENRY HOWARD

Mike Suter calmly recalls every detail of the Beirut bombing that killed 241 U.S. troops 40 years ago this October.

"I got blown out of my bed in an adjacent building, 20 to 30 feet away from the barracks," says Suter, a retired Marine Corps major and member of Herman Kent American Legion Post 777 in Celoron, N.Y. "After I got myself together, I walked out and saw the airport. I couldn't see the airport before because the building was blocking it. Four Marines ran up the road, covered in blood, yelling, 'They're all dead.'"

Over the next 60 sleepless hours, Suter and others engaged in a firefight, set up a morgue and searched the rubble for signs of life.

The trauma stayed with Suter for decades. So did the sleepless nights, as the memories regularly limited him to three hours. He was unable to talk about the bombing, and he had trouble socializing. Prescription drugs couldn't give him the rest and relief he needed.

About five years ago, Suter decided to try a therapy called Reconciliation of Traumatic Memories (RTM), applied to help veterans, first responders, disaster victims and others cope with their trauma.

After his first RTM session, Suter slept eight hours and maintains that average today. "I have a moment now and then, but after talking about it, things mellow out," he says. "I remember

everything that happened in Beirut that day. Now the triggers don't exist; they are just a memory."

Help for 9/11 survivors Frank Bourke is a clinical psychologist and former lecturer at Cornell University in upstate New York. He and his colleagues developed RTM, an 89-step process that has a 90% success rate without use of drugs or medication. It transforms trauma victims from not being able to handle associated memories to a disassociated state where they can talk about the trauma without issue. While the memories themselves won't change, RTM alters the way in which the person sees and reacts to them.

Months after the 9/11 terrorist attacks, Bourke was among dozens of psychologists working with hundreds of survivors with post-traumatic stress disorder (PTSD). Often, they would cower under their desks or even benches at a subway station, imagining themselves experiencing the terror all over again. After Bourke worked with the individual, their behavior returned to normal.

"I would do the protocol for two to five hours and they would come into work the next day as their old selves, which was not believable in terms of its efficacy," Bourke says. "It quickly became apparent that it was like nothing else. It was getting rid of the nightmares and flashbacks."

Bourke's experience at Ground Zero not only helped survivors return to their careers but has led to similar successes for veterans, first responders and others suffering from trauma-induced PTSD. He derived the RTM Protocol from a neuro-linguistic protocol that may have been originally developed by American psychiatrist and psychologist Milton Erickson.

"The protocol has gone from an initial thing that I picked up to a very refined version of it that has also been cleaned up so it can be researched," Bourke explains.



Envato

How the therapy works

A therapist certified in RTM Protocol™ works one-on-one with a PTSD-diagnosed patient. Generally, it takes three sessions, from 60 to 90 minutes each. After successfully completing the sessions, the patient can recall the once-triggering memory without experiencing traumatic feelings. The process has 89 steps, but this is an outline of how it works:

1. In a typical therapy office, the therapist directs the client to imagine a movie screen on the wall.
2. The therapist guides the client through a movie of a neutral event, using visual variations including projecting the imagined movie on the wall in black and white, running it backward very fast, and from both associated and dissociated views.
3. After the client has mastered all the visual variations using the neutral scene, they move on to the next phase. It begins by imagining themselves in a movie theater, feeling the seat, smelling the popcorn, using all senses.
4. The therapist guides the client to recall and watch movies of their real traumatic events using the learned visual variations, from a dissociated view. This is achieved as the client imagines themselves floating up to the projection booth. From there, they are not watching the movie; they are watching themselves watch the movie.
5. The steps might be run and reconfigured as needed, in part or in full, numerous times. Success is achieved on the final step, when the client imagines the event without traumatic elements.
6. Throughout the sessions, the therapist verifies each step with Subjective Units of Distress measurements. This allows for an organized flow throughout the protocol and to ensure success.

To learn more or see if you or a loved one qualifies for the therapy, visit thertmprotocol.com.

"The reason it works is because it is not normal therapy. It's a neurological intervention."

