

*Virginia
is for Heroes
Conference 2010*



Virginia Wounded Warrior Program

CONFERENCE

The Virginia Wounded Warrior Program (VWWP) of the Virginia Department of Veterans Services (VDVS) and the Partnership for People with Disabilities (the Partnership) at Virginia Commonwealth University sponsored the third Virginia is for Heroes conference on February 18, 2010.

The conference was held at the Greater Richmond Convention Center. Interactive plenary sessions covered topics of statewide interest. For more focused discussion, conference participants attended breakout sessions specific to the five regions through which the VWWP organizes its activities on behalf of veterans and families in communities throughout Virginia.

BACKGROUND

The VWWP was created by legislation approved unanimously in the Virginia General Assembly in 2008 and signed into law by Governor Timothy M. Kaine. The program coordinates support services for veterans and members of the National Guard and Reserves who have combat/operational stress and traumatic brain injuries. The conference highlighted national, state, and regional efforts to offer coordinated services and supports to veterans and families in their communities before and after deployment.

PROGRAM

VDVS Commissioner Vince Burgess and VWWP Executive Director Cathy Wilson opened the conference. The Honorable L. Tammy Duckworth, Assistant Secretary for Public and Intergovernmental Affairs at the U.S. Department of Veterans Affairs (VA), gave the keynote address on transforming the Department of Veterans Affairs. A panel discussion moderated by Martha Mead of the VWWP featured panelists Tim and Shannon Maxwell, Michael and Holly Rindorf, and Navy chaplain Eric Malmstrom. The panel addressed the effects of combat stress and TBI on veterans, their families, and caregivers. Mary Beth Dunkenberger from Virginia Tech presented preliminary results of a survey of Virginia veterans. Dr. Tina Trudel talked about understanding PTSD and TBI.

At breakout sessions for the five regions, led by Regional Coordinators and VWWP Executive Staff and facilitated by staff from the Partnership, priorities for service needs and resources were developed. Top priorities by region were reported in a plenary session (see Conference Breakout Sessions: Regional Priorities below). Brigadier General Loree Sutton, Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, spoke on the “invisible wounds” of OIF and OEF. The Honorable Terrie L. Suit, Assistant to the Governor for Commonwealth Preparedness, talked on making Virginia “the most military and veteran friendly state”. Commissioner Burgess and Executive Director Wilson made closing remarks. The



conference was followed by a reception in the exhibitor's hall to which conference participants and state legislators were invited.

PARTICIPANTS

The conference drew a statewide audience of veterans and family members, representatives of veterans organizations, state agencies, community service providers, and other interested individuals. A total of 478 individuals preregistered, of whom 361 attended. In addition, 71 exhibitors attended. By region, the following numbers attended (not including exhibitors):

- Region 1: 61
- Region 2: 50
- Region 3: 37
- Region 4: 90
- Region 5: 80
- No region specified: 43



PARTNERS AND SPONSORS

VWWP/VDVS executive staff was involved in every phase of content planning, logistics, and execution for the conference. VWWP provided one volunteer on the day of the conference for registration and additional tasks. Five staff members (with others as needed) from the Partnership for People with Disabilities handled preparation and logistics for the conference. An additional 11 Partnership staff members assisted on the day of the conference (six helping with registration only; five serving as facilitators for breakout sessions).

The Commonwealth Neurotrauma Initiative Trust Fund, through its grant #10-177 (“Common Ground: Linking Wounded Warriors and Community Support Providers”), was a major sponsor. Other Gold Sponsors (\$1,000+) were Health Journeys and Veterans Solutions, Inc. DefenseWeb Technologies, Inc. was a Silver Sponsor (\$500-\$999).

EXHIBITORS

Exhibitors were contacted by the VWWP and the Partnership and registered through the conference website hosted by the Partnership. Fees paid by exhibitors depended on non-profit vs. for-profit status and number of tables. A total of 46 exhibitors preregistered, and all 46 attended (71 individuals). In general, exhibitors represented veterans' support groups, non-profit and for-profit businesses, service providers, and state and national agencies.



PROGRAM

Opening

Vince Burgess, Commissioner, Virginia Department of Veterans Services, and Cathy Wilson, Executive Director, Virginia Wounded Warrior Program.

Commissioner Burgess welcomed participants to the third statewide conference of the Virginia Wounded Warrior Program. Cathy Wilson's remarks, titled ***“Building Strength and Providing Support Through Partnerships,”*** recognized partners of the VWWP and stated the purpose of the conference:

- to listen to national leaders;
- to provide participants with information regarding the structure of the VWWP;
- to learn what best practices are working for veterans and family members that can be used throughout the Commonwealth;
- to hear from participants about gaps that still exist in services for veterans and families.



