

# Pennsylvania State Veterans Commission

## Meeting Agenda

September 8, 2023, at 1000 AM

Location: Arrowheads Community Club

1000	Call to Order	Chairman Nick Taylor
	Moment of Silence	Vice-Chair Connie Snavelly
	Pledge of Allegiance	Chairman Nicholas Taylor
	Introduction of Commission Members	Chairman Nicholas Taylor
	Oath of Office	MG Mark Schindler
	<ul style="list-style-type: none"><li>Mr. Timothy Alexander-DAV</li><li>Mr. Paul Foresman-AMVETS</li><li>Mr. David Gyger-VFW</li><li>Mr. Stephen Lavelle-TAL</li></ul>	
	Chairman's Open Remarks	Chairman Nicholas Taylor
	TAG's Opening Remarks and Comments	MG Mark Schindler
	Approval of 16JUN 2023 Meeting Minutes	<b>Requires Vote</b>
	Reading of Official and Other Communications	Chairman Nicholas Taylor
	DAG-VA Opening Remarks and Report	BG (PA) Maureen Weigl
	<ul style="list-style-type: none"><li>PPL, BVH, PIRO</li><li>Programs Report</li></ul>	<b>Requires Vote</b>
	VISN 4	Mr. Timothy Liezert
	Committee Reports	
	<ul style="list-style-type: none"><li>Governance Committee</li><li>Legislative</li><li>Pensions/Relief/Grave Markings</li><li>RETX</li><li>Transportation</li><li>Veterans' Health</li><li>VSO Grant</li><li>Women Health</li><li>PAWVC Update</li></ul>	Mr. Michael Brooker Mr. Robert Heister Mr. Larry Googins Mr. Jesiah Schrader Mr. William Hines Mr. Mark Baylis Mr. Michael Hollenbeck Ms. Lisa Kaye President
	Unfinished Business	Chairman Nicholas Taylor
	New Business	Chairman Nicholas Taylor
	<ul style="list-style-type: none"><li>SM and Vet Awareness Campaign Yard Signs</li><li>Formation: SVC MAL Nomination Committee</li><li>RTM-Protocol/PTSD Presentation Discussion</li></ul>	Chairman Nicholas Taylor Chairman Nicholas Taylor Chairman Nicholas Taylor
	Good of the Order	SVC Commissioners
	Agenda Items for Next Meeting	SVC Commissioners
	Closing Remarks	Chairman Nicholas Taylor
	Next Meeting	
	Friday October 13, 2023, 10AM	
	Fort Indiantown Gap, Annville	
	Retiring of the Colors	Chairman Nicholas Taylor
	Adjournment	Chairman Nicholas Taylor

# State Veterans' Commission Meeting Minutes

June 16, 2023

10:00 AM to 12:16 PM

Arrowheads Community Center, Fort Indiantown Gap

<b>Call to Order</b>	<b>Chairman Nicholas Taylor</b>
The Pennsylvania State Veterans' Commission (SVC) meeting was called to order at 10:00 AM.	
<b>Moment of Silence and Pledge of Allegiance</b>	
The moment of silence was presented by the Vice-Chairwoman Constance Snavelly. Recitation of the Pledge of Allegiance.	
<b>Commission Introductions</b>	
EDS Marc Ferraro	DMVA-Executive Deputy Secretary
BG (PA) Maureen Weigl	DAG DMVA-OVA
Mr. Nicholas Taylor	SVC Chairman; Commander, Catholic War Veterans
Mr. Bernard McDonald	Commander, AMVETS
Mr. Gerry Hawk	Executive Director, AMVETS
Ms. Terri Lynn	Commander, Disabled American Veterans
Mr. David Gui	Adjutant, Disabled American Veterans
Mr. William Albert	Commander, Blinded Veterans of America
Mr. Chris Fidler	Director/Site Leader, Keystone Paralyzed Veterans of America
Mr. Jesiah Schrader	President, PA State Association of County Directors of Veterans Affairs
Mr. Robert Heister	President, Military Officers Association of America
Mr. Phillip Arnold	Adjutant, Military Order of the Purple Heart
Mr. Larry Googins	President, Vietnam Veterans of America
Ms. Constance Snavelly	Representative, Korean War Veterans Association
Ms. Diane Henry	Commandant, Marine Corps League
Mr. Craig Wilhelm	Commander, The American Legion
Mr. James Hogan	Adjutant, The American Legion
Mr. Charles Jackson	Member-at-Large
Ms. Lisa Kaye	Member-at-Large
Mr. Mark Baylis	Member-at-Large
Mr. Chuck Thilges	VHA, VISN-4
<b>Absent Members</b>	
Mr. Frank Boken	President, Military Order of the Purple Heart
Mr. Michael Brooker	Member-at-Large
Mr. Henry Mannella	Commander, Veterans of Foreign Wars
Mr. John Getz	Adjutant, Veterans of Foreign Wars
Mr. Richard Fine	Commander, Jewish War Veterans
<b>Others Present</b>	
Brig Gen Michael Regan	PANG-Air
BG Laura McHugh	PANG-Army
CSM Jon Worley	PANG-Army

Mr. Joseph Batt	DMVA-OCC
Mr. Ed Cherry	DMVA-OCC
Ms. Jennifer Snyder	DMVA-OVA
Mr. Nate Silcox	Executive Director senate VAEP
Mr. Travis Davis	Executive Director DMVA-BVH
Mr. Brian Natali	DMVA-PIRO (Programs and Services)
Mr. Paul Devincenzo	DMVA-PIRO (Outreach and Reintegration)
Mr. Michael Hillman	Office of House Representative (Rep. Solomon) VAEP
Ms. Darby Matvey	Office of House Representative (Rep. Solomon) VAEP
Mr. Jeffrey Wallitsch	DMVA-OCC
Mr. Michael Woody	DMVA-PPL
Mr. Sam Estrada	DMVA-PPL
Mr. Thomas Coreau	PASACDVA-Dauphin County
Mr. William Hines	DAV
Mr. Leonard Johnson	DAV
Mr. D. Robinson III	DAV
Mr. Joseph Neild	PASACDVA-Dauphin County
Mr. Mike Rang	CWV
Mr. Matthew Hollenbeck	TAL
Mr. Richard Hudzinski	VVA
Ms. Rogers	Penn State Clearinghouse for Military Family Readiness
<b>Oath of Office</b>	<b>EDS Marc Ferraro</b>
Mr. Jesiah Schrader- President PASACDVA, Mr. Stanley Majocka- IAWV, and Ms. Diana Henry- MCL	
<b>Awards</b>	<b>EDS Marc Ferraro and Chairman Nicholas Taylor</b>
The following members of the SVC received certificates of appreciation for their dedicated service to Veterans: Mr. Craig Wilhelm-TAL, Mr. Bernard McDonald-AMVETS, Mr. David Brady-MCL, and Ms. Terri Lynn-DAV	
<b>Chairman's Opening Remarks</b>	<b>Chairman Nicholas Taylor</b>
<p>The Chairman greeted the members, DMVA staff and guests, and welcomed the new members who received the oath of office. He then commended the members ending their terms on the commission for their dedication to the commission and their advocacy for all veterans.</p> <ul style="list-style-type: none"> <li>• Chairman notified the commission of the resignation of vice-chairman David Eisele, who accepted other employment, and implementing Ms. Constance Snavelly-KWVA representative as the interim v-chairwomen. He noted she had previously served the commission in that capacity.</li> <li>• Chairman informed members of his continued weekly meetings updates from DMVA staff, and now SVC member Ms. Snavelly is participating. He also informed members that he is receiving emails from Mr. Hillman the executive director of the PA House VEAP requesting SVC opinions of veteran centric bills. He requested all members start to receive these emails, and for them to opine on the bills.</li> <li>• Chairman informed members he has expressed his desire to EDS Ferraro and DAG-VA Weigl to have departing members receive a two-star or one-star note of commendation. He stated this is an on-going discussion.</li> <li>• Chairman told members he received three different requests from veterans that were in crisis, one of the veteran's was having suicidal ideation, and two were homeless. All three had positive outcomes with the professional assistance from PA DMVA-Outreach.</li> <li>• Chairman called on all members to provide a short bio to SVC coordinator (Mr. Holler) by July 31, 2023, so those bios can be posted on the SVC website. It will assist with questions frequently asked about who is on the commission, and what their background is to serve on the commission. He also called on the</li> </ul>	

commissions to contemplate what they would like to accomplish in the next term which will begin in September with the seating of new members, and subsequently the elections in October.

Questions/Discussion

None.

**TAG's Opening Remarks**

**EDS Marc Ferraro**

EDS Ferraro informed the members that TAG was unavailable for the meeting due to participating in the Fort Knox board selections.

- EDS informed members TAG had a very busy May with Memorial Day events, the groundbreaking ceremony at Hollidaysburg Veterans Home, celebrating the 25<sup>th</sup> anniversary at the Southwestern Veterans Center, and PA Guards Day at the Capitol, and 30<sup>th</sup> anniversary of state partnership in peace with the Lithuanian contingent. He noted the PANG is assisting the Lithuanian Military in developing a veteran's program.
- EDS said there are 802 guard members deployed, including some at the southwestern US border. He said a large contingent will be returning from deployment in late July or early August 2023. He said BG McHugh has stood up an ambassador team of soldiers who will conduct demonstrations at events upon requests on the capabilities of the PANG. The DMVA Outreach team can also be part of the event.
- EDS noted two personnel changes to DMVA staff: Mr. Ed Cherry is replacing Elizabeth Pettis at OCC and Ms. Joan Nissley is leaving her position as DMVA communications director; no replacement has yet for her position.
- EDS closed by informing the members that the budget has not yet passed.

Questions/Discussion

None

**Approval of the June 16, 2023, Meeting Minutes**

**Motion:** Mr. Robert Heister, MOAA, motioned to approve the meeting minutes

**Second:** Mr. Bernard McDonald, AMVETS, seconded the motion

The body agreed; motion carried. Minutes approved.

**Reading of Official and Other Communications**

**Chairman Nicholas Taylor**

There were no questions/comments from the commissioners.

**Deputy Adjutant General-VA Remarks**

**BG (PA) Maureen Weigl**

DAG-VA Weigl greeted the members and informed them she had just recently visited veterans at the VFW annual state convention; she passed along the VFWs regards.

- DAG-VA informed the members that PA is now one of 16 states to have enacted Women Veterans Day. The event took place at the Capitol on June 5, 2023, announcing henceforth June 12 will be Women Veterans Day. She thanked PA State Senator Pennycuick for sponsoring it and making it happen. Women have been serving in the regular military on a permanent basis since President Truman signed the Women's Armed Services Integration Act on June 12, 1948, which also allowed African Women to enlist.
- DAG-VA informed members Senator Pennycuick is starting a women veteran's passport for healthcare needs with the VA and the community. More information will follow.
- DAG-VA briefed on the most recent DMVA Townhall. She noted they need to boost attendance and mentioned it seems the townhalls that serve food have better attendance, so they are exploring how to do that for the next townhall

- She requested SVC members attend about the event and announce the event at the Hollywood Casino (Grantville) August 25, 2023, where Bret Michaels will hold the event raising money for the Veterans Trust Fund. The Marine Corp League is assisting with this event. Also, the County Directors will be holding their convention next week and she will be attending to hear all concerns and suggestions on how to provide optimum care of our PA veterans.

DAV-VA Weigl informed members BVH Director Mr. Travis Davis is unavailable, and she will do the brief:

- DAG-VA said they were a lot of celebrations/events all week long for Homes Week. However, the TAG annual Fishing Tournament had to be canceled due to air quality concerns stemming from the Canadian wildfires.
- Homes admissions are going well, and COVID is still contained to small outbreaks.
- DAG-VA told members Mr. Sam Dunkle has left the Hollidaysburg Veterans Homes and advertising for a replacement has begun.
- She closed by informing the members of the upcoming June 17, 2023, graduation of attendees of the Keystone Challenge Academy, and asked for their attendance if they can.

