

DMV®

FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

NEWSLETTER

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EDITORIAL

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FULLFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Bumcombe County • Chapter 2

Who We Are

DAV is a nonprofit charity that provides a lifetime of support for veterans of all generations and their families, helping more than 1 million veterans in positive, life-changing ways each year.



Our Mission

We are dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. We accomplish this by ensuring that veterans and their families can access the full range of benefits available to them; fighting for the interests of America's injured heroes on Capitol Hill; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life.

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Words from the Editor

Purpose of DAV Newsletter

By Louis E. Bryan

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The purpose of the newsletter for Chapter 2 of Buncombe County Disabled American Veterans is to further fulfill the DAV's promises to the men and women who served, by keeping them informed of news and events, provide members access to needed resources, and to act as a vehicle for both outreach and cross-communication to and between our membership regardless of ethnicity, religion, or sexual orientation. In doing so, the goal of our newsletter is to also create awareness within the greater community of its large veteran population, wounded or otherwise.



From The Commander Buncombe County DAV Chapter 2

Our chapter of Disabled American Veterans is in need of your help. We need members willing to communicate with other members of the chapter, and let them know what benefits and services we can provide to them. If a chapter member needs assistance with their education, we can help. If a chapter member needs medical assistance, we can help. If a chapter member is homeless, we can help. We also have Service Officers to help file compensation claims with the VA. Our Service Officers are trained and certified by the National Committee of the DAV, and can help a veteran from the initial paperwork through the entire claims process. There is currently a backlog of chapter members who have asked for our assistance. You can help us clear the backlog and allow your fellow veterans to improve their quality of life faster.

Duties would include making phone calls and sending emails to members to help foster communication between DAV members and our Chapter. If you would like to become a Service Officer with our Chapter, we can see to it that you get trained. Buncombe County DAV Chapter 2 provides an array of services to assist our members. You can help make our members aware of our services and assist us in assuring that members receive these services in a timely manner. Our ill and injured veterans deserve the very best from us and we **need you.** ◇

Our Organization Then, Now, and in Need

A Message from Adjutant Office, Chapter 2, Buncombe County DAV

We had a common experience which bound us together, and we ought to continue through an organization of our own...an organization of us, by us and for us...

-Robert S. Marx-

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The history of the DAV, Disabled American Veterans began with that quote, spoken by Robert Marx, an infantry captain injured during WW I. Those compassionate words became Shaw's driving force to rescue his fellow soldiers from throw- away treatment by an uncaring government, and to create an organization that cared about them.

A savage, horrendous, and catastrophic war had left, out of those 4.7 million who served and saw combat, 53,000 dead, along with those 63,000 who succumbed

to sickness, mishaps, and a majority of those having died during the years (1918-20) of the influenza pandemic. Of those in uniform, over 204,000 suffered combat wounds. Countless men wandered the streets of cities and towns, homeless, needing hospitalization, unable to find dwindling jobs within an economy headed steadily toward the Great Depression.

Soup lines and panhandling provided minimal means of survival. Even those with the mental and physical capacity to look out for themselves would go directly to Washington hoping to

bring attention to their plight only to be met by a Congress overwhelmed by the presence of so many WW I veterans. Since no organization had been formed to care for them, veterans were sent to various department and agencies. They, in turn, could do little more than send these indigent warriors on wild goose chases, where the daunting task of filling out reams of forms and documents did more to discourage veterans than to help them.

Shaw, seeing so many WW I veterans desperately needing help, made up his mind to provide the needed help. A bright, capable lawyer prior to the war, Shaw returned to his practice in Cincinnati, after having had his wounds treated at a French hospital prior to coming home. He quickly rose to a level of success that eventually led to Shaw being elected to sit on the bench of the Superior Court of Cincinnati in 1919.

On Christmas Day of that same year, Judge Shaw agreed to host a party for about 100 mostly homeless veterans. Shaw decided, during that Christmas dinner in 1919, that he would devote himself to creating an organization to help and care for the many veterans, whose service to their country had

been forgotten by the very government that had sent them off to war.

In 1920, now a judge with wealth, power, and influence, Shaw set about putting into action a plan crafted by himself and his colleagues during that previous year's Christmas dinner. Thus a dream quickly evolved into reality. It was during those beginning months, that Judge Shaw took the lead in establishing the first organization formed specifically to serve the needs of America's wounded warriors: the Disabled American Veterans of the World War or DAVWW.

A 501(c) 4 organization, the DAV now has 1.3 million members.



Urgent!

The very core of the DAV is assisting Veterans so they may receive the full range of VA benefits. DAV chapter service officers help us to achieve this locally.

Buncombe Co. Chapter 2 is seeking chapter members willing and able to train as a service officer and officially certified in Spring 2018. Until then, Veterans can contact our DAV National Service office in Winston Salem or contact the Buncombe County Veteran Service office (not affiliated with DAV) to help you with filing your benefits.

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DAV National Service Office

251 North Main Street
Winston-Salem NC, 27101 Room 116
336.631.5481

Buncombe County Government

Veteran Services

199 College Street
Asheville, NC 28801
828.250.5726

Charles George VA Medical Center

Volunteer Veteran service officers from other organizations are located on the 4th Floor of Charles Georgia VA medical center. Contact for schedule: 828.299.2514
1100 Tunnel Road
Asheville, NC 28805
828.298.7911

Volunteerism has a long and time-honored history in the United States, going all the way back to the Revolutionary War, with the banding of the original American colonies, whose inhabitant helped one another through volunteering, especially during times of conflict, boycotting British products and collecting money for a war for independence.

In 1881, Clara Barton created the American Red Cross, its volunteers helping the sick and Injured.

The Great Depression saw people volunteering in soup kitchens and bread lines, serving hungry masses of Americans in need of nourishment.

Americans at home supported those serving overseas, during WW II, through the Office of Civilian Defense, an organizing agency formed at that time.

To this day, Americans continue to serve others through volunteer work. The concept of volunteerism is the backbone of our organization, Disabled American Veterans. For me, volunteering started with a phone call. I had been a DAV member for a year without having attended any

chapter meetings. The phone call was an invitation from the Department Commander, asking me to come to an upcoming meeting. I did so. It was definitely a learning experience.

Then in my mid-20's, my perception of the DAV was one of an organization made up of much older members to whom I couldn't relate. Instead, I found an instant bonding that transcended age. What bound us all to each other was and is having served our country in times of need, also, a common understanding that is part of wearing a uniform. I didn't have to explain my struggles to adjust to civilian life, dealing with a frustrating bureaucracy ingrained within the Department of Veterans Affairs, and, in my particular case, getting the correct diagnosis of what was then a little-known wound called Traumatic Brain Injury.

A positive relationships with other members of Chapter 2 members resulted, three months later, in my being elected Commander. Fulfilling the DAV's mission became my main purpose in life.

Then as now, part of our mission of serving those who served, has been volunteerism, in essence, getting

some of our 700 members interested and caring enough to turn up at monthly meetings of Chapter 2/ Buncombe County DAV.

We meet on the first Tuesday of every month. Besides attendance, supporting us means a willingness to volunteer your skills in such areas as webmaster, running for various officer positions, and dispensing information by phone, etc. No matter your interests and skills, there's a position for you to volunteer, because we help ourselves by helping each other. **So come join our team!** ♦

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“Life's most persistent and urgent question is, what are you doing for others?”

-Dr. Martin Luther King, J



Andrew Clark

One Veteran's Struggle with
Traumatic Brain Injury (T.B.I.)

By Louis E. Bryan

• ***Where were you stationed in the U.S., and during what years?***

I was stationed at Malmstrom Air Force base in Great Falls, Montana from 2001 to 2002. Following my service in Iraq, I was then reassigned to Moody Air Force Base in Valdosta, Georgia, where I was honorably in 2005.

• ***When and where were you stationed in Iraq, also, what was your assignment?***

From Malmstrom, I was first deployed in 2003 to Tallil Air Force Base, which is located about 192 miles southeast of Baghdad, and 12 miles southwest of the city of Nasiriya. I was then re-deployed to Bagdad in 2004, assigned both times with the 822 nd Security Forces squadron. In the Green Zone, which was a heavily protected area about 4 square miles in area, surrounded by blast walls, T-walls, and barbed-wire, our main duty was to protect Baghdad International Airport. We acted air base ground defense, patrols, and overall security. I was a 240 Gunnar.

• ***In what type of environment did you serve during your deployments?***

The weather was always intensely hot, averaging 120 degrees. Fine particle of sand, also, windstorms, along with bacteria, fungus, and all kinds of pollution were always in the air. We would wear protective gear over our faces-goggles, glasses, scarfs, gas masks, etc. I wore a ski mask with protective glasses. We finally just got used to it all.

Even though we were stationed in a secured area of Baghdad, it was still pretty common for insurgents to fire mortars and rockets into the Green Zone.

Luckily, casualties were low.

• ***How did constant exposure to those conditions affect your health?***

During my first deployment in 2003, food, water, and other needed supplies were limited. Bottles of water were strictly rationed, which made it difficult to stay hydrated.

Continual bouts of diarrhea were

“Bottles of water were strictly rationed, which made it difficult to stay hydrated.”

common. During my second deployment in 2004, we were constantly being exposed to blasts from incoming mortar rounds both inside the Green Zone, outside its walls, and from nearby explosions whenever we went on security patrols to other regions in Iraq, also, to Kuwait.