Bourke is now the chief executive officer of the Research and Recognition Project, a nonprofit founded to advance RTM therapy.

"The RTM Protocol, at this point, is the most cost-effective treatment for PTSD in the world," he says. "That is being borne out by the scientific research."

The RTM Protocol was evaluated in four separate randomized controlled trials between 2015 and 2020. An independent analysis of the research, published in 2022, supported the findings of a 90% success rate: "The RTM Protocol has now been shown to successfully treat PTSD in both military and civilian contexts. It has surpassed the efficacy of mainline treatments in the permanent resolution of PTSD and its symptoms."

It can alleviate issues stemming from recent traumas and others dating back decades.

Bourke has treated Vietnam War veterans whose nightmares span 50 years. "They have every blade of grass on the path they were walking on visualized from the ambush they encountered."

The process is designed so those with PTSD can reset their response to the traumatic memory. "Unconsciously, neurologically, the memory is separated from the physiological response, the flight-or-fight response."

In Bourke's experience, he doesn't see a difference in the success between a one-time traumatic event like an accident and one that takes place over months or years, such as abuse. For example, 36 women in San Diego were treated for military sexual trauma. A follow-up study one year later showed 96% were cured.

"If there is a traumatic memory, whatever produced it, the therapy will work on it. Anecdotally, we know it works long-term. Scientifically, we haven't measured out more than a year."



Army veteran
Shantane Gaines
Photo by Ryan
Ketterman

'From tears of sadness to tears of joy'

Army veteran Shantane Gaines may have been in the vehicle's driver's seat, but her traumatic memories were in control. Behind the wheel, her whole body tensed up.

"My triggers were horrible," she says. "There were multiple times when I would cry, and I lost control. It was scary. The hairs on my body would stand up. I just wanted relief."

Gaines, who served as a supply specialist from 2000 to 2004, was able to reset herself after about 30 minutes. But with a family counting on her, she knew she needed assistance to overcome her trauma stemming from a serious car accident.

She took the RTM test and qualified for the treatment. "I was tired of feeling that way," she says. "I was willing to try anything. But I did not believe it would work."

After the first session last spring, Gaines returned to her home outside Jacksonville, Fla., and practiced the visioning technique she learned. Several sessions later, she was at last able to talk about the trauma without breaking down. "I took the emotion out of the event. Instead of me feeling it, experiencing it, the therapy did something to my brain. After that therapy, I had no response. I went from tears of sadness to tears of joy. It changed my life."

Gaines has a 21-year-old, 16-year-old and twin 12-year-olds. They saw their mother at every stage of her journey: before the trauma, dealing with the effects of the trauma and, finally, overcoming it.

"I'm not on autopilot anymore. I can control myself. Those triggers don't affect me anymore. I express myself to my kids way better. I apologize to my kids way better. I don't want them to ever wonder what's wrong with Mommy."

American Legion support While Bourke was focusing on survivors of current events like 9/11 and Hurricane Katrina, Bob Salluzzo envisioned the therapy as a way to help veterans.

"Bob essentially recognized that there was a whole generation of Vietnam War veterans who were carrying these traumas and weren't getting treated properly," Bourke says. "Drugs and other therapy didn't work. They all had friends and relatives who were living very disjointed lives because of their PTSD."

Salluzzo, a Vietnam-era Army veteran and member of Robert Lee Walsh American Legion Post 377 in Broadalbin, N.Y., spearheaded the Department of New York's support for RTM. The department has donated more than \$125,000

to fund Bourke's work and nonprofit. Other contributions include American Legion Post 472 of Johnstown donating its last \$15,000 to the then-fledgling program to keep it afloat.

In 2021, the Legion's National Executive Committee approved Resolution 25, calling for Congress to provide oversight and funding to VA, DoD and the Research and Recognition Project for research and training of RTM. Funding is critical for training counselors on the therapy, so that more trauma sufferers can find the relief they need.