Questions/Discussion

None

**DMVA PPL**

**Mr. Michael Woody**

Mr. Woody briefed to the slide he provided to the members in the read ahead. See that slide for details. Mr. Woody introduced Mr. Hillman the PA House representative for Representative Solomon on the VEAP Committee. Mr. Hillman addressed House Bill 1091 informing members that amendments were added and they are negotiating with the Senate on a comprise increase of the Blind/Paralyzed Pension. The target amount is \$270.00 per month with inflation adjustments.

Questions/Discussions

Mr. Chris Fidler-KPVA, Asked what the amendments are?

Mr. Hillman didn't address specifically the amendments; however, he said the increase amount for the Blind/Paralyzed Pension will be based on what can be realized in the budget without taking away from the Veterans Temporary Assistance Program.

**DMVA Bureau of Veterans Homes**

**Mr. Travis Davis**

Mr. Davis was unavailable, DAG-VA Weigl briefed. See DAG-VA section above.

**DMVA PIRO**

**Mr. Brian Natali**

Mr. Brian Natali DMVA-PIRO Chief of Programs and Services briefed the members due to Mr. Mutschler being unavailable.

Mr. Natali provided the following highlights to the Read Ahead that members had received:

- Informed on the Together We Serve focuses on veterans, their families and service members. It is 14% of the PA population. The program targets homelessness, transportation, employment, mental health, and benefit awareness.
- Informed that PA had 8055 PACT Act direct inquires and 15510 related to the PACT Act.
- Briefed on Pennsylvania Salutes You For Your Service which is a letter sent out from the Office of the Governor.
- Briefed on the Let's Talk Vet to Vet townhall in Erie, and that these townhalls will continue. It is an initiative to get all benefit information out to all veterans.
- VETConnect has been briefing organizations, discussing jobs, and informing veterans of the LGBTQ plus communities about benefits. Reaching out to veterans in the prison system informing them of benefits they are still entitled to receive. These efforts resulted in 17000 connections, 2000 resources as we build networks. There was a 213% increase over last year with events, outreach efforts and events.

<ul style="list-style-type: none"> <li>Mr. Natali reviewed several of the programs slides that were presented in the Read Ahead. See those slides. Mr. Natali asked members for the programs report to be approved.</li> </ul> <p style="text-align: center;"><u>Questions/Discussion.</u></p> <p>.None</p>	
<b>Approval of State Veterans' Programs Reports</b>	
<b>Motion:</b> Mr. Mark Baylis, MAL, motioned to approve the programs reports	
<b>Second:</b> Ms. Terri Lynn, DAV, seconded the motion	
The body agreed; motion carried. Programs reports approved.	
<b>VISN-4</b>	<b>Mr. Chuck Thilges</b>
Mr. Thilges briefed members from the VISN 4 talking points and slides that were presented in the Read Ahead. See those talking points for details.	
<u>Questions/Discussion</u>	
None	
<b>VSO Grant Committee</b>	<b>Mr. Matthew Hollenbeck</b>
No Report. Mr. Hollenbeck was unavailable for the meeting.	
<u>Questions/Discussion</u>	
None	
<b>RETX Committee</b>	<b>Mr. Jesiah Schrader</b>
No Report	
<u>Questions/Discussion</u>	
None.	
<b>Legislative Committee</b>	<b>Mr. Robert Heister</b>
Mr. Heister informed the members that the committee should concentrate on helping the transportation committee secure the necessary funding.	
<u>Questions/Discussions</u>	
None.	
<b>Pensions/Relief/Grave Marking/State Military Cemetery Committee</b>	<b>Mr. Larry Googins</b>
No Report	
<u>Questions/Discussions</u>	
None	
<b>Women Veterans Committee</b>	<b>Ms. Lisa Kaye</b>
No Report. Chairman Taylor did inform the members that he and Ms. Kaye are working on a new way forward for the committee. Discussions will continue.	
<u>Questions/Discussions</u>	
None.	
<b>Veteran Health Committee</b>	<b>Mr. Mark Baylis</b>
Mr. Baylis first briefed the members on the Long-Term Council (L-TC):	

- Informed members that the Long-Term Council is very active, and are in the process of a 10 year plan that will remap the way long-term care is provided throughout PA.

Mr. Baylis then briefed the members on the Veterans Health:

- Noted that his veteran program has seen an increase of homelessness, and in May alone he had 150 veterans that were homeless. He informed members he is working with Region 4 RPOC supervisor Jennifer Spitler on the problem.

Questions/Discussions

None

**Governance Committee**

**Mr. Michael Booker**

No Report: Mr. Brooker was unavailable.

Questions/Discussion

Mr. Hudzinski (Co-Chair Governance Committee): asked Chairman Taylor if the Bylaws were approved by TAG. Chairman Taylor informed him that they were.

Mr. Hudzinski than requested that the Governance Committee have a small segment of time set aside over several meetings to review parts of the newly written operating procedures of the SVC.

Chairman Taylor said that was a good thought but needed time to digest the suggestion and contemplate where on the agenda to place it. He then thanked the committee members for their great work.

**PA War Veterans Council Update**

**Mr. Bernard McDonald**

No Report

**Transportation Committee**

**Mr. William Hines**

Mr. William Hines briefed the members on the transportation committee.

- Informed members that the partnership with the VA is essential because the DAV would not be able to maintain the current fleet (133) of vans.
- Noted that in the past the DAV national did not assist with the vans due to PA state providing funding but this year they are.

Mr. Hines then briefed the members on previous fiscal year stats.

- 133 vans logged 721,758 miles.
- 219 Volunteer drivers logging 48,438 hours.
- Transported 17,875 veterans.

Mr. Hines then briefed members on present stats (as of May 2023), fiscal year ends on June 30.2023.

- Vans logged 944,446 miles with expectation of going over one million miles.
- Increased to 251 volunteer drivers logging 48,802 hours.
- Transported 19,491 Veterans.

Mr. Hines informed members PA funds the salary of the six HSEs, DAV would not be able to provide the funding.

Mr. Hines closed his briefing by complimenting DMVA PIRO-Director Joel Mutschler for setting up the transportation committee and assisting in the many challenges.

Questions/Discussions

Mr. David Brady-MCL, asked how many vans are inoperable? Mr. Brady noted that stat should be included in the overall report.

Mr. Hines stated 11 vans are currently inoperable.

Mr. Brady wanted it noted in future reports that inoperable vans are those that are not road worthy. Mr. Hines agreed.

Mr. Hines did say that even inoperable vans are auctioned off during the replacement period.

<b>Unfinished Business</b>	<b>Chairman Nicholas Taylor</b>
Chairman Taylor noted that the Bylaws were approved by TAG, voted on by commissioners and are hereby in effect henceforth.	
<b>New Business</b>	<b>Chairman Nicholas Taylor</b>
None	
<b>is: Keystone Challenge Academy</b>	<b>Mr. Kyle Mann</b>
Mr. Mann the residential coordinator for the Keystone Challenge Academy (KSA) presented what the program encompasses. Mr. Mann brief to slides that were displayed and in the read ahead. Slides can be found in the June 16, 2023 SVC read ahead at: <a href="https://www.dmva.pa.gov/Veterans/Commissionsandcouncils/Pages/StateVeteransCommission.aspx">https://www.dmva.pa.gov/Veterans/Commissionsandcouncils/Pages/StateVeteransCommission.aspx</a>	
The KSA is located on the grounds of Fort Indiantown Gap. Mr. Mann presented a full overview of the program per slides and highlighted a few items:	
<ul style="list-style-type: none"> <li>• KSA takes at risk juveniles and provides a structure for learning in a stable environment. It teaches self-discipline that leads to successful outcomes through strong internal mentorship.</li> <li>• KSA is a secure environment with 24/7 staff.</li> <li>• KSA has been operation across the nation since 1993.</li> <li>• The programs are 22 weeks, the cadets lean job skills, coping skills, how to write resumes, cover letters, and financial literacy. They can also earn credits to assist in their graduation when they return home.</li> <li>• KSA assists with placement and has had many positive outcomes of cadet success stories.</li> <li>• KSA works in conjunction with the communities that the juveniles come from to secure post KSA cadet graduation continued mentorship.</li> </ul>	
Mr. Mann called on the SVC membership to spread the work among their organizations about the KSA program and the need for community mentorships.	
<b>Good of the Order</b>	
Mr. Leonard Johnson: asked if the veterans receiving the Blind/Paralyzed Pensions can expect to get an increase to \$270 per month. Mr. Hillman responded to the question: Best guess would be \$200.00 per month but could go higher.	
<b>Items for Next Meeting</b>	
No items were suggested.	
<b>Closing Remarks</b>	<b>Chairman Nicholas Taylor</b>
Chairman Taylor wished the members and guests a happy Father's Day	
<b>Next Meeting</b>	
Friday, October 13, 2023, 10:00 AM Forum: Arrowheads Community Center, FIG	

The minutes of this meeting are respectfully submitted by:

BG (PA) Maureen Weigl  
Deputy Adjutant General  
Veterans Affairs





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



**DMVA MILITARY UPDATE**



## CURRENT MOBILIZATIONS & TOTAL DEPLOYMENTS



PAARNG Current Deployments						
MDATE	MSAD	UNIT	OPN	PAX	MISSION	Projected Return Date
07 OCT 22	10 OCT 22	55 MEB	SWB	102	T10, 12302	10 OCT 23
ARNG Soldiers at MOB/DEMOB Sites				0	Various Missions	Various based on tour
Various Individual MOB Soldiers				6	Various Missions	Various based on tour
Total PAARNG Deployed: 108						

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

**Total PANG Deployed 806**

As of 29AUG23

> community > commonwealth > country







**DMVA  
POLICY, PLANNING & LEGISLATIVE AFFAIRS  
MR. DUSTY DURAND**



**HB 325 (Staats)** Act amending Title 51 (Military Affairs) in Department of Military Affairs, providing for burial benefits. [Set on H Tabled Calendar 09/26/23.](#)  
[Awaiting 2nd Consideration](#)

**HB 611** (Harris, J) - Act to provide from the General Fund for the expenses of the Executive, Legislative & Judicial Departments, the public debt & the public schools for the fiscal year July 1, 2023 to June 30, 2024. (Big Budget Bill): [Signed in the Senate and approved by the Governor with his line-item Veto 8-3-23 -> \(Act 1A\).](#) [Unfortunately, still no fiscal/admin codes.](#)

**HB 623** (Harris, J) - Act providing for the *capital budget* for fiscal year 2023-2024.  
[Set on Senate Calendar 8-30-23. 3rd Consideration](#)

**HB 1091** (Williams, D) Amends Title 51 (Military Affairs), in veterans' pensions and benefits, further providing for blind veteran's pension and for amputee and paralyzed veteran's pension. [Set on H Tabled Calendar 09/26/23. Awaiting 2nd Consideration](#)

**SB 531** (Baker, L) - Amends Title 51 (Military Affairs), in State Veterans' Commission and Deputy Adjutant General for Veterans' Affairs, further providing for Veterans' Trust Fund. (Has not crossed opposite chamber). [Set on Senate Calendar 8-30-23. On 2<sup>nd</sup> Consideration.](#)

**SB 447** (Mastriano) Amends Title 51, re: PA VETConnect Program. **Received in House and referred to H VAEP Cmte. 05-10-23.** **HB 892 (Kaufer) Identical.**  
**Received and referred to S VAEP Cmte. 06-26-23.**

**Full Legislative Report can be found here:** [Full SVC Legislative Report 29 Aug 2023.docx](#) (Bills that have crossed chambers: HB 269, HB 363, HB 877, HB 1086, SB 126, SB 146, SB 248)