Luckily, most detonating blasts landed in open areas that were far enough away so that none of was directly affected. Still, my continual exposure to blast waves during both deployments had a delayed and cumulative affect once I returned stateside, then discharged. Steadily worsening symptoms of T.B.I., mainly, seizures, memory loss, and cognitive problems, were misdiagnosed, first, as epilepsy. I was once a skilled Service Officer, helping other veterans apply for their benefits. But I finally had to stop due to stating symptoms of TB.I.

About a year or so ago, I had to step down as Commander of the Buncombe County DAV. Now I act mainly as an advisor. Despite increasing symptoms, I still feel blessed, because others who served in the same location are

suffering from symptoms of T.B.I worse than mine.

That's why I want to emphasize how important it is that those veterans who've served in any combat zone, as far back as the Korean War, and who were exposed to constant, concussive explosions need to tell their doctors about any and all symptoms they feel are related to Traumatic Brain Injury. Let your primary care physicians know how long those conditions have existed, and their severity. Because, while the VA is finally starting to address T.B.I, it still has a long way to go in terms of overall recognition, treatment, hiring qualified medical specialists, and, ultimately, in allowing veterans to apply for their rightful benefits based on diagnoses of T.B.I.

• ***When did you start showing signs of Traumatic Brain Injury?*** Symptoms first started appearing in August of 2004 as grand ma/ seizures. At that time, I was enrolled in leadership school. One day I started feeling unusually tired while working out at the gym. Suddenly I went into a seizure. Five hours later I woke up in the Emergency Room.

- ***How did accompanying symptoms of Traumatic Brain Injury impact your daily life?***

After undergoing an M.R.I., the result was an abnormal reading. Back then, since little was known about it, there was no reference to T.B.I. So, as I said before, they diagnosed me as having epilepsy. That led to my orders for deployment to Iraq for a third tour being canceled. I was also told that my condition meant I couldn't drive. I was eventually sent home to Asheville on medical leave. I spent my remaining months of duty stateside.

- ***How or in what ways did the symptoms of Traumatic Brain Injury begin to increase?***

Over the past twelve-year period my symptoms, especially epileptic-type seizures, have steadily increased both in frequency and intensity. This requires continually changing and adjusting my medication.

- ***Who helped you in your attempts to bring T.B.I. to the attention of the V.A. Medical Center in terms of receiving your disability benefits?***

When I was in the 1.C.U. in 2011 or 12 I had 12 doctors, neurologists, in

particular, finally diagnosed and identified my symptoms as those of Traumatic Brain Injury. Back in 2005 and 2006, they were just starting to test veterans for T.B.I. That's also when Polytrauma Units were being set up to start actually dealing with T.B.I. It was 5 years later that I was officially diagnosed with Traumatic Brain Injury. By then I was having as many as 40 petite-small-- epileptic seizures a day. That was when my VA psychologist, Dr. Purvis, suggested I start keeping a daily journal so I could keep track of my seizures, also, to also write down how I was feeling physically, mentally, and emotionally.

He then helped by referring me to the right people, and they guided me through the process of getting my Traumatic Brain Injury correctly diagnosed. At that time I was also referred to a Service Officer, who began acting as my liaison with the Veterans Affairs Department, and helping me with my disability benefits.

- ***Was the process of getting your Traumatic Brain Injury diagnosed and recognized by the Veterans Affairs Department a difficult one? If so, in what ways?***

It was definitely, a long, stressful, and frustrating process. It was my neurologist, Dr. Dostrow, who was my breakthrough physician. He correctly diagnosed my symptoms as being Traumatic Brain Injury. He also educated me about my illness, including giving me books about T.B.I. so I could use my knowledge to accurately communicate my illness.

By then, because my seizures had increased to as many as 40 a day, I could identify what types they were. By then, the symptoms of my type of T.B.I. were seriously affecting my mental, emotional, and physical health.

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• ***When did you finally start receiving your rightful benefits?***

I waited 5 years before I started receiving my benefits. That was in the Fall of 2013. My applications for benefits had been denied twice. By the time I'd been clinically diagnosed with Traumatic Brain Injury TBI, the VA had started to officially recognize then classify Traumatic Brain Injury as a service-related, medical illness. This allowed the VA to give my condition an accurate and appropriate rating.



Andrew Clark, Adjacent Officer/Bumcombe County

• ***What type of care have you been getting from VA Medical Centers since then?***

I get a routine, annual physical. I see my primary care physician, also, specialty clinics as needed. The Emergency Room is ready to treat me on a 24-hours basis. I also see a neurologist and seizure specialist regularly—at least I used to. For over

a year now, mental health services haven't been able to provide the type of help I need. I'm hoping I'll be able to get approval to use outside facilities on a fee-paid basis. So far, I haven't gotten any word as to whether the VA is willing to pay for my getting private treatment for mental health.

• ***Do you feel the doctors you saw were qualified to treat Traumatic Brain Injury?***

I've been fortunate in that the Charles George VA Medical Center now has a top neurologist team, especially my own physician, Dr. Dostrow. He basically kept me alive. So I owe him my life.

• ***What are your current symptoms of Traumatic Brain Injury?***

I can't answer that question, specifically, because of the complexity of the symptoms. Since mine are all neurological the symptoms affect me mentally, emotionally, and physically. That makes it's hard for me differentiate one from another, or even to know what my limitations are from one day to another. I can tell you what's currently being done, which is to treat the residual effects of T.B.I.,

in particular, memory loss. That's one of the major symptoms that set's my limitations. So I have to rely on what I call my muscle memory, which is the part that I can access almost automatically. The new medications should help lessen the severity of my migraines, bouts of extreme confusion, and to minimize my focal or partial seizures.

• ***What is the Veteran Affairs Department's current medical assessment of your condition and its capacity to treat Traumatic Brain Injury?***

Well, what I do know is that the VA is still researching the complexities of T.B.I. For instance, I've taken numerous memory tests. I also took tests for extreme vertigo at Mountain Home VA Medical Center, which is just outside Johnson City, Tennessee. Their research involves the level of interactions or causations between T.B.I and vertigo.

• ***What are your own feelings about how you've been assessed by the Department of Veterans Affairs?***

I think the VA has come a long way in terms of identifying Traumatic Brain Injury, and developing

18 methods of treatment. The Caregiver Program has played a crucial part in helping veterans deal with T.B.I and as part of treatment. The down side is its limited availability to those veterans who served after 9/11. I'm hoping the program will be expanded, because, speaking from experience, I know that the Caregiver Program's major benefit is that it improves the veteran's overall quality of life, mainly by allowing for a much greater degree of independence. Though the caregivers are given a stipend, the program reduces the comprehensive cost of care by lowering the number of times the veterans has to be admitted to the hospital. I feel the healing process is better able to continue the longer a veterans is able spend uninterrupted time at home.

The caregiver, who can be a spouse, relative, friend, or a hired companion, has to go through training course online. They are then evaluated by a social worker. A visiting nurse comes to the veteran's house every 90 days as a follow-up to check on how well he or she is being provide for by the caregiver. They can be live-in, or tailor their

presence according to the veteran's needs, as well as, the severity of their T.B.I. My caregiver lives at) my house and puts in 40 plus hours a week helping me with daily tasks. Parents and certain relatives take up any slack that's required.

• ***Have you been satisfied with the broad scale quality of care you've been getting from VA Department's healthcare system?***

Yes. Up until the past year, the care I've been getting has been incredible. I've been fortunate to be a patient at one of the top VA medical centers in the country. On the other hand, the quality of care is now on a steady downslide due to and continues to be undermined by budget cut-backs in Washington. Congress is creating an underfunding situation by slashing away at the budget throughout the entire VA Department. On a personal level, that means my VA medical center is unable to keep providing me with adequate care, which includes getting necessary appointments with my mental healthcare and neurological teams. Now it takes anywhere from 2 weeks to 3 months in between visits. That's due to 50% understaffing,

which is a result of underfunding. As far as I can see, there's no hiring policy for staff replacements anywhere on the horizon.

• ***Are the medications you're presently taking helping to minimize the effects of Traumatic Brain Injury?***

They're helping in varying degrees. All of my medications have their various side-effects. Some bring on migraines, affect my cognitive abilities, create confusion, and can even bring on those epileptic-type seizures that have been symptoms of my T.B.I. Some medications start losing their effectiveness over a period of time. So I'm given new medications to take on a trial-and-error treatment basis. Now my caregiver is more important than ever in terms of helping me keep my quality of life in place, and just living my life on a daily basis.

• ***What changes do you feel needs to be made by the Department of Veterans Affairs?***

Funding is definitely at the top of the list. Because money is what's needed to provide an appropriately qualified T.B.I. staff to treat the growing numbers of veterans,

who are finally being diagnosed as having symptoms of service-related Traumatic Brain Injury, then relating and attributing T.B.I to Post-Traumatic Stress Disorder.

The most important change that needs to be made is for the VA's medical and psychiatric establishment to quit dragging its feet or turning a blind eye to Traumatic Brain Injury. They need to recognize then provide required care for veterans suffering from T.B.I., including referrals to local, private facilities through the Choice Program, which, to my knowledge, has yet to make any T.B.I. referrals. In my opinion, this is due, in part, to a lack of T.B.I. specialists, also, the long process of making payments to those small numbers of physicians who are actually qualified to treat T.B.I. It's a bureaucratic hassle for them to retrieve their medical fees.

So, in terms of needed changes, the VA has to, first, expand not keep cutting its budget, in turn, that will provide for sufficient, T.B.I. specialists, adequate facility space, and limiting opioid use as a stopgap means of treating T.B.I., rather than creating an effective T.B.I. management program.