Keynote Address

“Transforming the Department of Veterans Affairs – Serving Those Who Served Us”

The Honorable L. Tammy Duckworth, Assistant Secretary for Public and Intergovernmental Affairs at the U.S. Department of Veterans Affairs, and a Major in the Illinois National Guard

Assistant Secretary Duckworth stated that the VA is one year in to a five-year goal of eliminating homelessness among veterans and that programs in employment, education, housing, and mental health services work toward this goal. She stressed that troops trained to be “physically fit and mentally strong” may not be able to ask for help and that families, colleagues, and professionals can help the VA find those who need help. In addition, those who are in the National Guard and Reserves or who leave the service lose the support networks available to active military; it is vital that the state and local communities work together to meet their needs.



Panel Discussion

“The Effects of Combat Stress and TBI on Veterans, their Families, and Caregivers” – led by Martha Mead, VWWP, with Lieutenant Colonel (RET) Tim Maxwell and his wife Shannon, who became advocates for wounded warriors after Tim suffered a traumatic brain injury in Iraq; Virginia Wounded Warrior Regional Director Michael Rindorf, recipient of the Bronze Star

Medal for combat action while deployed to Baghdad, and his wife, Holly; and Lieutenant Eric Malmstrom, a U.S. Navy Chaplain who completed a combat tour in Iraq. Panelists shared personal stories of experiences they had in and after combat and issues they are still facing.



Shannon Maxwell commented that there is not enough resource material for children of wounded warriors. She noted that their older daughter “started to take on an adult role” in relation to her younger brother after her father’s injury and subsequent surgeries.

Tim Maxwell learned after his initial injury and the later surgery that left him with partial paralysis that “being alone is the worst thing” for wounded warriors. He has worked to enable injured veterans stay together in recovery and help each other through an AA model – “That’s where they will admit to having PTSD.” Through their website, sempermax.com, the Maxwells share information and stories so that veterans “don’t try to suck it up and keep it to yourself.”

Michael Rindorf, who asked to go with the first unit deploying to Iraq, talked about an experience that left him with chronic sleep difficulties. Despite escalating problems, he did not seek help because it was made clear to him that admitting to mental health problems would derail his career. Drinking until he lost consciousness became the only way he could sleep. When he experienced heart failure, he was “booted out” of the Army. He found support only after a suicide attempt: “Without my family, I would not be here.” Holly Rindorf said, “You see things, but you figure he’s handling it in his own way.” She missed the support of her “Army family” after his discharge and commented that the oldest of their four sons was especially caught up in the crisis. She said that families need to receive immediate help when they ask because they are “the eyes and ears” of the support systems for veterans.

Chaplain Malmstrom served with the unit that sustained the highest casualties in Iraq. Despite being “the one putting the men, or what was left of them, into body bags,” he did not have time to grieve. On his return home, he noticed in himself the signs of PTSD: lack of empathy; short temper; memory problems; claustrophobia; flashbacks, especially while driving. “Scotch was my drug of choice.” The VA helped, but it took “two to three years to start to get through some of the main issues.” The stigma attached to seeking help affects chaplains, too, as people may think “he’s having problems because he doesn’t have enough faith.” He is back on active duty with the Navy and will return to the Marines. He wants to use his experiences to help others reach out.

Presentation

“VWWP Needs Assessment and Services Gap Analysis” – Mary Beth Dunkenberger, Senior Program Director, Virginia Tech Institute for Policy and Governance



Ms. Dunkenberger discussed preliminary results of the statewide needs assessment Virginia Tech is conducting for the VWWP. The final report is expected in May. The survey will provide base- data on the needs, preferences, and experience of Virginia veterans, particularly in the areas of behavioral health care and brain injury. The survey will compare findings across deployment eras and regions in the state and also compare such factors as gender and race. Survey findings will inform program decisions, research allocations, and policy recommendations. At this stage, of veterans surveyed, 32% reported feelings of sadness and depression. Forty percent of respondents reported a head injury, with 50% of those having occurred while in the military.

Presentation

“Understanding PTSD and TBI” – Dr. Tina Trudel, President/COO, Lakeview Healthcare Systems, Inc., and Principal Investigator/Site Director, Defense and Veterans Brain Injury Center at Virginia NeuroCare

Dr. Trudel explained that PTSD “is a hard-wired stress response” that triggers a cascade of events in the brain. Genetic and physiological factors determine an individual’s likelihood of developing PTSD, so that it should not be viewed as a sign of weakness. TBI also triggers chemical reactions in the brain, and 40-50% of those diagnosed with one or the other meet the diagnostic criteria for both. The symptoms of chronic post concussive syndrome – the signature injury of the wars in Iraq and Afghanistan – overlap with those of PTSD, and many interventions are effective for both, so that an either/or diagnosis is not a major concern. Possible interventions include group therapy, many different forms of cognitive behavioral therapy, pharmacological treatment, and family education and support.