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



# PVH Current Licensure Status



SVH Survey Table as of 24 Aug 2023				
SVH	Regulatory Agency	Survey Reason/Type	Survey Date(s)	Status/comments
DVVH	DOH Nursing	Annual Recertification	03/01/23 - 03/06/23	Cleared
	DOH Nursing	Abbreviated - Complaint	08/14/23	Cleared
	DOH Nursing	Abbreviated - Complaint	05/30/23	Cleared
	DOH Life Safety	Annual Recertification	03/21/23	Cleared
	VA	Recognition Survey	12/14/22 - 12/16/22	Cleared
GMVC	VA	Annual Recertification (next due Dec 23)	06/07/22 - 06/10/22	Cleared
	DOH Nursing	Abbreviated - Complaint	03/01/23	Cleared
	DOH Nursing	Abbreviated - Complaints, Follow-Ups	09/22/22	Cleared
	DOH Nursing	Abbreviated - Complaint	08/17/22	Cleared
	DOH Life Safety	Annual Recertification	10/18/22	Cleared
	VA	Annual Recertification	02/14/23 - 02/17/23	Cleared
HVH	DOH Nursing	Annual Recertification	8/21/23 - 8/24/2023	Results Pending-DOH Exited 8.24.2023
	DOH Nursing	Abbreviated - Complaint	08/08/23	Cleared
	DOH Nursing	Abbreviated - Complaint	06/15/23	Cleared
	DOH Nursing	Abbreviated - Complaint	04/14/23	Cleared
	DOH Nursing	Abbreviated - Complaints	11/29/22	Cleared
	DOH Life Safety	Annual Recertification	07/17/23 - 07/19/23	POC accepted, date certain 8/28
	DHS	Annual Recertification	08/16/22 - 08/17/22	Cleared
	VA	Annual Recertification	06/05/23 - 06/08/23	Cleared, provisional certification granted

Ratings as of 25 Aug 2023 Updte 30d/45d Aft Qtr End			
Facility	5 Star Rating	Facility	5 Star Rating
DVVH	★★★★★	PSSH	★★★★★
GJMVC	★★★★★	SEVC	★★★★★
HVH	★★★★★	SWVC	★★★★★

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

*Last updated: 8-24-2023*

# PVH Current Licensure Status



SVH Survey Table as of 24 Aug 2023				
SVH	Regulatory Agency	Survey Reason/Type	Survey Date(s)	Status/comments
PSSH	DOH Nursing	Annual Recertification	04/18/23 - 04/21/23	Cleared
	DOH Nursing	Abbreviated - Incident	05/15/23	Cleared
	DOH Life Safety	Annual Recertification	04/25/23	Cleared
	DOH Life Safety	Occupancy Inspection	06/28/23	Cleared
	DHS	Annual Recertification	02/21/23 - 02/23/23	Cleared
	DHS	Abbreviated - Incident	05/02/23	Cleared
	DHS	Abbreviated - Incident	03/09/23	Cleared
	VA	Annual Recertification	02/13/23 - 02/17/23	CAP accepted, date certain 5/17, remains under review
SEVC	DOH Nursing	Annual Recertification	8/21/23 -8/24/2023	Results Pending--DOH Exited 8.24.2023
	DOH Nursing	Abbreviated - Event	03/16/23	Cleared
	DOH Nursing	Abbreviated - Event	12/14/22	Cleared
	DOH Life Safety	Annual Recertification	08/07/23	Results Pending
	DHS	Annual Recertification	09/07/22	Cleared
	VA	Annual Recertification	02/27/23 - 03/03/23	CAP accepted; date certain 7/28
SWVC	DOH Nursing	Annual Recertification	06/26/23 - 06/30/23	POC accepted; date certain 8/15
	DOH Nursing	Abbreviated - Complaint	01/26/23	Cleared
	DOH Nursing	Abbreviated - Complaint	12/23/22	Cleared
	DOH Nursing	Abbreviated - Complaint, Incident	08/18/22	Cleared
	DOH Life Safety	Annual Recertification	06/28/23 - 06/29/23	POC accepted; date certain 8/15
	VA	Annual Recertification	05/02/23 - 05/05/23	CAP accepted; date certain 8/15

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

*Last updated: 8-24-2023*

## Resident COVID-19 Update

Resident COVID-19 Status: 25 Aug 2023		
Veteran Home/Center	Isolation	Quarantine
<b>DVVH</b>	0	0
<b>GJMVC</b>	<b>12</b>	0
<b>HVH</b>	0	0
<b>PSSH</b>	0	0
<b>SEVC</b>	0	0
<b>SWVC</b>	0	0

## Staff COVID-19 Update

Number of Resident and Staff COVID-19 Positive							
COVID Data as of 25 Aug 2023	DVVH	GMVC	HVH	PSS H	SEVC	SWVC	TOTAL
<b>Total # COVID (+) Residents</b>	0	12	0	0	0	0	<b>12</b>
<b>Total # COVID (+) Staff</b>	3	7	Awaiting data on 3 staff tests	0	0	1	<b>11</b>

## Pennsylvania Veterans Homes COVID-19 Update

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

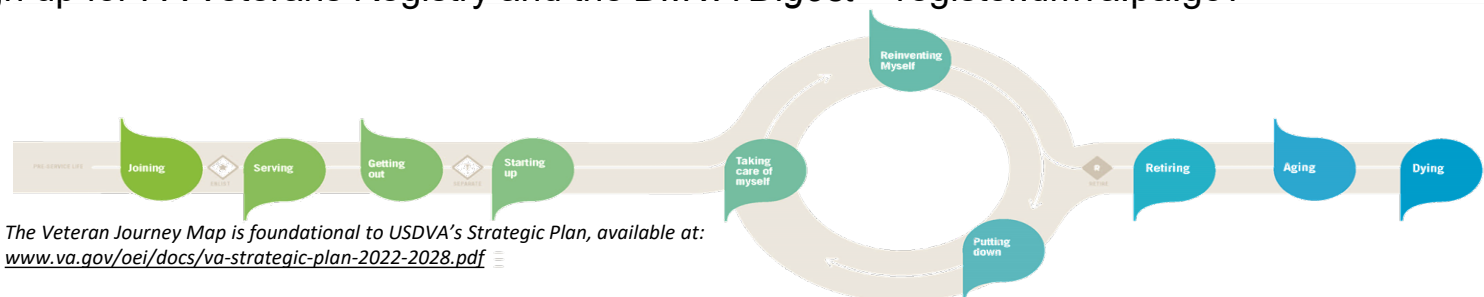
- <https://www.dmva.pa.gov/Pages/default.aspx>
- <https://www.health.pa.gov/topics/disease/coronavirus/Pages/LTCF-Data.aspx>
- <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Monitoring-Dashboard.aspx>
- <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Guidance/SNF-Guidance.aspx>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



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



- Our Servicemember, Veterans, and their Families (SMVF) Community
  - Comprises approximately 14% of Pennsylvania’s total population
  - Top issues: Housing/Food Insecurity, Transportation, Employment, Mental Wellness, & Benefit Awareness
  - Find resources and link to our team through PA VETConnect – [dmva.pa.gov/vetconnect](https://dmva.pa.gov/vetconnect)
- PACT Act Impact
  - 437,358 Total Veterans/Survivors nationwide completed PACT Act-related claims
    - Pennsylvania is 8<sup>th</sup> out of 55 state/territories in completed claims
    - 25,509 (2.8% of total claims) from PA Veterans/Survivors (8/10/22 – 8/12/23)
    - 13,368 (3.88% increase) in Pennsylvania Veterans Healthcare enrollments
  - Visit [www.va.gov/PACT](https://www.va.gov/PACT) to get the latest information and updates
- Expanding Outreach Efforts
  - Pennsylvania Salutes You for Your Service: [www.pa.gov/welcome-back-veterans](https://www.pa.gov/welcome-back-veterans)
  - “Let’s Talk, Vet 2 Vet” Series
  - Sign up for PA Veterans Registry and the *DMVA Digest* – [register.dmva.pa.gov](https://register.dmva.pa.gov)



The Veteran Journey Map is foundational to USDVA’s Strategic Plan, available at:  
[www.va.gov/oei/docs/va-strategic-plan-2022-2028.pdf](https://www.va.gov/oei/docs/va-strategic-plan-2022-2028.pdf)



## Key Successes 2022-23



- Geographic Distribution of VA Expenditures (GDX) for Fiscal Year 2022, dated April 2023, Pennsylvania has the 4th largest Veteran population in the nation achieved a **104% Increase** in expenditures equal to the increase in claims processed with a **173% Increase** in expenditures per veteran. Increased ROI per Veteran, more claims per Veteran.
- Streamlined reporting for federal portfolio using USDVA data improving accuracy of accounting for recoveries. The new methodology has shown an over **9.6% increase** in compensation and pension claims under DMVA while seeing an overall increase of **over 2.7% exceeding the 1.2% growth goal** for all affiliated organizations (AMVETS, TAL, VFW, DAV, and VVA).
- Through PA VETConnect building trust within the network with collaboration over 100 county/community-based boards and coalitions across all 67 counties providing solutions to address key social determinants of health concerns. Expanded available resources to over 2,018 and increased overall connections to over 17,000.
- Leveraging strategic partnerships with federal and state stakeholders to connect with **over 530,000 veterans** through two mailing campaigns. Realizing **over 13% increase** in Pennsylvania Veterans Registry registrations since 1 October 2022.
- Federal/State Veterans Benefits: In SFY 2022-23, we directly served 4,639 veterans and family members with state benefit programs and 3,714 claims receive federal veteran compensation and pension benefits.
- DMVA & Partners are: Serving more Veterans; Serving Veterans more efficiently; and generating significant increases in Federal Expenditures being spent on the Commonwealth's Veterans, despite a decreasing population. Overall, Pennsylvania has achieved an **18% increase** in Federal Compensation & Pension expenditures, a **17% increase** in Total Expenditures and a 10% increase in Education & Vocational rehabilitation/employment expenditures, **moving from 12th to 11th** place Nationally, passing Arizona.
- TWV NEPA reached more than 3,449 veterans through 43 outreach events and community gatherings in 2022-2023. PA VETConnect has taken the lead to facilitate TWV Greene with the hiring of our new VSS in Region 2. TWV Greene has reached 1,922 veterans through 46 outreach and community events in 2022-2023. PA VETConnect is also assisting TWV Cambria with Veterans Community Initiative (VCI).



# PA VETConnect

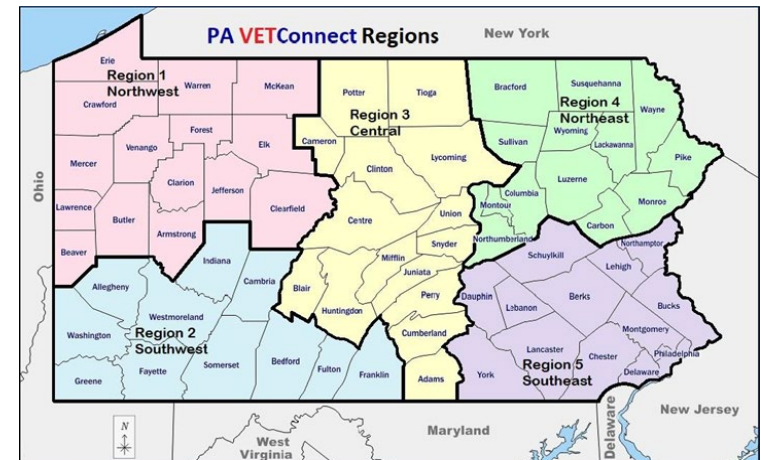


**We build relationships that amplify service to the SMVF community**

- Collaborated with Altoona Curve Minor League Baseball Team to provide a resource table during three games this summer. Engaged 25 veterans, connecting them to resources. Two were seriously ill with presumptive conditions and had no idea they were eligible for benefits.
- Visited SCI's Fayette & Greene along with the DOC Statewide Veterans Coordinator to promote the VSU units and to provide the inmates with information on PA VETConnect and the resources that we can provide to them upon re-entry or during their incarceration with communication through their respective Veteran Unit Managers. Interacted with 36 veterans total and assisted 4 veterans with specific resources and/or referrals.
- Organized and facilitated a community roundtable discussion on Veteran Suicide Prevention in Monroe County. The community meeting brought together a diverse group of 20 leaders that serve veterans through various programs in and around the county. Feedback from the community meeting will be used to establish the goals and action plan for the Veteran Subcommittee of the Suicide Prevention Coalition of Monroe County.
- Conducting outreach to the SCI's that do not have VSU's. Presenting on Veteran Resources to employees and inmates, and bringing in key community partners (CDVA's, CareerLink and Housing programs) during the visits.
- PA VETConnect Team is assisting the Lancaster CDVA Office, Lancaster Vet Center and Lancaster CareerLink DVOP to create a Cross Talk/Vet Network coalition.