Not to over-emphasize the importance of money, which I don't believe is possible; funding has to include paying for private, medical facilities to treat T.B.I., which will reduce the waiting period for treatment. And not to overlook the difficult but so obvious, the VA needs increase the hours during which VA medical centers remain open. That can't be done by over-working already understaffed personnel. This all requires a systemic change within the VA Department itself. Difficult-yes. Impossible-no, not if those in positions of power would be willing to transform their lofty words honoring veterans into concrete action. The VA also needs to openly acknowledge that a serious problem exists. It's a matter of recognizing that systemic change has to start with actual caring. Caring for and about those men and women who have served their country well. ◇

Traumatic Brain Injury is a signature injury in Veterans returning from the conflicts in Iraq and Afghanistan, and the VA is proud to be an organization

that sets the bar high for supporting these, and all, Veterans, said former Veterans Affairs Secretary, Robert McDonald. Providing support for Veterans suffering from a TBI is a priority and a privilege, and we must make certain they receive a just and fair rating for their disabilities.

Post-9/11 veterans who have returned from any number of deployments are gradually being diagnosed with Traumatic Brain Injury. Levels range from mild, moderate, to severe, all forms having increased mental, emotional, and physical impact upon the lives of service members. Mild (mTBI), called concussive, is the most common condition. According to 2001-2016 studies completed by the Defense Health Agency, 276,858 veterans were diagnosed with TBI. Due to often delayed manifestation and subsequent reporting of symptoms by those wounded, any count becomes a variable one. With research lagging behind treatment, detection and categorization of the various types of TBI have resulted in both confusion and misinformation.

More importantly, veterans exhibiting symptoms of TBI have

been, and are continuing to be misdiagnosed as having mental problems, mainly, Post-Traumatic Stress Disorder, which can be a factor, or other disabling conditions. Misdiagnosing TBI is due to physicians who are unqualified to recognize its pathology. The Department of Veterans Affairs has already specified those medical specialists qualified to diagnose TBI. Those physicians are psychiatrists, physiatrists, neurologists, and neurosurgeons. “It sounds like they are trying to do the right thing,” said, Dan Karnes, president of the Roanoke Valley Veterans Council, but everything is changing so much with what they are learning about traumatic brain injuries.

Whenever the head is hit or shaken, a concussion or closed head injury occurs. A penetrating injury to the brain is, by its nature, a major wound. Primary causes of veterans who show signs of Traumatic Brain Injury are improvised explosive devices (I.E.D.’s), consecutive exposure to blast waves, mortar rounds, personal firing of weaponry, gunfire injury above the neck (penetrating wound), and vehicular collision and/or rollover.

Symptoms of TBI can appear any time after deployments. Associated signs of mild/concussive mild Traumatic Brain Injury (mTBI) are confusion, headaches, dizziness, cognitive difficulties, and anger/irritability. Also, a veteran exhibiting dangerous, reckless, or destructive behavior may be suffering from TBI. Addressing this growing medical issue, Dr. Victor Dostrow, neurologist at Charles George VA Medical Center in Asheville, North Carolina says, “As there are often no outward signs of wounds, Traumatic Brain Injury is considered an “invisible” injury. Recognition, better access to treatment, and more education of families, friends, and the public, in general, will help improve the lives of veterans living with the debilitating consequences of TBI.

Contact your VA primary care physician or personal doctor if you are a veteran of the Iraq and Afghanistan Wars, or the Persian Gulf and Vietnam Wars, who is currently experiencing symptoms of Traumatic Brain Injury, and feel that you were misdiagnosed, wrongly evaluated, or a service member who has never been diagnosed.

Make pot legal for veterans with Traumatic Brain Injury

22 *By Thomas James Brennan*

The explosion that wounded me during a Taliban ambush in Afghanistan in 2010 left me with a traumatic brain injury and post-traumatic stress. In 2012 I was medically retired from the Marine Corps because of debilitating migraines, vertigo and crippling depression. After a nine-year career, I sought care from the Department of Veterans Affairs.

At first, I didn't object to the pills that arrived by mail: antidepressants, sedatives, amphetamines and mood stabilizers. Stuff to wake me up. Stuff to put me down. Stuff to keep me calm. Stuff to rile me up. Stuff to numb me from the effects of my wars as an infantryman in Iraq and Afghanistan. Stuff to numb me from the world all around.

The T.B.I. brings on almost daily migraines, and when they come, it's as if the blast wave from the explosion in Afghanistan is still reverberating through my brain, shooting fresh bolts of pain through my skull, once again leaving me incapacitated. Initially the prescriptions helped — as they do for many veterans. But when I continued to feel bad, the answers from my doctors were always the same: more pills. And higher dosages. And more pills to counteract the side effects of those higher dosages. Yet none of them quite worked.

One thing did. In 2013, a friend rolled a joint and handed it to me, urging me to smoke it later. It will relieve your symptoms, he promised. That night I anxiously paced around my empty house. I hesitated to light it up because I'd always bought into the theory of weed as a "gateway drug." But after a few tokes, I stretched out and fell asleep. I slept 10 hours instead of my usual five or six. I woke up feeling energized and well rested. I didn't have nightmares or remember tossing or turning throughout the night, as I usually did. I was, as the comedian Katt Williams puts it, "hungry, happy, sleepy."

With the help of my civilian psychiatrist, I began trading my pill bottles for pipes and papers. I also began to feel less numb. I started to smile more often. I thought I had found a miracle drug. There was just one problem: That drug was illegal.

In 21 states, including North Carolina, where I live, any use of marijuana is forbidden under state law. The current punishments for those who possess or cultivate cannabis — even for medical purposes — may include a felony conviction and imprisonment, loss of child custody and permanent damage to their livelihood. The V.A. encourages veterans to discuss their cannabis use with their doctors, but because cannabis is also prohibited under federal law, the V.A. cannot prescribe it in any form — thereby denying countless veterans relief to many mental health symptoms and other service-connected disabilities.

The medical benefits of marijuana for the more than 360,000 post-Sept. 11 veterans who have brain injuries are not universally recognized. (As many as one in five veterans are thought to have post-traumatic stress.) But medical



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Sgt. Thomas James Brennan after sustaining a concussion from a rocket-propelled grenade explosion during a battle against Taliban insurgents in southern Afghanistan in 2010. Credit Finbarr O'Reilly/Reuters

experts like Dr. Frank Ochberg, a psychiatrist and former associate director of the National Institute of Mental Health, believe that “medical marijuana absolutely belongs in the pharmacy for post-traumatic stress and brain injury treatment.” The V.A., Dr. Ochberg said, “is failing veterans by not making cannabis a treatment option.”

In recent years, the V.A. has worked to reduce the number of opioids prescribed to veterans

and increase the promotion of alternative therapies such as yoga and mindfulness, and it has made significant improvements in access to health care. Dr. David Shulkin, the V.A. secretary, has publicly supported the evaluation of emerging cannabis research, acknowledging that patients may benefit from marijuana use. But the department is prohibited from prescribing medical cannabis for veterans even in states where it is legal. (In those states, veterans can get prescriptions from private

doctors, but at their own expense.) Most of the major veterans groups, including the American Legion, Iraq and Afghanistan Veterans of America, Veterans of Foreign Wars and Disabled American Veterans, support regulated research into the medical uses of cannabis. But the research is slow in coming: Since 1968, the University of Mississippi has been home to the only licensed facility to produce cannabis for clinical research. In March it was reported that the university's cannabis was contaminated with lead, yeast and mold — substances that jeopardize research efficacy and patient safety.

What I know is that it works for me. If I hadn't begun self-medicating with it, I would have killed myself. The relief isn't immediate. It doesn't make the pain disappear. But it's the only thing that takes the sharpest edges off my symptoms. Because of cannabis, I'm more hopeful, less woeful. My relationship with my wife is improving. My daughter and I are growing closer. My past is easier to remember and talk about. My mind is less clouded. More than anything, it feels good to feel again. My migraines and depression don't

control my life. Neither do pills.

But I live in fear that I will be arrested purchasing an illegal drug. I want safe, regulated medical cannabis to be a treatment option. Just like the sedatives and amphetamines the V.A. used to send me by mail. And the opioids they still send to my friends. ◇

**This op-ed article was originally publish on NYTimes.com on September 1, 2017.*

Thomas James Brennan, a former sergeant in the Marine Corps, is the founder of The War Horse, a veterans' news site, and a co-author of "Shooting Ghosts: A U.S. Marine, a Combat Photographer, and Their Journey Back from War."

DAV Benefits Protection Team

Protecting our Benefits Begins With You

Please join DAV's dedicated grassroots supporters and help protect veterans' benefits! Your involvement will increase our effectiveness in advocating for ill and injured veterans, their families, and survivors – and will unify and solidify DAV's message across the nation.

We need your help in communicating DAV's legislative priorities to Congress, the media and the general public. Given the volatility of the current political environment – it is an important time to strengthen advocacy efforts so the much talked about reform of VA's health care system is done in the best interest of veterans, existing benefits are protected, and future benefits are developed in line with what matters to those who have served.

Our success in pushing for and seeing legislative changes in Washington remains dependent on the continued strength of our nationwide grassroots movement. Now is the time to become proactive,

and now is the time to prepare – before others decide it is a good idea to dismantle the VA or take away hard-earned benefits and services from those who have served and sacrificed for this country. We are all responsible to help ensure that our government does not go back on its promises to our nation's veterans and their families.

Remember, protecting our benefits begins with you.

For more, visit:

dav.org/dav-benefits-protection-team/

BTC Brief

Budget & Tax Center, a project of NC Justice Center

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» NC needs good public policy choices to support its veterans and service members

Policymakers need to keep North Carolina a military-friendly state by addressing joblessness, hunger, homelessness and health care issues for our service members, veterans and their families.