Salluzzo is pushing for a broader effort. "The sheer number of (American Legion) posts across the country means we have the visibility and the entry point to take this treatment into all the

A life-changing five hours

Vietnam was worse than hell for Mike Moreno.

Hell's Kitchen, that is.

"It's a pretty tough neighborhood, and you learn to fight at a very young age," recalls the native New Yorker, who served in the Army's 101st Airborne as a rifleman. "But after a fight, you shook hands with your opponent and the matter was over. It was nothing like what I experienced in Vietnam."

There, Moreno slept in jungles, endured monsoons and was on constant watch for hidden enemies.

"I say, 'I'm a combat infantryman' instead of, 'I was a combat infantryman,' because once you have seen combat, the memories - especially the bad ones, the firefights, the ambushes, the mortar attacks - they stay with you forever," he says. "After I was discharged from the Army, I started having nightmares and flashbacks. In these dreams, there always was somebody trying to kill me."

He withdrew from friends and family, lost trust in everyone and wouldn't talk about his time in



RTM therapy helped Mike Moreno face traumatic combat memories and heal relationships with family.

Photo courtesy Mike Moreno

country. Twenty years passed before Moreno understood his issues were related to PTSD. He needed even longer to find a solution after trying cognitive therapy, medications and other methods.

"After almost 55 years, I found a therapy that eliminated the demons I lived with all these years," he says.

Three Reconsolidation of Traumatic Memories (RTM) sessions totaling five hours changed his life.

"I could talk about this specific event without anxiety,"

he explains. "The most astonishing thing is that other combat events I experienced have also gone to zero.

I can't explain how this happened in five hours. That heavy burden I lived with for so many years is gone."

Moreno has also mended relationships with his children and grandchildren.

"Because of PTSD, I never let anything out about my emotions or feelings," he says. "Now, I'm a lot more open. I listen more. I joke more. I ask more questions. I don't just push my way."

communities," he says. "It's a rare opportunity because the stated objective of The American Legion's Be the One initiative is to cut down the number of veteran suicides. We can filter the treatment to the families and communities where every Legion post is."

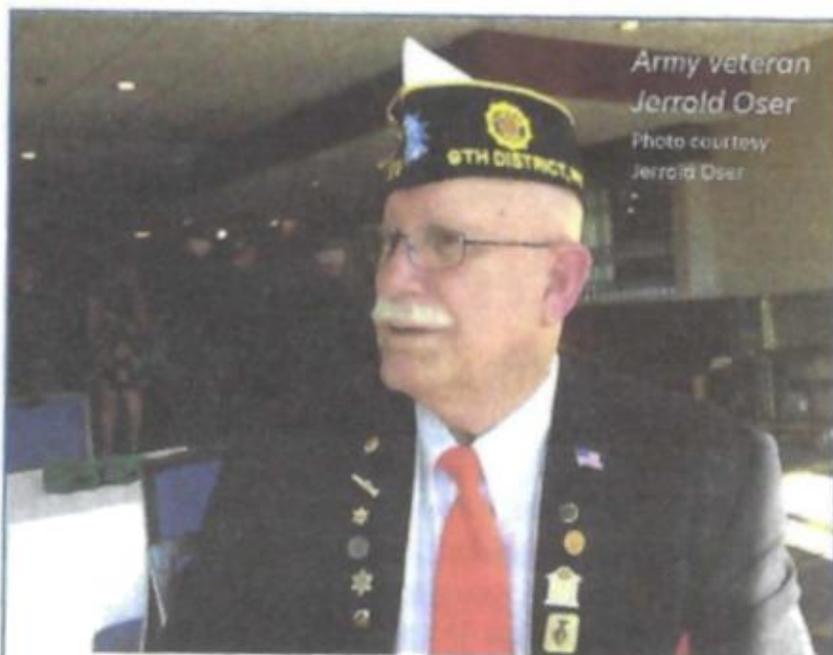
Be the One is currently the Legion's preeminent initiative, aiming to reduce veteran suicide by helping destigmatize mental health care. Bourke emphasizes the value of the program.