## ■ Successes

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



[www.dmva.pa.gov/vetconnect](http://www.dmva.pa.gov/vetconnect)

> community > commonwealth > country

# Reintegration and Outreach Events Overview



## Outreach Statistics

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Year to Date
Outreach Events Supported	19				
Mobile Outreach Van Events	2				
Veteran Interactions	530				
Claim referrals to County Directors and Service Organizations	161				
Claim referrals to other state, county and local organizations assisting Veterans	172				
Health Care Enrollment Referrals	68				
Number of Veterans Registry Cards distributed	30				
County Directors Office Attended	9				
Legislative attended events	12				

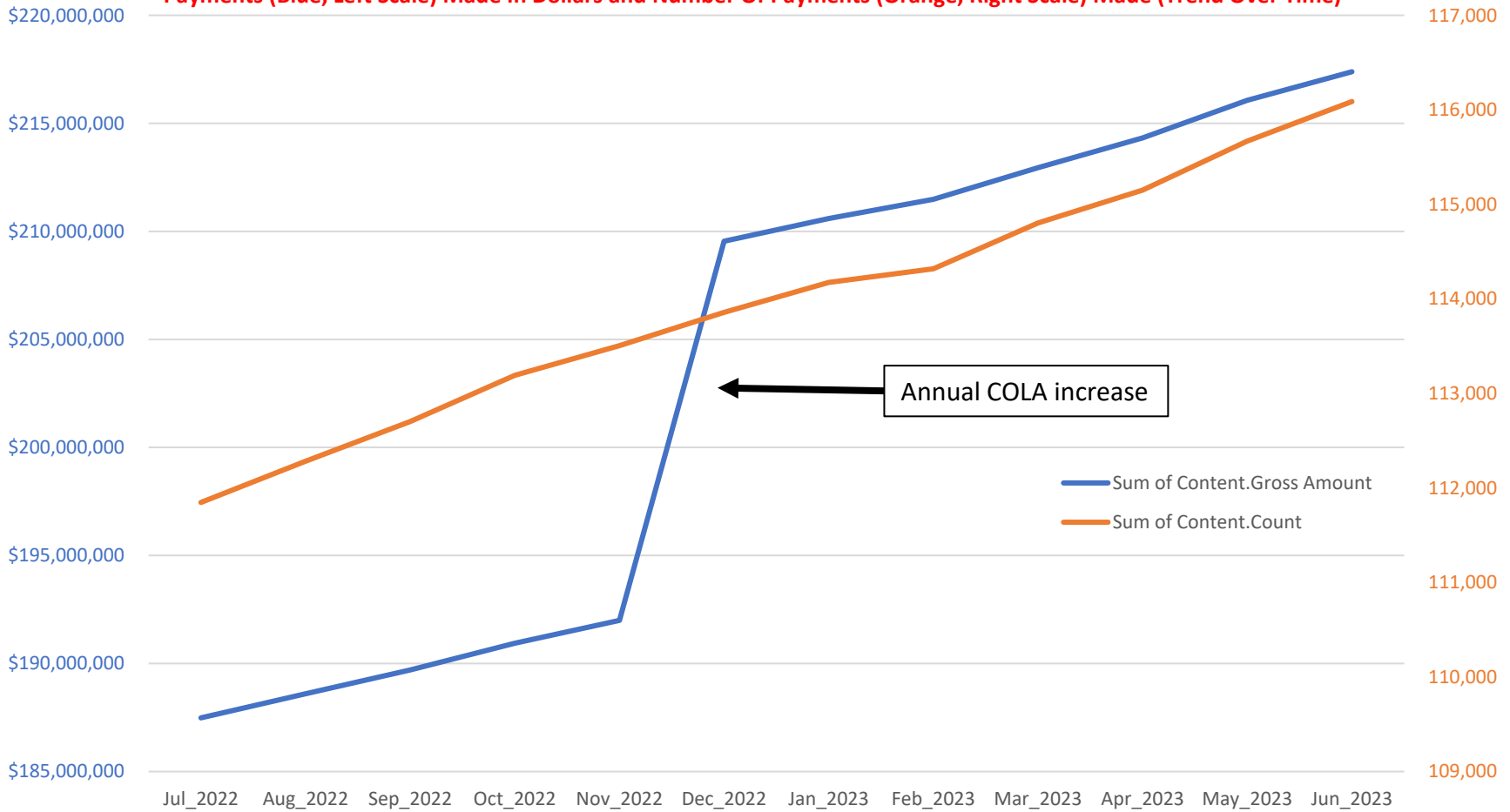
As of 31 July 2023

> community > commonwealth > country

# OVA / VSO Grant Program Summary



Payments (Blue, Left Scale) Made In Dollars and Number Of Payments (Orange, Right Scale) Made (Trend Over Time)



As of 30 June 2023

> community > commonwealth > country

# VETERANS' TRUST FUND



VTF Report						
Source	Week	Month to Date	Fiscal Year Total		Total	# HOV Sold
Appropriation Transfer to VTF	\$0.00	\$0.00	\$0.00		\$1,700,000.00	
HOV License Plate	\$292.00	\$685.00	\$685.00	46	\$56,357.00	3,757
PA Monuments LP	\$0.00	\$0.00	\$0.00	0	\$0.00	0
HOV Motorcycle License Plate	\$30.00	\$75.00	\$75.00	5	\$3,706.00	247
HOV Women's License Plate	\$165.00	\$275.00	\$275.00	18	\$2,045.00	136
Checkoff & Donations	\$22,539.00	\$72,688.00	\$72,688.00		\$14,406,381.28	
Veterans Trust Fund Online Donations	\$0.00	\$0.00	\$0.00		\$6,980.00	
SECA Donations	\$0.00	\$0.00	\$0.00		\$17,067.22	
County Juror Donations	\$28.88	\$1,520.90	\$1,520.90		\$74,701.25	
Casino Donations	\$0.00	\$0.00	\$0.00		\$46,244.76	
Interest	\$0.00	\$0.00	\$9,472.70		\$268,436.52	
VSO	\$0.00	\$0.00	\$0.00		\$700,000.00	
PENNDOT Costs (SFY 16-17)	\$0.00	\$0.00	\$0.00		\$194,000.00	
PENNDOT Costs (SFY 15-16)	\$0.00	\$0.00	\$0.00		\$194,000.00	
PENNDOT Costs (SFY 14-15)	\$0.00	\$0.00	\$0.00		\$194,000.00	
PENNDOT Costs (SFY 13-14)	\$0.00	\$0.00	\$0.00		\$194,000.00	
VTF Grant NOFA (SFY 22-23)	\$0.00	\$0.00	\$0.00		\$0.00	
VTF Grant NOFA (SFY 21-22)	\$0.00	-\$3,127.88	-\$3,127.88		\$800,000.00	
VTF Grant NOFA (SFY 20-21)	\$0.00	\$0.00	\$0.00		\$1,343,281.87	
VTF Grant NOFA (SFY 19-20)	\$0.00	\$0.00	\$0.00		\$789,809.33	
VTF Grant NOFA (SFY 18-19)	\$0.00	\$0.00	\$0.00		\$789,349.09	
VTF Grant NOFA (SFY 17-18)	\$0.00	\$0.00	\$0.00		\$768,801.35	
VTF Grant NOFA (SFY 16-17)	\$0.00	\$0.00	\$0.00		\$763,749.14	
VTF Grant NOFA (SFY 15-16)	\$0.00	\$0.00	\$0.00		\$641,329.75	
VTF Grant NOFA (SFY 14-15)	\$0.00	\$0.00	\$0.00		\$522,368.88	
VTF Grant NOFA (SFY 13-14)	\$0.00	\$0.00	\$0.00		\$472,473.67	
VTF Grant NOFA (SFY 13-12)	\$0.00	\$0.00	\$0.00		\$421,777.15	
Veteran Programs Training	\$0.00	\$0.00	\$0.00		\$8,700.00	
Veterans Assistance	\$0.00	\$0.00	\$0.00		\$22,901.34	
VTA	\$76,109.00	\$45,909.00	\$45,909.00		6,117,357.32	
Working Balance	-\$53,054.12	\$32,462.78	\$41,935.48		\$1,644,020.14	4,141