By William Munn and Luis Toledo

North Carolina is home to at least 775,000 veterans¹ and 129,000 active duty personnel.² As nearly a tenth of the state population, our active duty members, veterans and their families are extremely important to the fabric of our society. Their backgrounds from all of over the world inject a vibrant culture throughout the state.

In terms of economic impact to North Carolina, the total value of goods and services (GDP) associated with the federal military in North Carolina was \$11.1 billion dollars in 2015. In all, veterans and our state's military have a \$66 billion economic impact on the state.³

North Carolina is committed to being a military-friendly state, which is why it is important that proper policy is applied to the quality of life of veterans. Thousands of North Carolina veterans struggle daily with unemployment, homelessness, hunger and the lack of health insurance. Calling attention to these shortcomings and addressing them with sound public policy is the best salute we can offer to our heroes.

After serving, many rural veterans are finding it harder to find employment.

There are approximately 18,000 unemployed veterans in North Carolina according to the Bureau of Labor Statistics, which corresponds to a rate of 4.5 percent.⁴ While this is an improvement from recent years, many veterans living in rural counties with higher than average unemployment are finding it difficult to secure jobs. If a veteran decides to return home to a county that is not Durham, Mecklenburg, Forsyth, Guilford and Wake (or in its commuting zone), then it is likely finding a job is much more difficult. Seventy-eight percent of new jobs in North Carolina were created in urban and suburban counties since 2009, leaving far fewer prospects for veterans choosing to live in rural parts of the state.

Additionally, as more public sector jobs disappear as a result of state and federal budget cuts, veterans transitioning into the civilian workforce may face greater challenges.

National data shows that since 9/11, veterans are twice as likely to work in the public sector as non-veterans.

To create more opportunities to connect veterans to employment, investments in skills training and workforce development must be committed and maintained. While expanding the provision of tuition free community college education to veterans is a good first step, ensuring that the curriculums are aligned with industry demands is a necessary second. In order to position veterans for long term sustainable careers in this evolving economy, it is also critical that the



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state focus on proven job creation strategies that support good, quality job availability in every county.

No veteran should be without a place to call home, yet homelessness is still a problem in NC

Veterans represent 12 percent of North Carolina's adult homeless population. While the size of North Carolina's homeless veteran population reached a record low (888) in 2016, the numbers continue to remain stagnant when assessed over time.⁵ Over the past nine years, the number of homeless veterans in NC has ranged from 888 to 1,413-- an average of 1,105 a year-- according to point-in-time counts.

2016 figures show that 82 percent of homeless veterans were sleeping in emergency shelters or transitional housing.⁶ Furthermore, 82 percent of the state's homeless veteran population was concentrated in urban areas. Buncombe County had the most homeless veterans (22 percent of all homeless veterans in the state), while Mecklenburg County had the second-largest homeless veteran

population (17 percent). Five other counties (Cumberland, Durham, Forsyth, Guilford, and Wake) had homeless veteran populations that ranged from 5 to 9 percent. Increasing access to affordable housing is critically needed in the state. Currently, over half a million NC households pay more than half of their income on housing. This challenge must be solved in order to combat homelessness. Additionally, the state policymakers must do more for veterans and the military community, such as promoting and partnering with HUD and VA programs that aim to help veterans who are homeless and their families find and sustain permanent housing.

The VA has documented various success stories due to programs combating homelessness among veterans, such as⁷ programs that deliver housing vouchers to veterans, alongside supportive services such as case management and referrals to job training and health care, as well as temporary and transitional housing for homeless veterans that includes access to health care and counseling.

Veterans and military families are at risk of going hungry

Hunger in America is a real issue, particularly for veterans and service members. Across the country, nearly 1.5 million veterans are at-risk of becoming homeless and going hungry. This is a great challenge for North Carolina, given that 10 percent of the population consists of veterans and active-duty service members and that the state has the 8th highest rate of food insecurity in the nation.⁸

One in five households served by food banks nationally have at least one family member who has served in the military, according to Feeding America's Hunger In America 2014 study.⁹ Furthermore, more than 130,000 veterans are homeless and hungry on any given night in the United States, according to Feed Our Vets, a nonprofit organization dedicated to fighting veteran hunger.

A 2016 report from the Government Accountability Office found that active-duty service members do need food assistance, however, the extent of hunger issues is not fully known as the Department of Defense does not currently track how many

military families are going hungry (i.e., the number of active-duty service members who are using food assistance programs, such as SNAP and WIC).¹⁰ The report points out that SNAP was used by about 23,000 service members during 2013.

In North Carolina, policymakers continue to make the wrong choices for people like our veterans and their families who don't have enough to eat. For example, they voluntarily reinstated a harsh federal law in 2016 requiring a three-month time limit on SNAP for nondisabled, childless adults statewide--including jobless veterans--even though part of the state could have been exempt.¹¹ And now, with the state facing uncertainty with federal funding of programs like SNAP, lawmakers are pursuing tax cuts for the wealthy and profitable corporations instead of preparing for funding cuts.

Veterans with serious needs are facing a health insurance coverage gap

There is a misconception among many North Carolinians. Many believe that if a veteran served one day of military service that they are entitled to health care

benefits through the Department of Veteran Affairs (VA). This is not true. According to the VA a veteran must have satisfied minimum duty requirement and not received a dishonorable discharge to be eligible for VA health benefits. There are 30,000 uninsured veterans and an additional 23,000 spouses and children of these veterans who are also uninsured.¹²

Veterans who return to the more remote regions of the state are at a clear disadvantage in receiving their VA health benefits. There are only a couple of large scale VA medical centers nestled in urban areas and some overcrowded regional outpatient clinics. For many higher ranking military retirees who have access to alternate forms of health care, VA medical care is refused due its inaccessibility. For veterans without such options, or those living in rural North Carolina where the closest VA facility is more than an hour away, health care access simply becomes nonexistent. Many veterans experience inordinate wait times and subpar care when seen as a function of an overburdened system. These veterans who do not have additional insurance are left in the cold after

years of strenuous service. The state could solve these challenges by increasing Medicaid and assistance gap coverage to extend health insurance to nearly 80 percent of North Carolina's uninsured veterans. Many veterans who were discharged due to complications with PTSD could finally have access to the mental

health treatment they need. As there are 54,000 In North Carolina who are currently covered by Medicaid, current efforts to cut or limit services in Medicaid is unhelpful.¹³ If successful, 1.75 million veterans nationally who have no other source of health care coverage would be weakened. ◇

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Veteran suicide numbers in NC soar above national average

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By Alexandria Bordas

Veterans Affairs Secretary David Shulkin plans to lower the veteran suicide rate — but the bulk of the problem happens outside of the VA system.

Veterans in North Carolina committed suicide at a rate comparable with that of veterans nationwide in 2014 but at a rate more than double that of the generation population, according to a newly updated report.

The U.S. Department of Veterans Affairs recorded 249 veteran suicide deaths in North Carolina in 2014, more than double the number of veteran suicides reported in the same year in neighboring South Carolina.

The state-by-state veteran suicide data was released last year, updated again in 2017 and re-released in September. It represents the largest report ever compiled on veteran suicides.

The VA examined veteran suicides over the course of 35 years, beginning in 1979, to better understand suicide trends across the nation.

"There is a lot of stigma about mental illness and suicide, especially in regards to military culture," said Dr. Craig Martin, chief medical officer for Vaya Health, a mental health service provider in Buncombe County. Martin previously worked for the VA in New England.

In North Carolina, the veteran suicide rate was 37 per 100,000 in 2014, according to the report, versus a national suicide average of 17 per 100,000 people.

Although Martin said the high rate is not unusual, he said he is concerned with an increase in female veteran suicides. The female veteran suicide rate jumped from 14.4 to 17.3 in one year, from 2013-14, according to the VA. Nationally, women comprise the fastest-growing veteran sub-population, according to the VA Office of Suicide Prevention.

"Females who have had sexual trauma are more at risk and overall their numbers are increasing - and quickly," Martin said. Another standout number in the data report was the percentage of veteran suicides by firearms in North Carolina, which is nearly 70 percent. The national suicide rate by firearms is 50.2 percent.

The Charles George VA in Asheville has been taking steps to address the high percentage of veterans deaths by firearms by providing free gun locks to veterans and educating veterans on gun safety.

"We encourage things that have proven to be deterrents like offsite storage, locking the guns at home and having someone else hold the keys or change the combination," said Armenthis Lester from the public affairs office at the Charles George VA in Asheville.

Martin emphasized that despite recent VA efforts, medical practitioners across the nation need to spend more time focusing on the emotional trauma of veterans to reduce the stigma when it comes to getting help.

Especially for people thinking of committing suicide, he added. "Oftentimes, combat veterans who have experienced physical as well as emotional trauma no longer respond the way they wish they did before going to war," Martin said.

The VA in Asheville has seen a gradual decrease in suicide numbers by veterans who have started to utilize their services, the public affairs office said.

Veterans are increasingly using a Veterans Crisis Line Expansion, which the VA said has seen a 30 percent increase since this same time last year.

The Charles George VA has also implemented a new program that identifies and provides outreach to veterans who are at risk for an adverse event, such as a suicide attempt.

But at the national level, the VA has been struggling. The VA has recently come under scrutiny for failing to fill 49,000 open vacancies at VA hospitals across the nation.

A rally took place at the Charles George VA earlier this month to call attention to long wait times and lack of support that ralliers said have forced veterans to seek outside medical care.