"'Be the One' to get those people this treatment that really works, even after 50 years of suffering. The American Legion has found something that really addresses PTSD ... We wouldn't have completed the initial research or be using this today without The American Legion's contribution."

Going with the winner Marine Corps and Navy veteran Montel Williams serves on the Research and Recognition Project board of directors. He has advocated for RTM, sent veterans to participate in the therapy and spoken about its success in public forums.

"I've really never taken my uniform off," says Williams, who

"I would do the protocol for two to five hours, and they would come into work the next day as their old selves, which was not believable in terms of its efficacy.... It quickly became apparent that it was like nothing else. It was getting rid of the nightmares and flashbacks."



Army veteran
Jerrold Oser

Photo courtesy
Jerrold Oser

No more aftershocks

Army veteran Jerrold Oser was stationed at Fort Richardson, Alaska, when the second-largest earthquake on record struck on Good Friday, March 27, 1964. Measuring 9.2 on the Richter scale, the quake and resulting tsunamis killed more than 130 people.

Oser was among the U.S. military personnel who searched for survivors. At one point, they found a boy on the roof of his home. He refused their pleas to jump down, saying he had to go inside and get a sibling.

"I wanted to jump on the roof but was told no," says Oser, a member of American Legion Post 1573 in Harriman, N.Y. "There was another aftershock, and the whole house gave way and went down with the boys in it. It was hard for me to accept that they died."

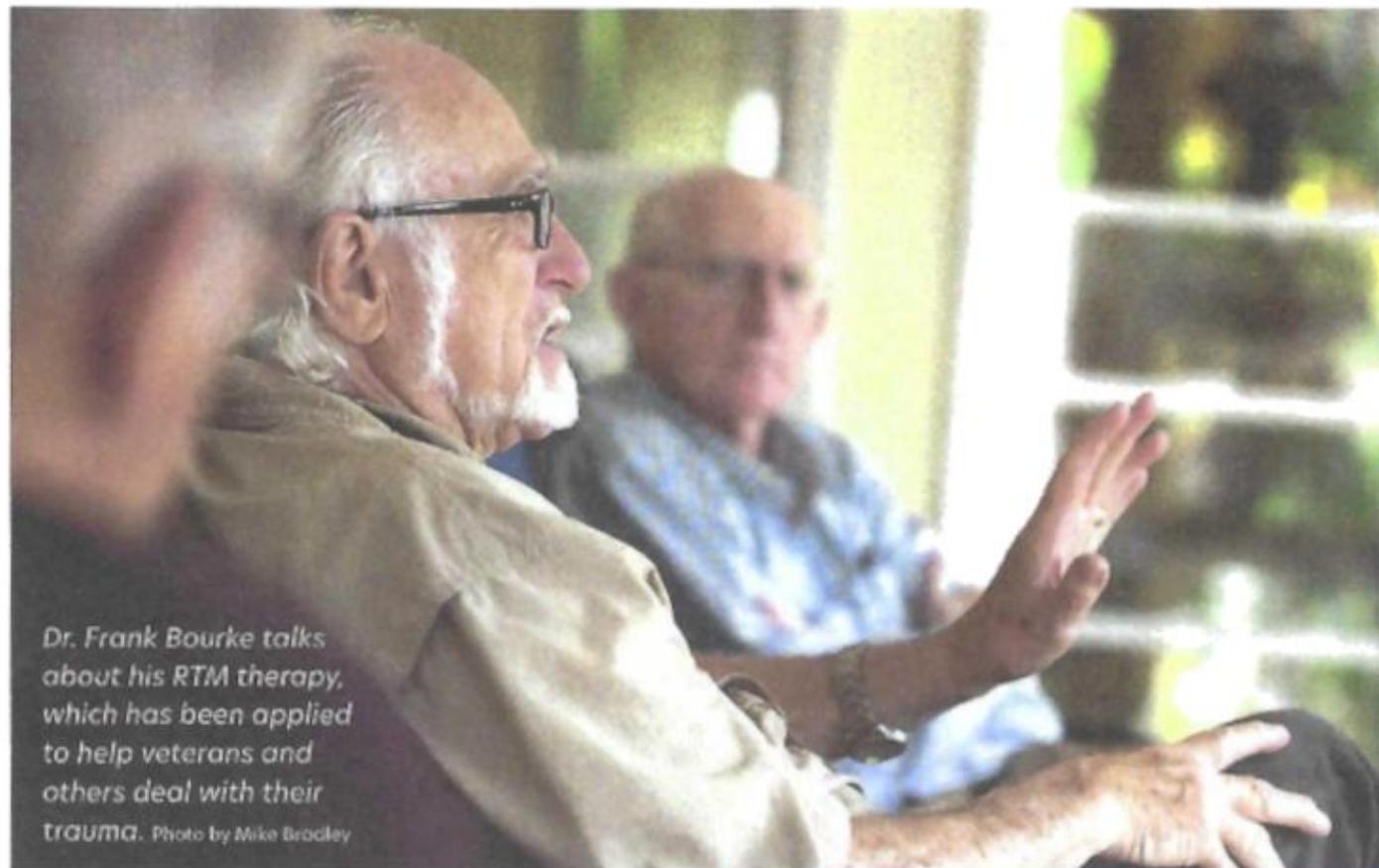
The memory stayed with Oser for decades.