Presentation

“The Invisible Wounds of War” – Brig. Gen. Loree K. Sutton, Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

Brig. Gen. Sutton is founding director of DCoE, which developed the Real Warriors campaign. Virginia, via the VWWP, is the pilot state partner with Real Warriors. The campaign works to reduce the stigma of PTSD and mild TBI by enabling wounded warriors and their colleagues, friends, and family members to tell their stories. Brig. Gen.



Sutton showed a clip of Staff Sgt. Megan Krause's diagnosis, treatment, and management of PTSD and her subsequent promotion (www.realwarriors.net/multimedia/profiles.php). Brig. Gen. Sutton emphasized the necessity of partnerships to make sure that "warriors, veterans, and families attain a desirable quality of life and full access to a network of care that provides them the resources they need to be productive citizens in their communities of choice."

Presentation

"Making Virginia America's Most Military and Veteran Friendly State" – The Honorable Terrie L. Suit, Assistant to the Governor for Commonwealth Preparedness



Ms. Suit, whose father and husband served in the military, addressed Governor McDonnell's commitment "to insuring that active duty service members returning to Virginia with the wounds and scars of battle and their families are provided for appropriately and with the gratitude of this Commonwealth." She mentioned the Joint Legislative Audit and Review Commission's study of ways to reduce homelessness among Virginia's veterans, begun in 2009, with a report expected in

June 2010. She discussed House and Senate bills to exempt veterans from paying the Department of Business Assistance's handling fee when establishing a small business through the one-stop small business permitting program. [The legislation passed unanimously.] Ms. Suit concluded by saying that the "message across Virginia is the inherent strength in public-private partnerships."

CONFERENCE BREAKOUT SESSIONS

Conference attendees were invited to attend one of the breakout sessions for the five regions of the Commonwealth. The sessions were led by VWWP Regional Coordinators and Executive Staff and facilitated by staff from the Partnership. Their task was to identify priorities for service needs and resources.

OVERALL PRIORITIES

Top priorities across the five regional breakout sessions separated into goals and means of reaching those goals. Three top priorities by goal were identified. Means of reaching these goals are listed under each. Many of the means contribute to achievement of more than one goal.

Goal 1:

Ensure that communities welcome veterans and their families and support them with practical help.

Means:

- Educate all civilians – law enforcement, employers, service providers, caregivers, family members, faith communities – and veterans themselves on issues impacting

transition from military to civilian life, including the effects of traumatic brain injury and Post Traumatic Stress Disorder.

- Provide support for single service members post deployment.
- Increase, improve, and integrate formal and informal community supports for veterans and families in rural communities.
- Establish and promote community- and faith-based support groups for families/significant others of veterans to include separatees, active duty, and retired – for example, increase using 12 step model.
- Use media, including social networking, to combat stigma, advertise resources, raise awareness.

Goal 2:

Deliver services to veterans and families who need them.

Means:

- Improve access to local services, family services, and children’s services through one-stop processing and agreed-upon protocols.
- Eliminate barriers to accessing services for veterans and families.
- Increase access/funding/hours of service of military and civilian providers of counseling for veterans/caregivers and families.
- Develop a networking and educational forum to discuss resources (public, private, faith-based).
- Use media, including social networking, to combat stigma, advertise resources, raise awareness.

Goal 3:

Help veterans and families succeed in the civilian world.

Means:

- Make hiring veterans and family members a priority for the U.S. and the Commonwealth.
- At the local level, provide job fairs, transition counseling, and employment counseling and referral for skilled and professional positions and for lower-level and volunteer positions that offer retraining.
- At the state and national levels, create a means to identify and ease the process of application for wounded veterans and family members to all available jobs, private and federal.
- Use media, including social networking, to combat stigma, advertise resources, raise awareness.

REGIONAL PRIORITIES

The goal of the breakout sessions was for conference attendees from each region to gather with their VWWP regional coordinators and identify no more than three action items that address the regional, state, and federal support required for the region to meet its identified [unmet] needs.