In August, President Donald Trump signed a \$3.9 billion funding bill to save the nearly bankrupt Choice Program, which is a temporary benefit that allows eligible veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility, according to the Department of Veterans Affairs.

Backlash has come from veterans organizations that claim the bill prioritizes privatized care as opposed to increasing VA staff.

"It's proven to be better for veterans to be treated by someone who knows exactly what they went through," Martin said.

A high number of medical providers at VA hospitals are veterans, the VA reports.

Martin noticed over the years that veterans surviving a suicide attempt were grateful for a second chance.

"Having gone to ICUs and talked to these guys who survived their own gunshot wounds, they told me they were not thinking rationally at the time," Martin said. "They told me they weren't thinking about the impact it would have had on their family."

The VA states that 20 veterans die per day from suicide. Out of those 20 deaths, an average of six veterans seek treatment from the VA before they commit suicide.

Although Martin recognizes the lengths the VA has gone to openly address suicide, he said he feels a lot more needs to be done in order to see a reverse trend in veteran suicide numbers - starting with education before deployment.

"I worked with a Marine who was suicidal who told me he joined the Marines to change the world," Martin said.

Instead, the Marine told Martin that after returning home the world had changed him.

"It chokes me up just thinking about it because this marine had never been exposed to violence before he went into combat," Martin said. "The things he saw and experienced were totally outside his scope of preparedness to endure."

There was no discussion around how to manage the things they had seen, Martin said.

"We need to continue to promote individual, person-centric care and look for warning signs way before something happens," Martin said. "They deserve the best type of treatment."◇

**This article was originally published on CitizenTimes.com on October 20, 2017.*

Serving those who served

An Interview with NCServes
Network Director, Brandon Wilson

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By Louis E. Bryan

On August 3, 2017, Dr. Dennis King, President of A-B Tech College, in Asheville, North Carolina, hosted a pivotal event at the school's Ferguson Auditorium. The program saw the coordinating kick-off between Asheville Community Christian Ministry's (A BCCM), Veterans Services of the Carolinas and NCServes – Western, a branch of national organization, AmericaServes, and which connects transitioning service members, veterans and their families to those agencies and organizations able to provides necessities such as housing, employment, legal aid, etc. Keynote speaker, Brandon Wilson, Western Network Director of NCServes spoke to those needs in the following interview.

• ***Could you tell me a bit about your background, place of birth, education, other positions you've held?***

I'm a western North Carolina native, born and raised in Brevard, North Carolina. Though I lived there for many years, I now live in Waynesville with my wife, Sara, and our two daughters, Daisy and Anna. High school education.

• ***When, where, and in what branch of the service did serve?***

I spent eight years in the Marines. Saw combat during deployment to Iraq as part of Operation Iraqi Freedom.

• ***In what ways will networking and coordination between ABCCM and NCServes – Western benefit the nearly 20,000 veterans living in Buncombe County?***

Well, I think a bit of background about NCServes – Western will give you a wider view of what role we'll play in terms of helping veterans, service members and their families. NCServes is part of larger organization, AmericaServes, which

was created back in New York City in October, 2013 to finally address the needs of those men and women who had served, or were still serving their country. In particular, they desperately needed assistance to navigate their way through the complex network of benefits and resources available to them, also, to make connecting to all those various providers faster, more efficient, and individually tailored. So what resulted was the bringing together, in New York City, of various civic-minded private, public, and nonprofit leaders willing to tackle this predicament, with technology playing a major part in doing so. It was during this process, with technology playing a major part that the Institute for Veterans and Military Family AmericaServes came into being. IVMF is headquartered at Syracuse University, where the man instrumental is creating, AmericaServes, retired Colonel, James D. McDonough, is IVMF's Managing Director of Programs and Services.

AmericaServes now has 12 networks, which brings us back to NCServes – Western. Our joint venture with Asheville Buncombe County Christian Ministry, which had its official kick-off at A-B Tech

on August 3rd of this year, will align their Veterans Services of the Carolinas with our augmenting presence forming a team with ABCCM. This will mean an expansion of services to Buncombe County's veteran community as well as the other twenty-five counties in Western North Carolina. Our part will be basically that of a referral service by providing access information to veterans, active services members and their families to those agencies and organizations that and provide health care, job training, legal advice, housing, education, and financial counseling. They can avail themselves of NCServes – Western's services regardless of age, era, and branch served, or discharge status.

As does ABCCM, we help anyone no matter their age, sex, race, or sexual orientation.

• ***How, when, and why did you become involved with Asheville Buncombe County Christian Ministry?***

I became involved with ABCCM eight months ago. After deciding in favor of its feasibility in terms of location,

NCServes chose and was starting to build this new project and initiative in western North Carolina. The process involved our meeting with and subsequent strategy sessions with veterans, stakeholders in the community, and various providers within the community.

We then got a \$450,000 grant from Walmart Foundation as funding for a joint project between NCServes – Western. My work history has been at both a macro level and boots-on-the-ground experience. I've worked with the North Carolina Department of Veterans Affairs as Regional Veterans Service Officer, Deputy Director of Division of Veterans Affairs State Training Coordinator, and have served on various local, State, and national Veterans Affairs committees and sub-committees.

So shortly after NCServes was awarded a Walmart grant, I got a call from Mr. James McDonough, head of the Institute of Veterans and Military Families, offering me position of Network Director. Needless to say, I jumped at the chance.

• ***How or what do you see your role in this new venture?***

What's going to be most rewarding for me is make landscape easier for veterans and their family members to access all the resources that we have here, from non-profits, to local, to state, to federal benefits. And to help ensure that I and NCServes – Western put 110% into providing for the needs of the veteran community. ◇

*Those members and families in need of assistance can access further information online at americaserves.org, or call 1-855-962-8387. If you don't have a computer, NCServes – Western has dedicated a computer kiosk for veterans, active service and military families at **Pack Memorial Library, 67 Haywood Street, Asheville, NC 28801** 1-828-250-4700*

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Pictured above: John Rakes, *Director of Veterans Services of the Carolinas*, Brandon Wilson, *Network Director of NCServes Western*, Ilario Pantano, *Senior Director Community Services, IVME*, Emily Wheeler, *Care Coordinator NCServes Western*, Jessica Rice, *Intake Specialist NCServes Western*, Rev. Scott Rogers, *Executive Officer ABCCM*, Matt Feldhaus, *Program Manager IVME*

Serving those who served — Part II —

An Interview with Director of Veterans Services of
the Carolinas, John Rakes.

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By Louis E. Bryan

Now allied with NCServes – Western, Asheville Buncombe County Christian Ministry will be expanding its services to those veterans living in the 26 counties already served by ABCCM’s Veterans Services of the Carolinas.

VSC will handle daily management of NCServes – Western.

It was a summery day in Asheville, on September 17, when I interviewed, John Rakes, young Director of Veterans Services of the Carolinas, in his contiguous office space, located in the rear of ABCCM’s one-story office building.

• *What is your position and what does it entail?*

Several programs fall into my being SVC's Director. One is to provide supportive services to veterans' families, using funds administered to us through a Veterans Affairs grant. That money allows for the rapid re-housing of veterans and their families, also, to help those in imminent risk of becoming homeless. During the last grant year we served 278 families, resulting in a 95% success rate in terms of permanent housing placement.

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The second program is Homeless Veterans Reintegration Program, which is funded by the Department of Labor. HVRP provides short-term training and support as a means of getting veterans employed and, eventually, on a career path so that will allow them to sustain an independent lifestyle.

Last year we served 117 veterans within the program, placing 101 them in positions paying a starting wage of \$10.50 an hour, with opportunities for both advancement and higher salaries.

• *Who and what was the impetus behind Asheville Buncombe County Christian Ministry's formation of Veterans Services of the Carolinas?*

Back in 2014, the Veterans Affairs Supportive Services for Veterans Families and Homeless Veterans Reintegration Program were operating as separate entities, with no interaction between the two agencies. Each had separate Directors and staff. So it became self-evident that since HVRP's basic mission was helping veterans become gainfully employed, while VSSF's concern was ensuring housing for veterans and their families, that they could be far more effective and efficient by combining their efforts through interconnection. Once made, that linkage enabled case managers from both agencies to be trained to handle both service groups.

That, in turn, resulted in streamlining assistance wherein veterans required only one case manager rather than two, and the ability to better serve veterans living in all of the 26 counties comprising Western North Carolina.

• **Who heads Asheville Buncombe County Christian Ministry?**

Reverend Scott Rogers has been Executive Director of ABCCM for the past 37 years. Starting out as a small alliance of churches in 1969, ABCCM evolved into one of the major non-profits organizations tackling the issues of hunger, poverty, homelessness, and healthcare on behalf of those in need. Supported by 281 church congregations of all denominations, with over 6,000 trained volunteers, ABCCM now provides emergency assistance to more 50,000 Western North Carolina residents a year regardless of age, sex, religion, or ethnic background.

What part does religion play beyond its underpinning to veteran involvement?

One of the things I think makes ABCCM such a unique organization,

and why I'm so proud to be a part of it is that there is no proselytizing or attempts to convert. Our single purpose is to serve our neighbor in whatever capacity we can. Christ is the all-inclusive concept under which we serve. Those needing to worship Him can certainly do so. There's no pressure either way.

“Our vision is to continue to grow, (...) and to ensure that the veterans never hear the word 'no'.”

• *Is there an outreach program for those reluctant to avail themselves of new, coordinated services between ABCCM and NCServes –*

Western, that is, other ethnicities, for example, Latinos, Asians, and African Americans, also, community?

Well, the only way I can answer that question is that our demographics reflect the populations that we serve.