"I had nightmares (and would wake) up swinging or reaching for something," he says, explaining that he was lunging for the boy.

He saw psychiatrists and psychologists but refused to take medication for his PTSD. Instead, he buried his struggle in long work hours and alcohol binges.

"All of a sudden a wall would drop and I wouldn't let people in," he says. "After going through the (RTM) process with Dr. (Frank) Bourke, I was able to drop the wall - not completely, but to where I could function better. I was able to talk about it. I'm able to hug my grandchildren now."

Oser is applying what he learned from the therapy as he battles lung cancer. "Before I met Dr. Bourke, I was suicidal," he says. "Dr. Bourke taught me how to build a foundation to get through any problem. Once you build that foundation, you can live with it."



Dr. Frank Bourke talks about his RTM therapy, which has been applied to help veterans and others deal with their TRAUMA. Photo by Mike Bradley

retired in 1996 as a lieutenant commander in the Navy Reserve before his second career as a popular TV talk show host. "I'm interested in supporting veterans' issues for those who do so much for us. When you look at the studies that show nine out of 10 veterans successfully walk away from RTM, I have to go with the winner."

Williams points out a dilemma. "We're in a Catch-22," he says. "A lot of our veterans who suffer from PTSD get a check from VA for that impairment. If they go back to VA and say 'I'm cured,' a large chunk of their VA benefits will disappear. But I tell them that if they are sick of being sick, tired and hurting, there is something that can stop the hurting today. You can be done. Just think about how much more of a productive life you will have after you get rid of the symptoms of PTSD you will gain yourself back."

"This is not a pipe dream. It's real."

What's next RTM has a footprint in New York, California and New Mexico. Bourke's team also supports Ukrainians affected by the Russian invasion. Sixty counselors there are already trained, with 200 more on a wait list.

Together, Bourke, Salluzzo, Suter and others have a goal to expand RTM. Given the protocol's

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To learn more about RTM and the Research and Recognition project, call (855) 229-1428, email info@thertmprotocol.com or visit [randrproject.org](https://www.randrproject.org).

success rate, they want to train more therapists to help more people. Bourke says it takes three days to train a therapist.

Suter wants others to experience the life-changing treatment, too. Before he underwent RTM, he would stay in his dark basement "bunker" alone for 10 hours a day. He was able to talk with fellow Legion members and even give reports to audiences numbering in the thousands. But certain situations brought the trauma back to the surface; restaurants, grocery stores and other public places were triggers.

"Now, I don't have a bunker," he says. "It's a storage room. I think how great my life is now. I'm a human being. I breathe. I can smell. I can talk to anybody. This protocol is real. It works." 🗣️

Henry Howard is deputy director of media and communications for The American Legion.