As of 26 July 2023

> community > commonwealth > country

# GDx Analysis Update FY 2010-2022



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

**Analysis:**

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

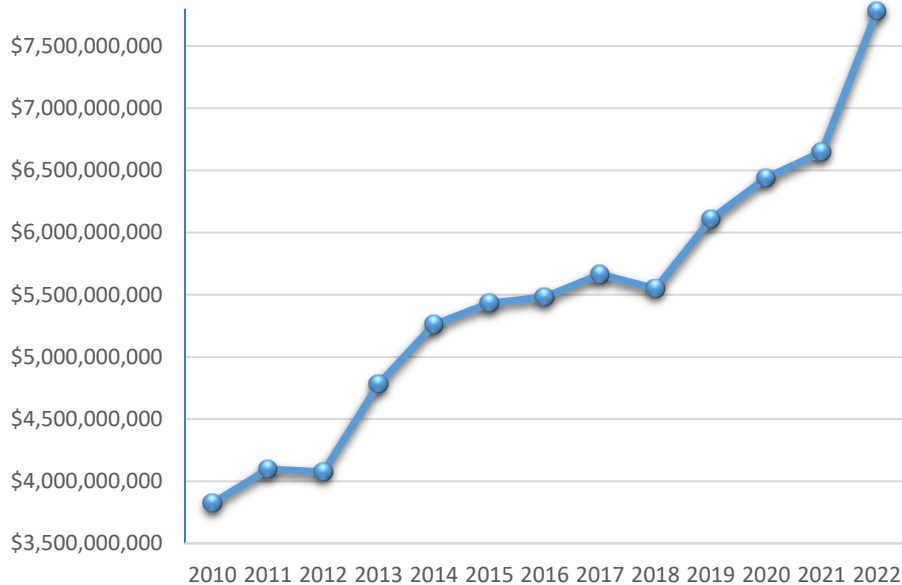
**DMVA & Partners are:**

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

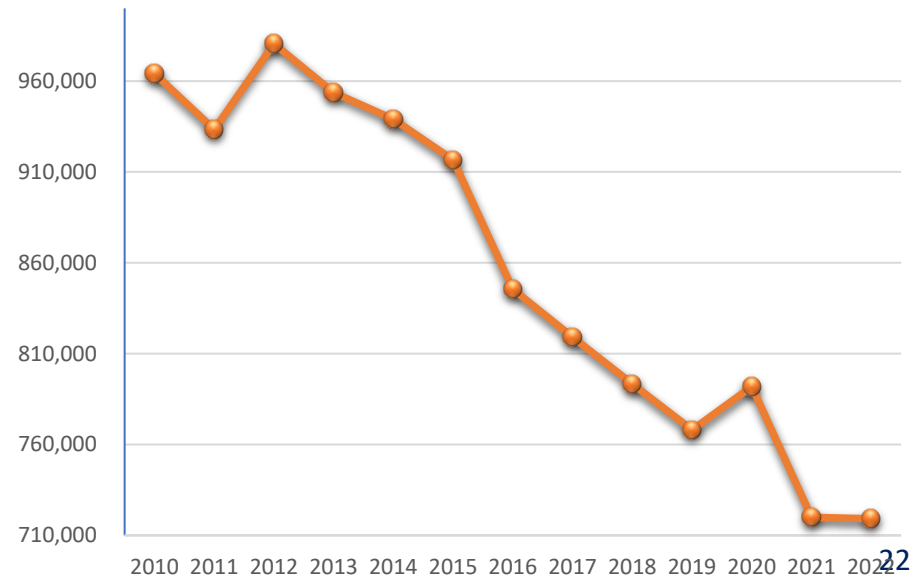
**Pennsylvania FY22 GDx Changes:**

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

**Total Expenditures**



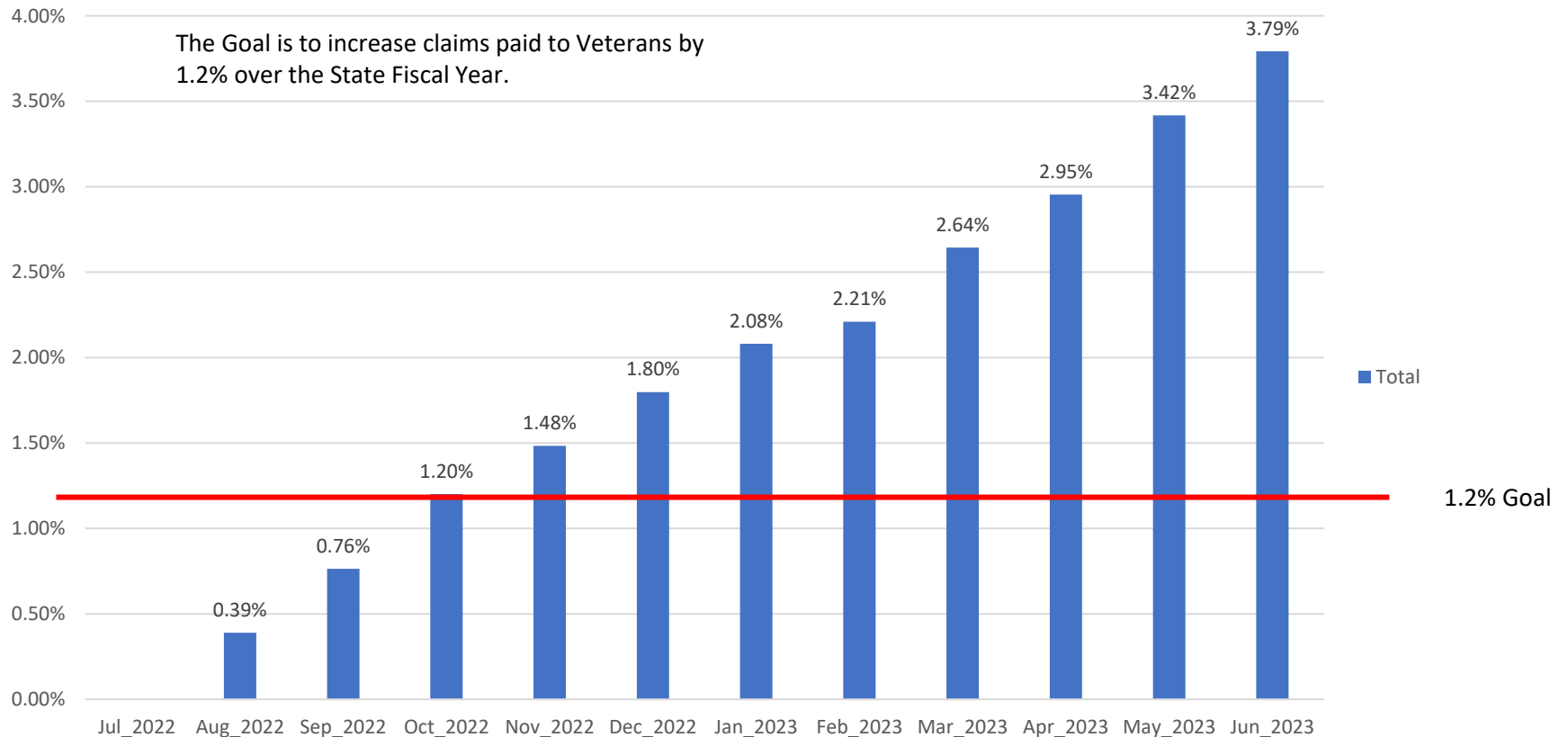
**Population**



# Claims Paid As Reported By VA Central Office (VACO)



Percent Increase of Claims Paid from July 2022

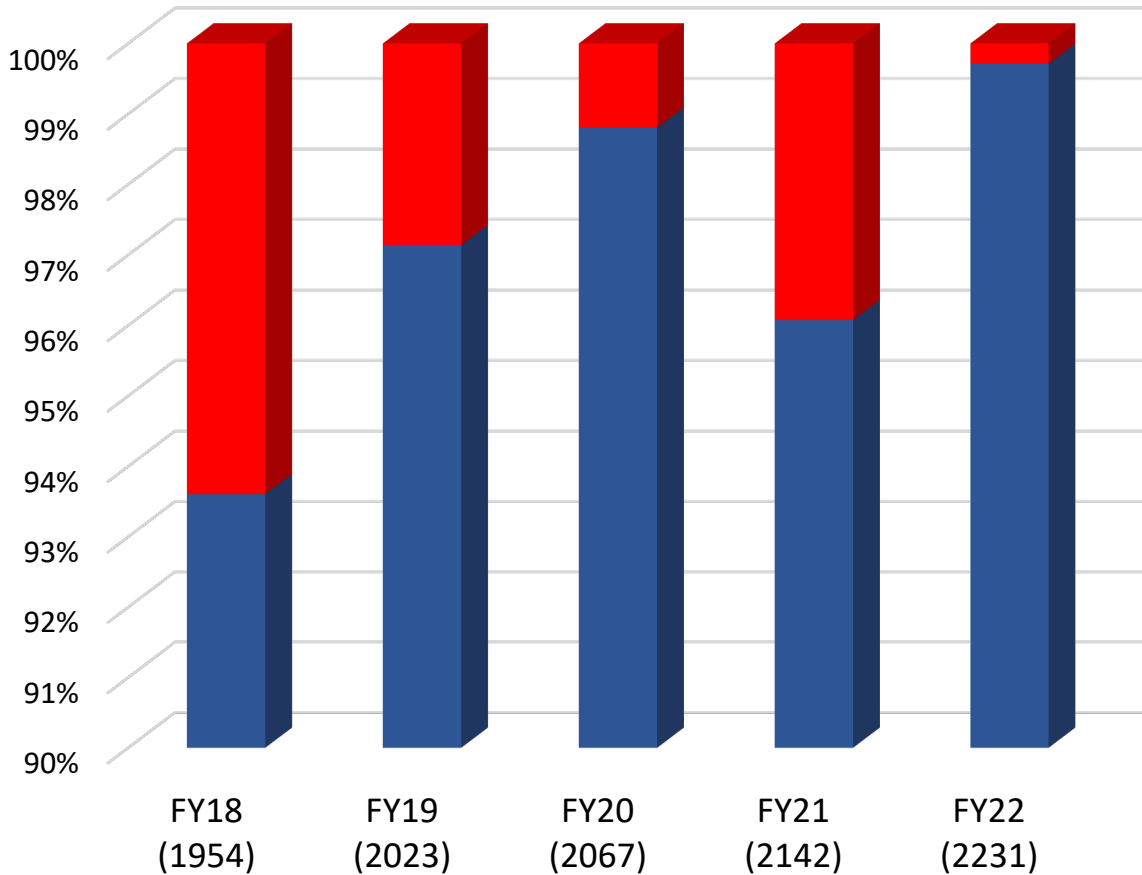


*% reflects the combined efforts of: AMVETs, DAV, DMVA (to include counties), TAL, VFW, and VVA in federal VA compensation and pension claims.*