Following the breakout sessions, VWWP regional coordinators and executive staff reported on the results of their sessions as follows:

Region 1

Regional Coordinator Camilla Schwoebel, VWWP Team Member Anne Atkins, Partnership Facilitator Melanie Sterling

Top 3 Priorities for Region 1

- 1) Improve access to local services, family services, children's services – through one stop processing, agreed upon protocols
- 2) Expand education and training for civilian sector, law enforcement, families, professionals/service providers
- 3) Use mass media to communicate to many audiences (target communication to specific audience) – hit them where they are
(Noted as a global comment to top 3 priorities: “Include ALL VETERANS and their families”)

Region 2

Regional Coordinator Mark Taylor, VWWP Team Member Jim Thur, Partnership Facilitator Donna Gilles

Top 3 Priorities for Region 2

- 1) Increase media (PSAs, “social networking” (Facebook), radio, TV) to decrease “stigma” of seeking help; encourage breakdown of barriers among military services in seeking help
- 2) Educate employers, caregivers, family and veterans on clashing cultural/transition issues impacting on veteran employment
- 3) Support single service members' needs post deployment

Region 3

Regional Coordinator Derek Burton, VWWP Team Member Michael Rindorf, Partnership Facilitator Dana Yarbrough

Top 3 Priorities for Region 3

- 1) Increase, improve, integrate formal/informal community supports in rural communities
- 2) Eliminate barriers to accessing services for veterans and families
- 3) Increase community competence re military cultures

Region 4

Regional Coordinator Ed McIntosh, VWWP Team Member Martha Mead, Partnership Facilitator Parthy Dinora

Top 3 Priorities for Region 4

- 1) Educate community about signs/symptoms and services to decrease stigma and increase services

- 2) Increase access/funding/hours of service for counseling for veterans/caregiver and families – Tricare
- 3) Hire veterans: job fairs, transition, employment service providers, skilled and professional, volunteer programs

Region 5

Regional Coordinator Thea Lawton, VWWP Team Member Ken Rich, Partnership Facilitator Dawn Machonis

Top 3 Priorities for Region 5

- 1) Create and find a pool of wounded veterans and family members for all available jobs (private, federal)
- 2) Establish and support community/faith-based support groups for families/significant others of veterans to include separatees, active duty and retired – for example, increase using 12 step model
- 3) Develop a networking and educational forum to discuss resources (public, private, faith-based)

CONFERENCE EVALUATION REPORT SUMMARY

Total number of responses: 153

1) The content of conference sessions was informative.

73% strongly agree (1)
25% agree (2)
1% disagree (3)
1% strongly disagree (4)

Mean: 1.32

2) The speakers were knowledgeable.

85% strongly agree (1)
14% agree (2)
0% disagree (3)
1% strongly disagree (4)

Mean: 1.18

3) The conference was well organized.

77 % strongly agree (1)
20% agree (2)
2% disagree (3)
1% strongly disagree (4)

Mean: 1.3

4) Conference staff were helpful and courteous.

81% strongly agree (1)
17% agree (2)
1% disagree (3)
1% strongly disagree (4)

Mean 1.29

5) Would you recommend this conference to others?

95% Yes (1)
2% No (2)
3% Don't know (3)

6) Overall, how would you rate your satisfaction with the conference?

74% Very satisfied (1)
23% Satisfied (2)
2% Unsatisfied (3)
1% Very Unsatisfied (4)

Mean: 1.29

7) What did you like most about the conference? (most frequently occurring responses)

- Speakers
 - Panel (n=48)
 - Dr. Trudel (n=19)
 - General Sutton (n=18)
 - Assistant Secretary Duckworth (n=12)
- Breakout sessions (n=13)
- Exhibitors/vendors (n=8)
- Organization of the conference (n=8)
- Content of the Conference (n=7)
- Networking opportunities (n=6)

8) What did you like least about the conference? (most frequently occurring responses)

- Conference schedule too tight (n=24)
- Breakout sessions (n=19)
- Large conference room was too cold (n=13)
- VA Tech assessment and services gap analysis presentation (n=8)

9) In what ways could this conference be improved? (most frequently occurring responses)

- Allow for more time to network with exhibitors, providers, agencies (n=18)
- Make hard copies of presentation available (n=8)
- Lengthen time for conference (2 days) (n=7)
- Provide bottled water (n=5)
- Make presentations available on the internet (n=4)
- Provide walk around microphone for Q &A (n=4)
- Provide participant list with contact information (n=4)

10) What kinds of sessions would you like to see included at future conferences and training sessions around the state? (most frequently occurring responses)

- More information on community resources and successful community programs (n=18)
- Additional training sessions on:
 - caregiver, spouse, and children's issues & services (n=14)
 - identification and treatment PTSD (n=11)
 - treatment in general (n=9)
 - TBI (n=8)
 - employment for veterans (n=6)



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