• *What is ABCCM's mission? And is that mission an evolving one?*

Simply put, our mission is constantly evolving, so that we can serve everyone in the name of Christ. The Board reviews our mission annually, along with those churches that are member organizations of ABCCM. They also review our purpose, adding whatever contributions they feel are relevant to our overall mission. We meet with those churches at a general assembly held 4 times a year, and which includes their various representatives, who are all knowledgeable about the inner workings of ABCCM. That information makes them fully prepared to put forth any ideas, suggestion, and contributions that serve in the evolution of our mission in terms of programs, services, etcetera.

• *What is your personal vision in regards to ABCCM's new association with NCServes – Western?*

In 2015, we first started working with NCServes Center in Charlotte, after it launched its own program called, Metrolina. We signed up with them as a provider as a means of both sending and receiving referrals

through a network already in place. It was a great experience.

We found out that through NCServes veterans were being quickly connected to needed services, and with ABCCM's coordinated efforts with them we were more easily able to navigate the complex system of resources available to veterans.

Ultimately, those made us realize the need to bring NCServes's expertise to Western North Carolina. Now that our association with them is a reality, our vision is to continue to grow, and to develop the network so that providers are able to access the right services for veterans. And to ensure that the veterans never hear the word "no." Working in tandem ABCCM and NCServes – Western will be able to identify gaps in services, bring that data to the community and, through a collaborative process, find ways to address those gaps with the goal of creating a seamless menu of services to select from, which, in turn, will meet the needs of every single veteran. ◇

Army veteran becomes first woman to lead big three veterans service organizations 45

Army veteran, daughter of Buffalo soldier becomes first African American woman to lead national veterans organization.

By Charity Edgar

NEW ORLEANS – Retired Army veteran Delphine Metcalf-Foster was elected National Commander of the nearly 1.3 million-member DAV (Disabled American Veterans) today at the organization’s 96th National Convention.

She becomes the first woman veteran, as well as African-American female, to assume the organization’s highest post. She is also the first female elected to lead one of the country’s major veterans service organizations.

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Metcalf-Foster followed in the footsteps of her father, a Buffalo soldier, by pursuing a career in the U.S. Army. Her military career included service with the U.S. Army Reserve, 689th Quartermaster Unit, 6253rd Hospital Unit and 6211th Transportation Unit, Letterman Army Medical Center. She retired after 21 years of service with the rank of first sergeant in 1996.

Metcalf-Foster was injured in January 1991 while serving in Saudi Arabia in support of Desert Storm/Desert Shield. She was medically evacuated to Germany for care and treatment.

A Vallejo native, Metcalf-Foster has been active within the DAV Department of California, becoming the first woman commander in the state. She also completed a four-year appointment as a member of the Secretary of Veterans Affairs Advisory Committee on Women Veterans in November 2015.

In her acceptance speech to thousands of DAV members, Metcalf-Foster credited women veterans from past eras as a source of inspiration, including Pvt. Cathay Williams, who was born into slavery and later concealed her gender in order to enlist in the Army. She also highlighted fellow Gulf War veteran Brig. Gen. Rhonda Cornum, whose Black Hawk was shot down during a rescue mission. Along with two other soldiers, Cornum survived the 140-mile-per-hour crash, but with two broken arms, a bullet to the shoulder and knee damage before being taken captive.

“General Cornum once said about the difficulties she experienced in life—to include the helo crash and period served as a prisoner of war—that ‘no matter how bad it gets, it will always get better,’” said Metcalf-

Foster. “This resonated with me as I began my own road to recovery following Desert Storm. It has not always been the smoothest path, but it is one that led me to DAV and for that, I am grateful.

“When a man or woman raises their hand and says ‘send me’ when our nation calls, no one knows better than the members of DAV that they’re writing a blank check to our country,

and the ultimate payment could be their lives,” continued Metcalf-Foster. “For those who have sacrificed for our country and their survivors, we must insist on a strong VA and healthcare system to meet their needs. I look forward to continuing DAV’s nearly century-old mission of service as National Commander.” ◇

**This article was originally published on DAV.com on August 1, 2017.*

Delphine Metcalf-Foster, National Commander DAV

Delphine Metcalf-Foster, a disabled U.S. Army veteran, was elected National Commander of the nearly 1.3 million-member DAV at the organization's 2017 National Convention in New Orleans, Louisiana.

The Vallejo, California native’s military career included service with the U.S. Army Reserve, 689th Quartermaster Unit, 6253rd Hospital Unit and 6211th Transportation Unit, Letterman Army Medical Center. She retired from the Army

Reserves with the rank of first sergeant in 1996.

Metcalf-Foster was injured in January 1991 while serving in Saudi Arabia in support of Desert Storm/Desert Shield. At the time she was supporting the Grave Registration Company mission. She was medically evacuated to Germany for care and treatment.

Metcalf-Foster is a life member of DAV Chapter 21, Vallejo, California. She currently serves on the First Data Military Advisory Council and is a member of the DAV Department of California Claims and Service

Committee, and has served as Chairman for the DAV Department of California Resolution Committee. Metcalf-Foster also completed a four year appointment as a member of the Secretary of Veterans Affairs Advisory Committee on Women Veterans in November 2015.

A retired Quality Assurance work leader from the Alameda Naval Air Station in Alameda, California, Metcalf-Foster's leadership has been sought at the local, state, and national levels. She served as

chairman of the Hospital/Volunteer Intern Committee, National 16th District Executive Committee, and has served as director and treasurer for DAV at the national level.

A graduate of Solano Community College and Sonoma State University, Metcalf-Foster majored in psychology and liberal studies. She currently resides in Vallejo, California, and is the mother of three children, Linda, Shawn and Dana. ◇

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A Journey to Care: North Carolina Veterans Home

*By Louis E. Bryan
Photos by Bruce Long*

North Carolina Veterans Home, a modern, 22-million dollar, 111, 000 square-foot facility, claims its own sprawling, bucolic setting in Black Mountain, North Carolina a small, equally rustic town situated at the southern end of the Blue Ridge Mountains, Black Mountain range, and the Southern Appalachians. Owned by the State, the facility is managed by PruittHealth, a 45-year-old company that provides a system of healthcare, pharmacy, and rehab services. Its other locations are in Georgia, Florida, and South Carolina.

"It first opened its door on October 25, 2012," says Administrator, Justin Morrison, sitting in his comfortable office, behind a large, solid, neatly-arranged desk. "I took over from the previous Director in August, 2016."

Morrison, a veteran who served 10 years in the Air Force, first, as an M.P., which enabled him to receive training as a bomb dog handler through the K-9 program "It's a special bond, a strong one that's created by my being aware of and taking care of my dog's needs. We looked out for each other, especially when assigned to search for I.E.D's and different of explosives in places like Fallujah, Ramadi, Haditha, other dangerous cities mainly in western Iraq."

Morrison was born in Charlotte, North Carolina, but grew up in Stirling, Virginia. His parents both worked as government contractors. It was Morrison's exposure to world of government bureaucracy that taught him its ins and outs. "I just kind of grew up in that type of lifestyle...knowing how the process works."

During the 5 years she was ill, Morrison cared for his first wife,



“Besides bonding with bomb dogs, I believe it was caring for my wife, (...) that pointed me in the direction of healthcare.”

before she finally succumbed to cancer. "Besides bonding with bomb dogs, I believe it was caring for my wife, in particular, also dealing with hospitals that pointed me in the direction of healthcare."

Morrison, by then remarried, with a young son and daughter, enrolled at East Coast Polytechnic Institute (ECPI) University, in Newport News, Virginia, under the G.I. Bill in 2012. By combining online and in-class courses within an accelerated program, he received his degree in Healthcare Administration in 2015.

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Morrison's mission is to ensure that NC Veterans Home becomes the highest quality care provider in the region.

He has also earned his Certified Nursing Assistant certification. Dedicated to his work, he's a hands-on Administrator. His mission is to ensure that NC Veterans Home becomes the highest quality care provider in the region, whether caring for short term, rehab patients, or those there who are long term, or end-of-life hospice. "To stay on

course requires an expert leadership team, one where the buck stops with me." says Morrison

His most important goals are that the nursing staff be multifaceted, certified in multiple areas, and constantly and quickly on-floor and available. "We have a Medical Director on-staff, right now, a single





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nurse practitioner who comes in four days a week. A registered nurse is on-call 24-hours a day.”

Morrison believes that it is important to think outside the box in terms of enhancing patient care, widening range of medical and activities programs, and networking with

similar facilities. “We have a pub canteen where mostly male patients can go to watch sports on a widescreen TV, virtual reality motorcycle races, and flying drones. They can get water, sodas, and a variety of snacks. Gives the place the feel of a sports bar.”



One of Morrison's goals are to increase the number of beds, currently 100, to accommodate more admissions from long waiting list. Doing so requires NC Veterans Home to submit a certificate of need to the State, providing proof of the necessity for expansion.

Morrison says, "In western North Carolina the State furnishes beds based on comparable facilities, rather than case-by-case needs of veterans. We're working on changing and extending the criteria so that more veterans can have their health issues addressed.

While trying to facilitate that process, Morrison wants to move the NC Veterans Home current 4.8-stars rating to 5, the highest. Ratings are decided by the State's Centers for Medicaid and Medicare Services in conjunction with the NC Department of Health and Human Services, also, the federal



government's CMS criteria. Morrison is proud that his facility has a ratio of 7 Certified Nursing Assistants for every single patient.