# AMPUTEE & PARALYZED VETERANS' PENSION



\$3,878,000



- Expended \$3,866,800
- Projected \$0
- Lapsed \$11,200

*At end of FY22,  
99.7% of budget expended*

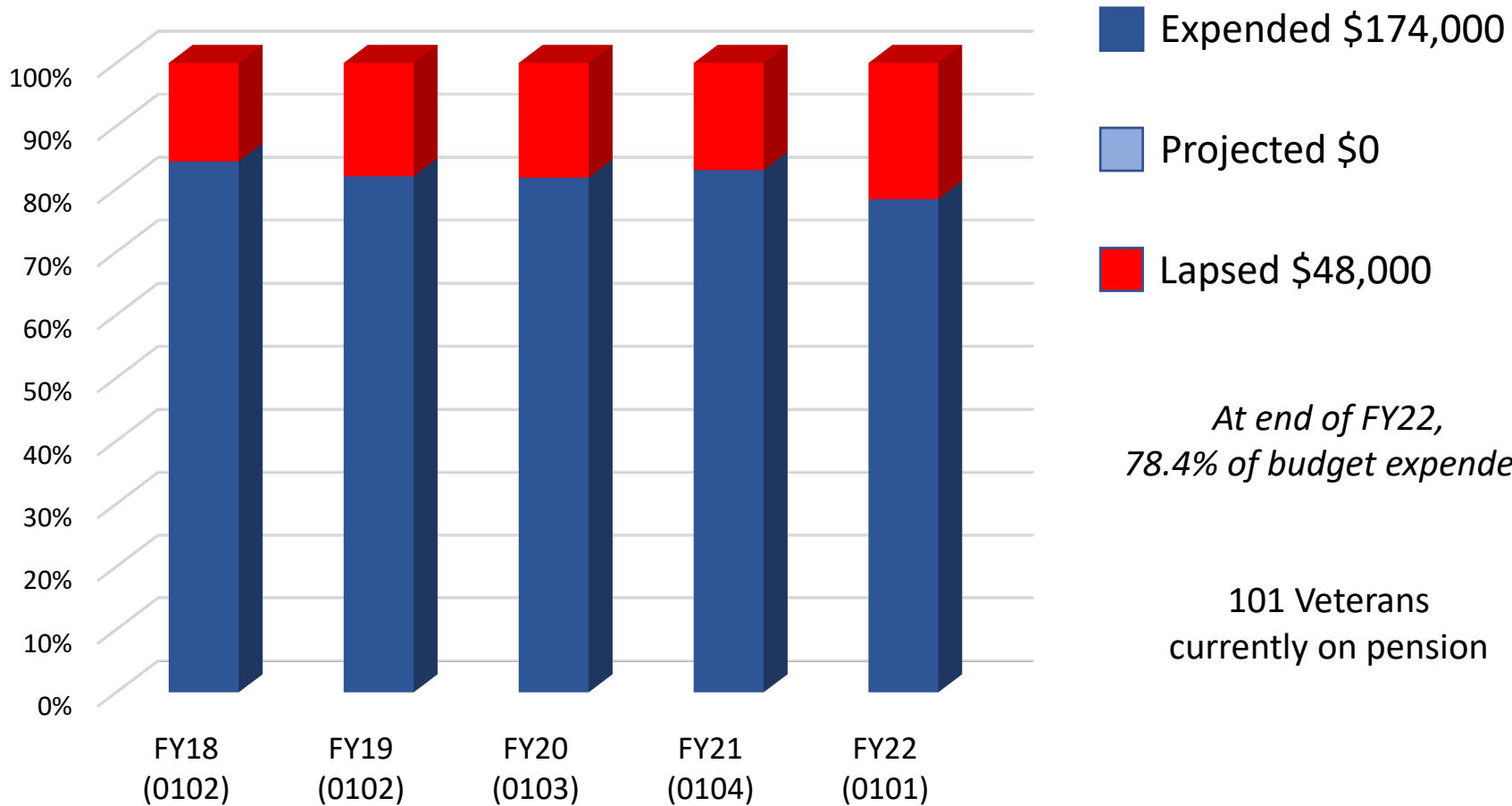
2,231 Veterans  
currently on pension



# BLIND VETERANS' PENSION



\$222,000



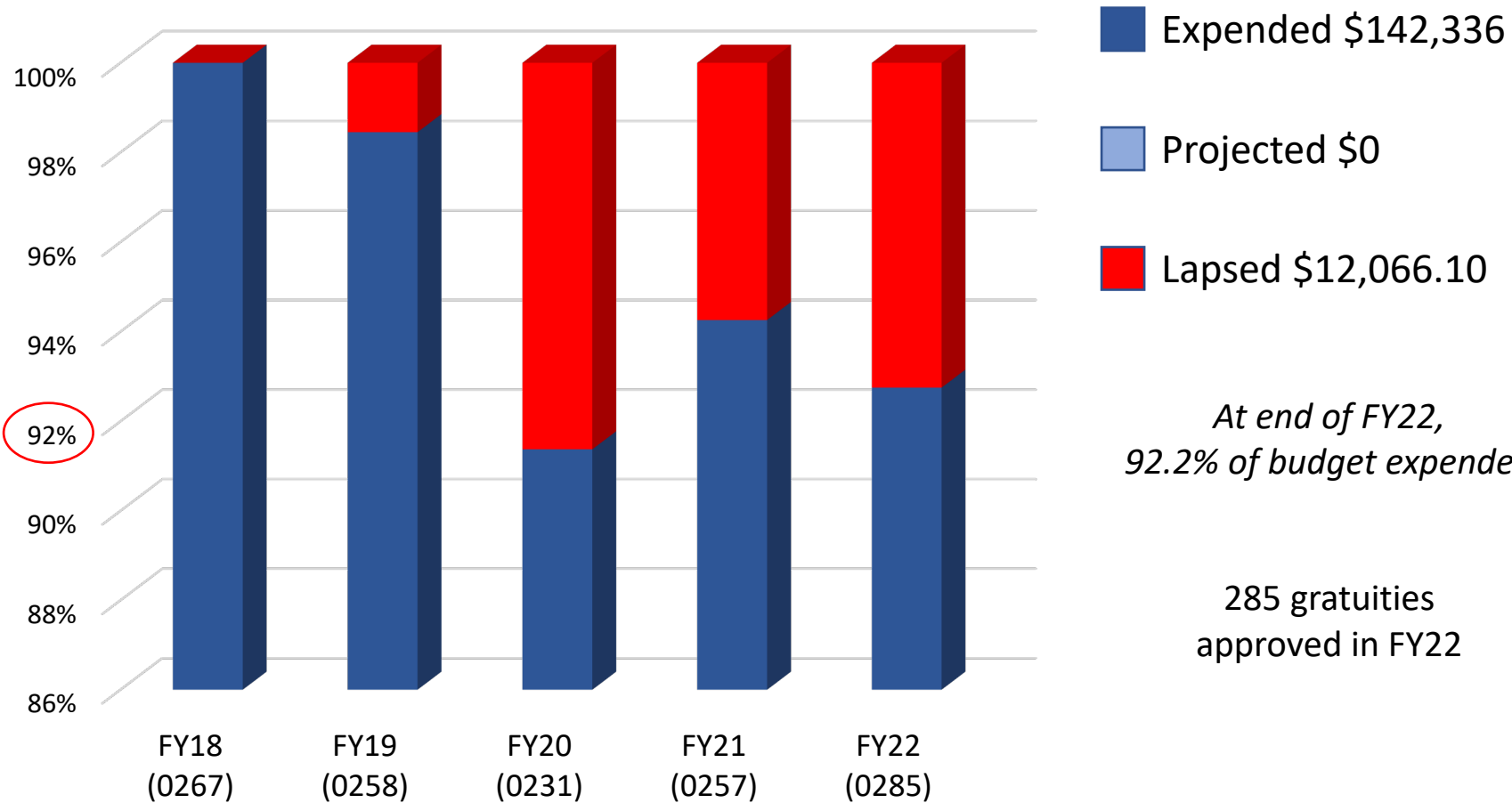
*At end of FY22,  
78.4% of budget expended*

101 Veterans  
currently on pension

# EDUCATIONAL GRATUITY



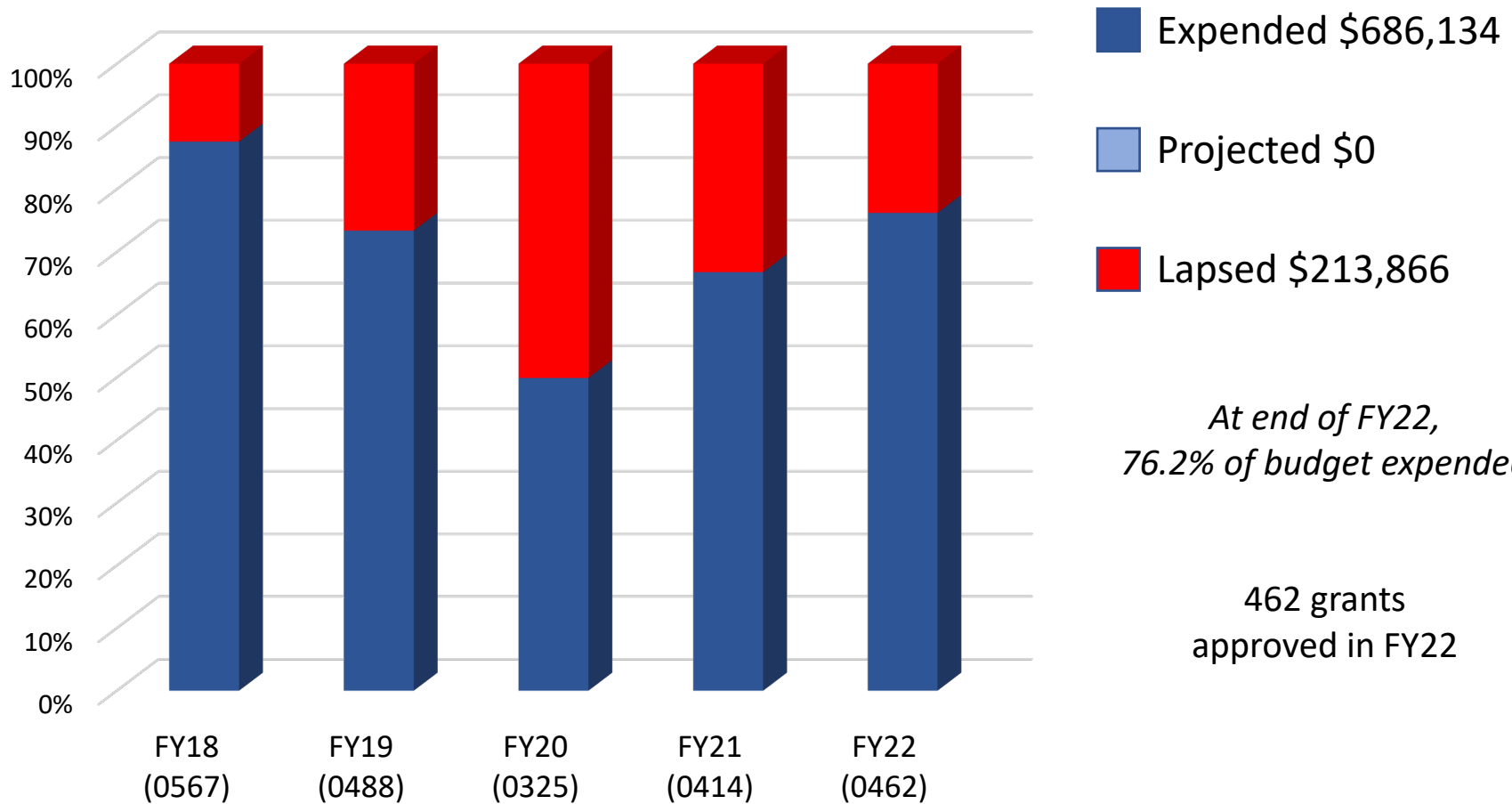
\$154,402



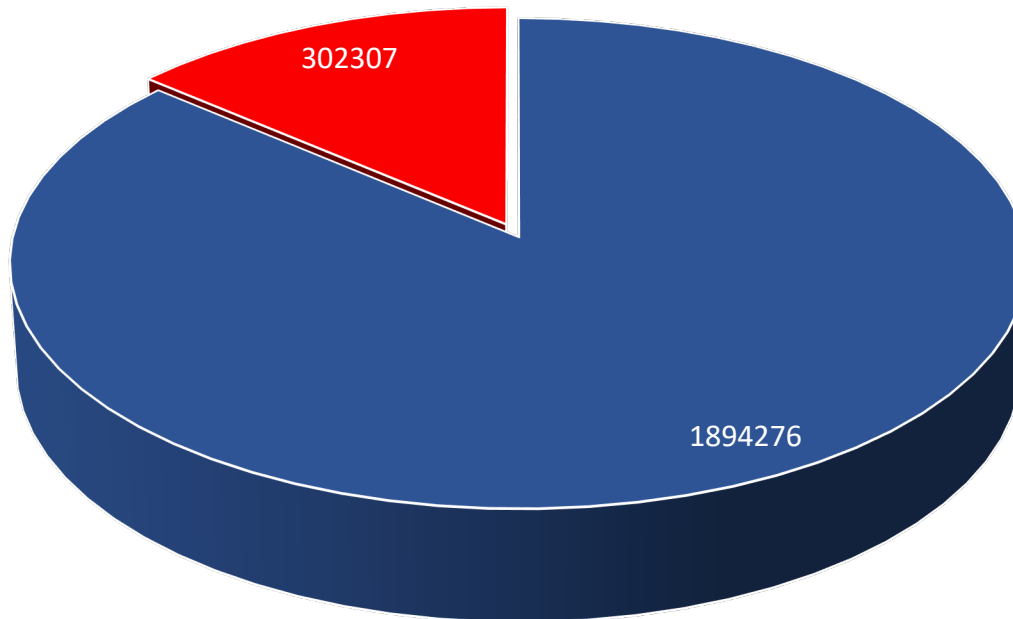
# VETERANS' TEMPORARY ASSISTANCE



## \$900,000 (VTF)



## MFRAP Fund Balance \$1,220,007.28



Total Donations FY05-22: \$2,198,009.14

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

Total Grants FY05-22: \$978,001.86\*

**FY22 Total Donations: \$186,377.82**

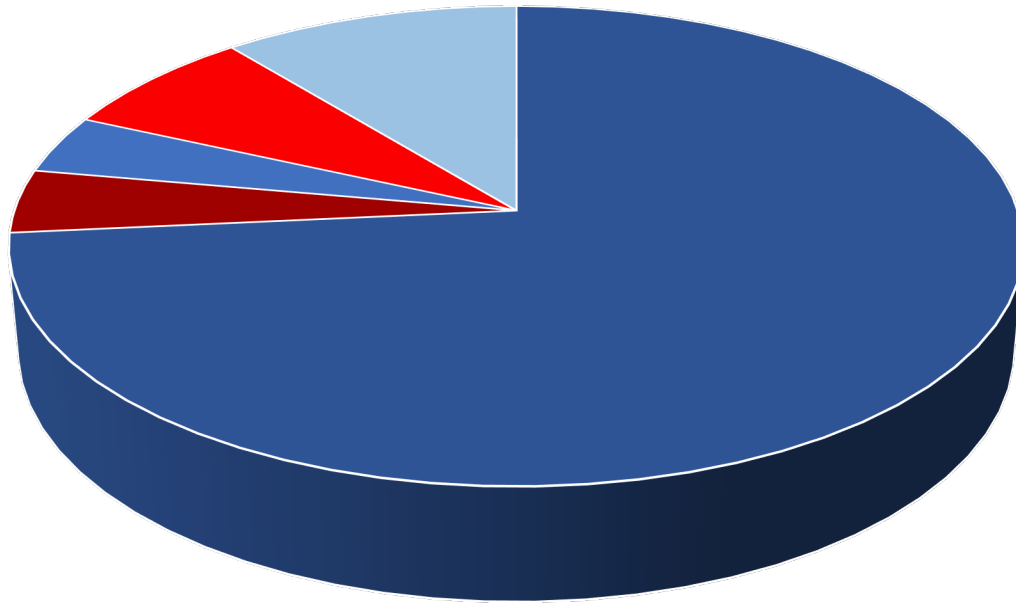
**FY22 Total Grants: \$56,080.00**

*\*PIRO anticipates surpassing \$1M in total grants in FY23.*

# DISABLED VETERANS' REAL ESTATE TAX EXEMPTION



## 6,873 Total Adjudications in FY22

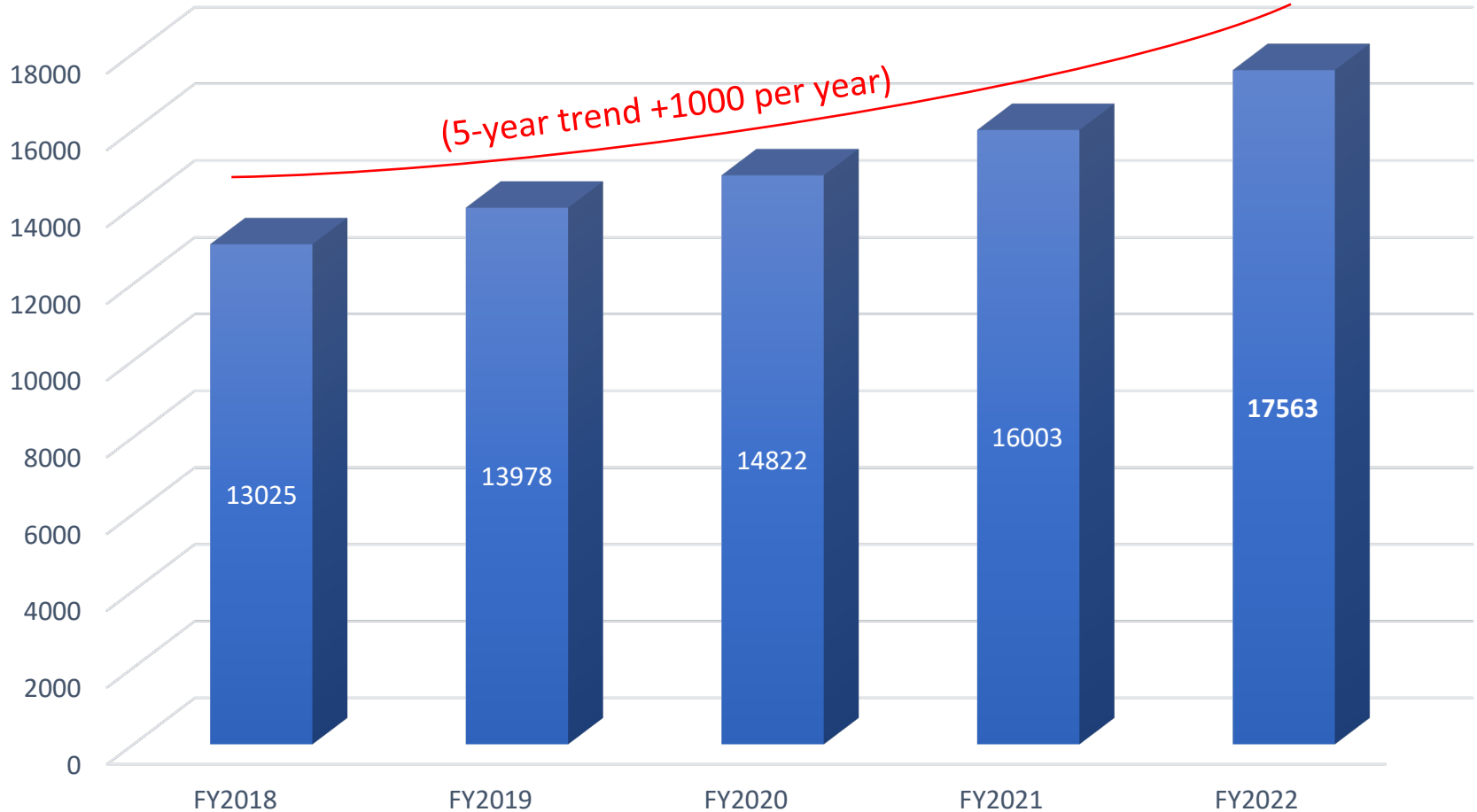


- 4,658 Approved (67.8%)
- 271 Denied: Financial Need
- 251 Denied: Ineligible\*
- 465 Removed: No Response
- 691 Removed: Eligibility Change

### \* 251 Applications Ineligible by Reason

- 40 – Veteran did not have total or 100% permanent disability during lifetime
- 46 – Property not owned solely by Veteran or jointly/estate by entirety with spouse
- 98 – Veteran did not have service during a period of war or armed conflict
- 64 – Veteran’s disability not rated 100% permanent due to future exams
- 01 – Surviving spouse remarried
- 01 – Servicemember died while on active duty
- 01 – Veteran does not occupy property as principal dwelling

# DISABLED VETERANS' REAL ESTATE TAX EXEMPTION



Estimated \$53M in real estate tax exemptions to disabled veterans and their surviving spouses.

As of 03 Jul 2023

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



**VISN 4**

**MR. TIM LIEZERT**



# VISN 4 Access – Fiscal Year 2023 Wait Times



Clinics FY23 thru August 13	Number of Appointments	Average Wait
Mental Health	300,054	5.1
Primary Care	426,470	4.9
Specialty Care	837,877	10.1
Other	614,247	6.3
ALL	2,178,648	7.3

FY23 data updated 8/14/2023 with appointment info as of 8/13/2023.



# VISN 4 Access – Current Average Wait Times



VISN 4 Facility	Primary Care	
	New Patients	Returning Patients
James E. Van Zandt VAMC	19	2
Abie Abraham HCC	13	1
Coatesville VAMC	22	8
Erie VAMC	23	4
Lebanon VAMC	16	4
Corporal Michael J. Crescenz VAMC	34	6
VA Pittsburgh Healthcare System (University Drive)	11	13
VA Pittsburgh Healthcare System (H.J. Heinz)	19	10
Wilkes-Barre VAMC	15	2
Wilmington VAMC	9	9

FY23 data updated 8/14/2023 with wait times as of 8/13/2023 for the last 30 days.

[www.accesstocare.va.gov](http://www.accesstocare.va.gov)

September 2023 Update

> community > commonwealth > country

## Improvements to the Access to Care website

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

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

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

# VISN 4 Care in the Community



	Care in the Community Consults (Scheduled and Completed)	Non-VA Unique Patients*
FY 21	156,191	85,497
FY 22	168,184	89,683
FY 23 (as of 8/13/23)	162,734	93,086

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

FY23 data updated 8/14/2023 with consult info as of 8/13/2023.



U.S. Department of Veterans Affairs

Veterans Health Administration  
VA Healthcare–VISN 4

## **VISN 4 Update**

**September 8, 2023**

### **Leadership Update**

Jeffrey Beiler, Director of the Lebanon VA started at Lebanon on September 3.

Kim Butler, Associate Director at Wilmington began serving as their interim director on September 3. Vamsee Potluri was appointed and will serve as the new Executive Director in Wilmington effective September 24.

Jennifer Harkins, Associate Director of finance and operations at the Coatesville VA, was appointed as the new executive director for Coatesville effective August 27.

Kaneen Allen, Associate Director at VA Pittsburgh, started as the Deputy Director at the Philadelphia VA Medical Center on August 27, 2023.

Christopher Buscema was appointed Associate Director for Altoona effective July 31.

Ashley Klick, Deputy Nurse Executive, Lebanon, PA VAMC, has been appointed as the Associate Director - Patient Care Services (AD-PCS) effective August 13.

Jeston Robinson was appointed VA Pittsburgh Assistant Director and Western Market Lead.

### **Patient Experience Update**

VISN 4 continues to have the highest trust score in the nation at 93.8%. VISN 4 also has the highest number of compliments at 76.6 %. VISN 4 has the lowest number of recommendations at 11.1% and concerns at 12.4%.

### **PACT Act Update: PACT Act Key Data**

The 2022 PACT Act expanded health care and benefits for millions of Veterans exposed to toxic hazards during their service, and their survivors – including many Vietnam-era, Gulf War era, and Post-9/11 Veterans.

VA's public-facing PACT Act dashboard is published every other Friday and has the latest data and information on how VA is implementing the PACT Act.

A link to the updated dashboard is included in the read ahead.

## **PACT Act Deadlines**

The deadline to have PACT Act benefits backdated was extended to August 14, 2023, at midnight Eastern time and has passed.

There is less than 1 month remaining in the PACT Act one-year special health care enrollment period for Post-9/11 combat Veterans. VA encourages all Post 9-11 combat Veterans to apply now before this eligibility window closes on **September 30**. Learn more about the PACT Act and apply for benefits by visiting [www.va.gov/PACT](http://www.va.gov/PACT) or calling [1-800-MY-VA-411](tel:1-800-MY-VA-411).

A link to a one-page fact sheet and eligibility questions on the PACT Act one-year special health care enrollment period for Post-9/11 combat Veterans was included in the read ahead material.



**PACT Act and Gulf War, Post-911 Veterans V7.10.2023 1330hrs.pdf** (one-pager pdf attached)



**Common PACT Act Health Care Eligibility Questions-July2023.docx** (FAQs attached)

## **Ending Homelessness among Veterans**

On August 3, 2023, VA announced the first of 25 deployments of its brand new Mobile Medical Units specifically to serve homeless and at-risk Veterans. MMUs are vans or trucks that move from one location to another to provide primary care, women's health, audiology, laboratory, and telehealth services for Veterans who may need access to a local VA medical center. They offer a private space for medical and mental health clinicians, social workers, and other staff and social workers to meet with Veterans to ensure they receive the care they need and deserve.

## **Caregiver Support Update**

### Resources for Caregivers

- The Caregiver Health & Wellbeing Coaching is now offered at every facility across VISN 4, to provide a personal guide who will work with caregivers to develop a personalized health plan based on the caregivers values, needs and goals.
- The Peer Support Mentoring Program is available for caregivers participating in either Caregiver Support Program. The program was developed to strengthen relationships between caregivers, to provide an opportunity for networking and to empower caregivers to help one another.