Morrison commitment is to ensuring North Carolina Veterans Home meets its highest potential, and patients' needs are being met. Right now, those patients willing and able sign-up then go on outings. Riding a bus

donated by the Elks Club, they can go shopping, to baseball games, musical concerts, other places, or to get some fresh air away from the hospital. Of his role in the day-to-day operation of the facility, Morrison smiles.

“This is my life's work...what I know in my heart I was meant to do.” ◇

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“This is my life's work... what I know in my heart I was meant to do.”

The suicide rate among female veterans is on the rise, and experts have no idea why

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By Adam Linehan

The suicide rate among female veterans has increased far more dramatically than the suicide rate among male veterans over the past decade, and experts are struggling to figure out why, NPR reports.



*A U.S. Air Force veteran sits in the Women Veterans Health Clinic Waiting Room.
AP Photo/Ron Agnir*

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“We can’t ask deceased people about what factors might have led up to the completion of suicide,” Lindsay Ayer, who studies military suicide at the RAND Corporation, told NPR.

Since 2001, the rate of suicide among male veterans has jumped by 11% for those who use VA services, and 35% for those who don’t, according to the Department of Veterans Affairs.

Meanwhile, the suicide rate among female veterans who use VA services has increased by 4.6%. While that’s less than half the rate among males, the

suicide rate among those who don’t use those services has risen by 98%.

Twenty American veterans take their own lives every day, and veterans in general are 21% more likely to kill themselves than civilians. But when you remove men from the equation, the numbers show female veterans have a suicide rate between two and five times higher than women who never served.

As part of its effort to make better sense of the staggering discrepancy between male and female veteran suicide rates, the RAND Corporation

has begun conducting research at one of the two call centers for the VA's Veterans Crisis Line.

The hope is that the hundreds of operators who work at the call centers and frequently speak with veterans contemplating suicide may be able to provide deeper insight into the problem.

Based on interviews with several operators, NPR found that female veterans often wrestle with the same issues as their male counterparts. But the operators were also able to highlight some common threads among female veterans specifically, namely sexual abuse.

“Talking about military sexual trauma, females often do not report it because then they're looked at as, oh, you are the barracks whore or no one's going to believe you or it'll get investigated and you still get in trouble,” Letrice Titus, an Army veteran who works at the call center, told NPR.

Another operator, Danielle Simpson, recounted a conversation she had with a female veteran who had seen combat in Afghanistan. “She

was really dealing with a lot of PTSD, and then coming home and being expected to be this soft, caring, warm mother and wife that she was expected to be in civilian life,” Simpson said. “She was really struggling with that transition.”

Military experience even seems to influence the preferred method of suicide, according to NPR. While civilian women tend to overdose on pills, female veterans are 33% more likely to use a gun. That percentage has also grown in the past decade, according to the VA.

“Women in the military, they are trained just like the men are to use guns, how to use them properly,” Kelly Lannon, a crisis line operator, told NPR. “I think that they're less scared of guns than maybe a civilian would be because they have such a significant experience with it.” ◇

**This article was originally published on TaskandPurpose.com on April 26, 2017.*

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Minority veterans, ranks growing, need help with benefits and services

By Dorain Merina

Racial and ethnic minorities make up an increasing share of the military, yet face added obstacles when seeking to access veterans benefits, according to a report from the Department of Veterans Affairs. Dorian Merina reports on obstacles minority veterans face when seeking benefits.

While the overall veteran population is expected to decline, the number of minority veterans will rise in coming decades, said Barbara Ward, director of the VA's Center for Minority Veterans and a contributor to the study.

"As the demographics change in the private industry in our nation, we're seeing similar changes in demographics in our active duty military as well as our veteran population," she said.

Currently, about 23 percent of U.S. veterans are minorities, according to the study, which projects that by 2040 they will comprise about 36 percent. In California, minorities already make up about one-third of veterans.

The study, called the Minority Veterans Report, finds that veterans who are black, Latino, Asian, Pacific

Islander or Native American are less aware of benefits and face problems after military service, such as homelessness and chronic diseases, at higher rates compared with their white counterparts.

"If you don't go into the churches or go into the communities where they live, then you're not very likely to get that information directly to them," said Ward.

According to the California Department of Veterans Affairs, of the nearly 1.85 million veterans in the state, about 630,000 identify as an ethnic minority. That group is also less likely to access veteran benefits than non-minority veterans, according to the California VA - a finding consistent with the national VA report.

In addition to homelessness and chronic diseases, the report identified two other primary challenges facing minority veterans: awareness of VA benefits and unemployment.

That resonates with Othan Mondy, a 74-year-old African-American Naval Air Forces retiree in El Cajon.

"It gets to the point where individuals do not seek, or continue to seek, to receive claims," he said, adding that he's heard similar responses from his fellow veterans. "Rather than complete a claim, I'd just rather not go."

After a stroke, Mondy said he was frustrated by his attempts to find out if a wheelchair and special vehicle would be covered under his VA benefits. Though he eventually got the help he needed, the experience left him seeing a need for improvement.

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"It's a communication problem," said Mondy. After joining the Navy back in 1962, he watched his career advance based on his merits, but the military, he said, is not immune from the same racial disparities that persist in civilian life. That can continue to be a challenge for minority veterans as they transition out of the armed services, he said.

African-Americans make up the largest group of minority veterans, at 52 percent in 2014, according to the VA report. Black veterans, along with Latinos (who currently make up 31 percent), are expected to show the largest growth over the coming



Veterans seek employment at an Army Corps of Engineers career fair in Sacramento, Cal. in April 2016. Credit Randy Gon / U.S. Army

two decades. Some groups, like the American GI Forum of California, seek to help Latino and other veterans through education. Minority veterans also face challenges when trying to secure steady jobs.

After leaving military service, they have a 44 percent higher risk of unemployment than non-minority vets, according to the report.

That's a key finding, said Anthony Williams, a retired Navy veteran who heads the Los Angeles chapter of the National Association for Black Veterans.

"People talk about PTSD, but a lot of it is, if I can get into the work force even close to my scope of responsibility, and the skill sets that I bring with me, then I'm a happier, productive guy," said Williams. "I deal with the stress better."

He said his group is focusing on entrepreneurship and expanding business opportunities for veterans.

The VA report calls for improving outreach programs for minority veterans and conducting more research into understanding why racial disparities persist with regard to chronic diseases.

But it also points to some successes, such as the fight against homelessness, where coordination between federal agencies and

community groups has reduced the number of veterans on the streets in cities like Los Angeles.

What minority veterans are looking for is simple, said Mondy, who served in the Navy for 32 years.

"No more, no less than anyone else," he said. "Just give us a fair shake, that's all."

Though the government has released data on minority veterans in the past, this is the most in-depth look at the group, said Ward, who noted that it includes the often-overlooked history of minorities serving in the armed forces stretching back to the Revolutionary War. ◇

**This article was originally published on The American Homefront Project on March 22, 2017.*

Forever GI Bill

Learn about the new 'Forever' GI Bill changes that President Trump has signed into law, which goes into effect beginning next year. The 'Forever' GI Bill® will allow military veterans to pursue educational opportunities for life, although how it will affect you personally depends on when you were discharged.

Eliminated the 15-year Expiration Date for Educational Benefits

The Forever GI Bill, hence its nickname, removes benefit expiration dates also known as the use-it-or-lose-it rule. Previously, veterans had 15 years after they were discharged to use the money. Unfortunately this will not apply to all veterans as the cost to do so was too costly. Veterans whose last discharge or release from active duty is on or after January 1, 2013, will not expire. Those that were discharged or released before January 1, 2013 will still expire.

Effective Date: January 1, 2013

Restores Benefits if a College Shuts Down or Loses Accreditation

Previously veterans using the GI Bill had no recourse should they not get credit for the classes they took. Now, any school that has been shut down or loses accreditation after January 1, 2015 will have their GI Bill benefits restored.

Effective Date: January 1, 2015

Expanded GI Bill Benefits for Purple Heart Recipients

Any servicemember who receives a Purple Heart, regardless of how long they have served, will be eligible for full GI Bill benefits. Previously, Purple Heart recipients had to serve for at least 3 years.

Yellow Ribbon for Fry Scholarship & Purple Heart Recipients

Fry Scholarship recipients and Purple Heart recipients are eligible for the Yellow Ribbon Program.

Effective Date: August 1, 2018

Yellow Ribbon for Armed Forces Serving on Active Duty

Certain members of the Armed Forces serving on active duty are eligible in The Yellow Ribbon G.I. Education Enhancement Program.

Effective Date: August 1, 2022

Licensure & Certification Tests

Certain licensure and certification tests such as a national (GMAT, GRE, CLEP) or a test required for state licensing will be pro-rated to the amount for the actual cost of the test. Previously a veteran was charged a whole month of entitlement pay for these tests.

Effective Date: August 1, 2018

Basic Allowance for Housing (BAH) Reduced

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In order to offset the cost of the Forever GI Bill benefits the GI Bill living stipend will be reduced to what's received by an active-duty servicemember at the E-5 with dependents rate. In 2015 the annual percentage increase to active duty BAH payments began to be reduced by 1 percent a year for five years, but GI Bill Monthly Housing Allowance Rates (aka BAH) were exempt. The decrease would not apply to students now using the GI Bill.

Effective Date: August 1, 2018; applies to new GI Bill enrollees only

Basic Allowance for Housing (BAH) Reflects Actual Housing Location

The Monthly Housing Allowance (MHA) aka BAH will now calculate payments based on where the student attends the majority of their classes. Previously, payment was calculated on where the school was located. This is a big change for online students receiving lower BAH payments because their school was located in an area with a lower BAH.

Effective Date: August 1, 2018; applies to new GI Bill enrollees only

Increased Eligibility for National Guard and Reserve Members

Expands access to a wider group of National Guard and Reserve members who will now be eligible for expanded education benefits. Additionally, Guard and Reserve members placed on medical hold status now will see that time count toward their eligibility, retroactive to September, 11, 2001.

Effective Date: August 1, 2020; retroactive to National Guard or

Reservists who's service commenced on or after September, 11, 2001

Consolidation of Certain Eligibility Tiers for National Guard and Reserve Members

Individuals who serve at least 90 days but less than 6 months on active duty receive increases from 40% to 50% benefit payable. Individuals who serve at least 6 months but less than 12 months receive increases from 50% to 60% benefit payable, resulting in up to \$2,300 more a year in tuition.

Effective Date: August 1, 2020; retroactive to National Guard or Reservists who's service commenced on or after September, 11, 2001

Transfer of Unused Post-9/11 Education Assistance Benefits

Veterans are allowed to transfer remaining GI Bill entitlements if the designated dependent dies. A dependent may also transfer the remaining benefits to another dependent after the death of a servicemember or veteran.

Effective Date: August 1, 2018. Applies to deaths on or after August 1, 2009.

Survivors' and Dependents' Educational Assistance Program (DEA)

The number of months of entitlement will be changed from 45 months to 36 months which will now be consistent with other GI Bill programs that provide 36 months of eligibility educational assistance.

Effective Date: August 1, 2018

Increased DEA Payments

The monthly payment for educational assistance under the DEA program will be increased by \$200 a month.

Effective Date: October 1, 2018

Edith Nourse Rogers STEM Scholarship

Benefits will be extended by nine months or a lump sum of \$30,000

for veterans enrolled in specific STEM (science, technology, engineering, or mathematics) five-year degree programs. Veterans will have to apply for a separate STEM scholarship in order to receive this benefit and the aggregate benefit will be capped at \$100 million a year.

Effective Date: August 1, 2009

VA High Technology Pilot Program

Provides veterans with the opportunity to enroll high-tech programs such as coding boot camps or IT certifications that do not lead to a degree. This is a 5-year pilot program where the VA will contract with the schools or programs and incentivize the institutions with higher tuition and fee payments based on graduating and finding a job in their field of study.

Effective Date: No later than 180 days after August 1, 2018

Priority Enrollment for Veterans

The GI Bill Comparison Tool will include information as to whether a school administers a priority enrollment system that allows veterans to enroll earlier than other students. This provision applies to students pursuing institutions of higher learning.

Effective Date: Immediately

Work-Study Program Extension

Full-time or 3/4-time students in a college degree, vocational, or professional program, can “earn while you learn” with a VA work-study allowance. This benefit was set to expire but the sunset date has now been repealed.

Effective Date: Immediately

Independent Study Programs

Eligible individuals can use GI Bill benefits to pursue independent study programs at certain educational institutions that are institutions of higher learning such

as a technical education school or postsecondary vocational school.

Effective Date: Immediately

Funding for GI Bill Claims Processing and Training

The Forever GI bill will provide \$30 million dollars to upgrade technology at the Veterans Benefits Administration to complete their rules-based processing system for claim and the department will provide training requirements to school certifying officers that process the paperwork.

Effective Date: 2018 and 2019

Annual Reports to Congress

The Secretary of Veterans' Affairs will be required to submit report from education institutions regarding student performance by March 1 of each year.

Effective Date: Immediately

Reporting Fees Payable to Educational Institutions

The VA will be allowed to increase fees paid to institutions or programs of apprenticeship to \$16 per veteran using GI Bill benefits. Additionally, schools with 100 or more enrollees using GI Bill benefits to establish a specific account tracking the fees.

The Harry W. Colmery Veterans Education Assistance Act of 2017 is named after the principal architect of the original GI Bill, which was enacted in 1944. ◇

**This article was originally published on MilitaryBenefits.info*

DAV Chapter 2's Scholarship Program

By Louis E. Bryan

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The DAV is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. We accomplish this by ensuring that veterans and their families access the full range of benefits available to them; fighting for the interests of America's injured heroes on Capitol Hill; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. Buncombe County Chapter 2 plan of action is to do so through our scholarship fund and newsletter.

To help kickstart our Chapter scholarship fund, **Holly Fairbairn Attorneys at Law** generously donated \$500. While the VA offers



A check for the Scholarship Fund of Buncombe County DAV Chapter 2, in the amount of \$500, is being presented to Commander Larry Borum by Holly Fairbairn. Holly is a lawyer with an interest in helping ill and wounded veterans.

a variety of education benefits, many eligible veterans have to wait month to receive these benefits. This results in some veterans going on months without any income while still having to pay school tuition, school supplies, and travel to and from class. In addition, not all educational program cost is covered by VA. Chapter 2 Commander Larry Borum came up with the idea of creating a chapter scholarship fund

and also saw the opportunity to expand the scholarship fund to our local JROTC programs. Some of the JROTC students volunteer their time throughout the year to participate in veteran events and ceremonies. As an appreciation for their hard work and using this as an opportunity to educate about the great sacrifices and need of veterans, Chapter 2 will be offering scholarships to the JROTC units in Buncombe County.



Scholarship check from Buncombe County DAV Chapter2 is presented to First Sergeant Chad Predatte. The check, in the amount of \$250 is to help him continue his education in order to obtain a degree. The degree will enable 1st Sgt Predatte to continue working at Erwin High School. 1st Sgt Predatte works with the ROTC Program at the High School.

Arts & Wellness

Program for

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wounded veterans

A new collaborative program of
the Asheville Area Arts Council

The Asheville Area Arts Council (AAAC) is excited to announce the launch of an Arts & Wellness program for Veterans who carry either wounds of war or life in September 2017. Through innovative collaborations with organizations and specially trained artists, we will bring the creative arts to this unique population in support of their recovery and healing through programming that provides avenues of expression beyond those traditionally offered.

Arts & Wellness will offer hands-on workshops in ceramics, creative writing, mask making, painting, poetry, dance, and textiles to veterans free of charge. By collaborating with Charles George VA Medical Center (CGVAMC) and Odyssey Clay Works the AAAC's goal is to help this population tackle their own stories and seek healing through art.

According to the Americans for the Arts' publication, "Arts Deployed: An Action Guide for Community Arts & Military Programming," research shows that "arts interventions help the brain reorganize and adapt, improve recovery of function,

increase resilience to injury, and reduces stress and anxiety." Using this as our inspiration, the AAAC will reach out to Buncombe County veterans to assist them in building resilience, enhance coping skills, increase self-esteem, and generate well-being. Recruitment for participants for the program will take place July – August 2017, with programs beginning in September.

"We are thrilled to be collaborating with Odyssey Clay Works and the Charles George VA Medical Center on this new initiative for the AAAC. Both Odyssey and the CGVAMC have worked on their own in various ways to offer arts-based programming due to the interest and beliefs of courageous individuals and doctors who know how the arts have the power to heal and aid in the recovery of PTSD. Seeing first-hand the value of this work has inspired us to create this Arts & Wellness initiative with a veteran's focus by joining forces and growing their efforts. We envision this as a signature project for our non-profit that we hope to grow each year," says Stefanie Gerber Darr, executive director of the AAAC.

The Arts & Wellness program for

Veterans has received support from the Ramble Charitable Fund of The Community Foundation of Western North Carolina and the James G. Hanes Memorial Fund. A fundraiser for this program will take place on Saturday, October 7 at the Asheville Community Theatre, which will include live prose and poetry readings written by Veterans from the James G. Hanes Memorial. A fundraiser for this program will take place on Sturday, October 7 at the Asheville Community Theatre, which will include live prose and poetry readings written by Veterans from the CGVAMC.

The Asheville Area Arts Council is supported by the N.C. Arts Council, a division of the Department of Natural & Cultural Resources, with funding from the National Endowment for the Arts. Additional funding is provided by the City of Asheville and Buncombe County.

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The Asheville Area Arts Council is the collective voice for the arts, advancing Buncombe County by providing access to resources, developing innovative collaborations, and fostering in the community. The Asheville Area Arts Council is a 501 (c)(3) non-porfit institution.

National Parks Access Pass for Disabled Vets

Disabled American Veterans are eligible for the National Parks and Federal Recreation Lands Pass. This pass which is free of charge to disabled citizens, grants access to National Parks which provides access to recreation areas managed by US Fish and Wildlife Service, the Forrest Service, the Bureau of Land Management, the National Park Service and the Bureau of Reclamation. To apply for the pass, disabled veterans should secure proof of permanent disability such as a rating decision letter, a VA Healthcare Card noting service connected status, or some other means. The veteran must bring that information in person to a participating federal recreation site or office. This is a lifetime pass. As we all know, no two federal agencies operate under the same regulations and structures so we would advice to check the following Web sites:

Bureau of Land Management
blm.gov

Bureau of Reclamation
usbr.gov

Fish and Wildlife Service
fws.gov

USDA Forest Service
fs.fed.us

National Park Service
nps.gov

Who qualifies for the Access Pass?
The pass may be issued to U.S. Citizens or permanent residents of the U.S., regardless of age, that have been medically determined to have a permanent disability that severely limits one or more major life activities.

Words from the Editor

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Change come about by those willing to take on the task of actually creating change. If the interests of veterans in North Carolina are going to continued to be served, we need more veterans ready, willing, and able to run for public office, especially for seats on the NC General Assembly's Veterans Affairs/Homeland Security Committee. To quote the former governor of Oklahoma, Brad Henry, *The status quo is simply unacceptable.*