### Program of Comprehensive Assistance for Family Caregiver (PCAFC)

- VA is reviewing and examining the current Program of Comprehensive Assistance for Family Caregivers (PCAFC), including a thorough review of the eligibility criteria and improving the overall Veteran and caregiver experience.
- VA announced it is extending the amount of time that Legacy Participants, Legacy Applicants and their Family Caregivers within the PCAFC will remain eligible for the program. This will include all services, supports and benefits until September 30, 2025.
- VA has suspended annual reassessments during a review of current eligibility criteria for all those enrolled in the Program of Comprehensive Assistance for Family Caregivers (PCAFC). VA will continue to initiate reassessments for Veterans and family caregivers who request to be considered for an increase in stipend level or if there is evidence of an increased need for personal care services. During this time, VA will not remove anyone from the program or decrease any support based on the annual reassessments.
- As part of the VA MISSION Act, Phase II of program expansion occurred October 2022, expanding the program to include family caregivers of eligible Veterans from *all eras* who were seriously injured in the line of duty.
- New applications continue to be received. These are processed in a timely manner.
- In addition to the VHA Clinical Review Process, there are additional appeal options for Veterans and caregivers. The Caregiver Support Line (CSL) (1-855-260-3274) can assist Veterans and caregivers with navigating these additional options and with providing information about filing a review or appeal.
- Legal and Financial Services are now available across the nation, for primary caregivers in the PCAFC program.

### Program of General Caregiver Support Services (PGCSS)

- Facilities are continuing to develop, implement, and enhance services and education for caregivers.
- Caregiver Support Program staff, VA providers and professionals have received training in the Campaign for Inclusive Care, which engages caregivers as part of the Veteran's care team.
- Family caregivers of Veterans who aren't eligible for PCAFC can still receive support and resources through PGCSS.

## **Connected Care Update**

MHV Transition to VA.gov: Today, Veterans need to go to many different online places to manage their VA-related tasks. To improve their online experience, a new home for VA health tools is being built on VA.gov. The new My Health eVet (MHV) portal on VA.gov will provide a single place for Veterans to manage their healthcare needs in the same location they manage their other VA benefits and services. By October 2024, all the core features of MHV will be built on VA.gov including Secure Messaging, prescription refills, medical records, appointments, and newsletters and other health content. It is a simple and accessible design that works well across all digital devices, including mobile devices. MHV on VA.gov is being built over the next two years and each tool will go through a series of phases of launch gradually. Veterans will have time to try out each tool in its new home and share their feedback.

RPM-HT Contract Approval: The Remote Patient Monitoring-Home Telehealth (RPM-HT) Program recently released the vendor selections for the 2023 RPM-HT Vendor Award Contract. The program now has more technology choices for the Veteran when enrolled in the RPM-HT program. This new contract will allow the Veteran to choose how he/she will receive care from the RPM-HT service, with options including in-home messaging devices, mobile applications, interactive voice response (IVR), and video capability. The program will be moving toward cloud-based technology, allowing the program to avoid service disruptions, improve security, and ensure business continuity and disaster recovery. All the new technology is scheduled to be available starting in early 2024.

Connected Care Awareness Week: From September 17<sup>th</sup>-23<sup>rd</sup>, VISN 04 will celebrate Connected Care Awareness Week across the network. The goal will be to share all the exciting tools and programs available to connect Veterans to their health care. Sites will share resources, conduct technology demonstrations, and have booths to help Veterans with their connectivity needs. Stay tuned for additional information from our Medical Centers and Health Systems.

# Pennsylvania Veterans Homes Census as of Midnight July 31, 2023

Delaware Valley Veterans' Home, Philadelphia PA - Andrew Ruscavage - Interim Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	141	127	14	90%	7	1	5	39	10		
Memory Care	30	29	1	97%	1	0	1	13	6		
<b>Total</b>	<b>171</b>	<b>156</b>	<b>15</b>	<b>91%</b>	<b>8</b>	<b>1</b>	<b>6</b>	<b>52</b>	<b>16</b>		
Non-Veteran Census Percent				6%							
Gino J. Merli Veterans' Center, Scranton PA - Vito Ruggiero - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	156	129	27	83%	7	0	9	6	10		
Memory Care	40	32	8	80%	3	0	0	9	2		
<b>Total</b>	<b>196</b>	<b>161</b>	<b>35</b>	<b>82%</b>	<b>10</b>	<b>0</b>	<b>9</b>	<b>15</b>	<b>12</b>		
Non-Veteran Census Percent				14%							
Holidaysburg Veterans' Home, Holidaysburg PA - Chrisy Dambeck - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	231	157	74	68%	5	0	2	14	4		
Memory Care	26	20	6	77%	2	1	1	4	0		
Personal Care	167	71	96	43%	0	0	0	2	1		
<b>Total</b>	<b>424</b>	<b>248</b>	<b>176</b>	<b>59%</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>20</b>	<b>5</b>		
Non-Veteran Census Percent				15%							
Pennsylvania Soldiers' & Sailors' Home, Erie PA - Cheri Spacht - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	75	66	9	88%	1	1	2	4	1		
Memory Care	32	30	2	94%	2	1	0	0	3		
Personal Care	100	54	46	54%	1	0	0	5	0		
<b>Total</b>	<b>207</b>	<b>150</b>	<b>57</b>	<b>73%</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>9</b>	<b>4</b>		
Non-Veteran Census Percent				12%							
Southeastern Veterans' Center, Spring City PA - Brian Gula - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	208	141	67	68%	6	2	2	21	9		
Memory Care	30	29	1	97%	0	0	0	26	1		
Personal Care	54	33	21	61%	1	1	0	12	4		
<b>Total</b>	<b>292</b>	<b>203</b>	<b>89</b>	<b>70%</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>59</b>	<b>14</b>		
Non-Veteran Census Percent				8%							
Southwestern Veterans' Center, Pittsburgh PA - Richard Adams - Commandant											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	196	108	88	55%	4	1	1	22	6		
Memory Care	40	34	6	85%	2	1	1	3	2		
<b>Total</b>	<b>236</b>	<b>142</b>	<b>94</b>	<b>60%</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>25</b>	<b>8</b>		
Non-Veteran Census Percent				12%							
Summary / Pennsylvania Bureau of Veterans' Homes											
Veteran Census/Events	Auth Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	1007	728	279	72%	30	5	21	106	40		
Memory Care	198	174	24	88%	0	3	3	55	14		
Personal Care	321	158	163	49%	2	1	0	19	5		
<b>Totals</b>	<b>1,526</b>	<b>1,060</b>	<b>466</b>	<b>70%</b>	<b>42</b>	<b>9</b>	<b>24</b>	<b>180</b>	<b>59</b>		
Veteran Status:	Total Non-Vets (f)	Male Non-Vet	% Non Vets (f)	Total Vets (f)	% Vets (f)	Male Vets	Total Male (f)	Female Non-Vets	Female Vets	Total Female (f)	VH Totals (f)
Non-Veteran/Veteran	9	0	6%	147	94%	146	146	9	1	10	156
DVVH	23	1	14%	138	86%	136	137	22	2	24	161
HVH	37	1	15%	211	85%	200	201	36	11	47	248
PSSH	18	3	12%	132	88%	125	128	15	7	22	150
SEVC	17	1	8%	186	92%	175	176	16	11	27	203
SWVC	17	2	12%	125	88%	122	124	15	3	18	142
<b>Totals</b>	<b>121</b>	<b>8</b>	<b>11%</b>	<b>939</b>	<b>89%</b>	<b>904</b>	<b>912</b>	<b>113</b>	<b>35</b>	<b>148</b>	<b>1,060</b>



# Pennsylvania Veterans Homes Census as of Midnight June 30, 2023

<b>Delaware Valley Veterans' Home, Philadelphia PA - Andrew Ruscavage - Interim Commandant</b>											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	141	127	14	90%	4	1	1	45	10		
Memory Care	30	28	2	93%	1	0	2	13	6		
<b>Total</b>	<b>171</b>	<b>155</b>	<b>16</b>	<b>91%</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>58</b>	<b>16</b>		
Non-Veteran Census Percent				<b>6%</b>							
<b>Gino J. Merli Veterans' Center, Scranton PA - Vito Ruggiero - Commandant</b>											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	156	129	27	83%	8	1	5	5	11		
Memory Care	40	31	9	78%	3	0	1	5	2		
<b>Total</b>	<b>196</b>	<b>160</b>	<b>36</b>	<b>82%</b>	<b>11</b>	<b>1</b>	<b>6</b>	<b>10</b>	<b>13</b>		
Non-Veteran Census Percent				<b>14%</b>							
<b>Hollidaysburg Veterans' Home, Hollidaysburg PA - Barry Lowen - Interim Commandant</b>											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	231	154	77	67%	4	2	2	18	5		
Memory Care	26	20	6	77%	2	1	0	4	0		
Personal Care	167	71	96	43%	1	0	0	2	1		
<b>Total</b>	<b>424</b>	<b>245</b>	<b>179</b>	<b>58%</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>24</b>	<b>6</b>		
Non-Veteran Census Percent				<b>15%</b>							
<b>Pennsylvania Soldiers' &amp; Sailors' Home, Erie PA - Cheri Spacht - Commandant</b>											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	75	69	6	92%	2	1	0	4	1		
Memory Care	32	28	4	88%	3	0	1	0	3		
Personal Care	100	53	47	53%	2	1	0	4	0		
<b>Total</b>	<b>207</b>	<b>150</b>	<b>57</b>	<b>73%</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>8</b>	<b>4</b>		
Non-Veteran Census Percent				<b>11%</b>							
<b>Southeastern Veterans' Center, Spring City PA - Brian Gula - Commandant</b>											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	208	138	70	66%	8	1	6	20	8		
Memory Care	30	30	0	100%	0	0	0	29	1		
Personal Care	54	33	21	61%	1	4	0	13	3		
<b>Total</b>	<b>292</b>	<b>201</b>	<b>91</b>	<b>69%</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>62</b>	<b>12</b>		
Non-Veteran Census Percent				<b>8%</b>							
<b>Southwestern Veterans' Center, Pittsburgh PA - Richard Adams - Commandant</b>											
Level of Care	Authorized Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	196	107	89	55%	3	0	1	22	6		
Memory Care	40	33	7	83%	2	0	0	1	2		
<b>Total</b>	<b>236</b>	<b>140</b>	<b>96</b>	<b>59%</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>23</b>	<b>8</b>		
Non-Veteran Census Percent				<b>11%</b>							
<b>Summary / Pennsylvania Bureau of Veterans' Homes</b>											
Veteran Census/Events	Auth Beds	Beds Assigned	Beds Vacant	Percentage Filled	Admissions	Discharges	Expirations	Waiting List Veteran	Waiting List Non-Veteran		
Nursing Care	1007	724	283	72%	29	6	15	114	41		
Memory Care	198	170	28	86%	0	1	4	52	14		
Personal Care	321	157	164	49%	4	5	0	19	4		
<b>Totals</b>	<b>1,526</b>	<b>1,051</b>	<b>475</b>	<b>69%</b>	<b>44</b>	<b>12</b>	<b>19</b>	<b>185</b>	<b>59</b>		
Veteran Status:	Total Non-Vets (f)	Male Non-Vet	% Non Vets (f)	Total Vets (f)	% Vets (f)	Male Vets	Total Male (f)	Female Non-Vets	Female Vets	Total Female (f)	VH Totals (f)
Non-Veteran/Veteran	10	0	6%	145	94%	144	144	10	1	11	155
DVVH	23	1	14%	137	86%	135	136	22	2	24	160
HVH	36	1	15%	209	85%	198	199	35	11	46	245
PSSH	17	3	11%	133	89%	126	129	14	7	21	150
SEVC	17	1	8%	184	92%	173	174	16	11	27	201
SWVC	16	2	11%	124	89%	121	123	14	3	17	140
<b>Totals</b>	<b>119</b>	<b>8</b>	<b>11%</b>	<b>932</b>	<b>89%</b>	<b>897</b>	<b>905</b>	<b>111</b>	<b>35</b>	<b>146</b>	<b>1,051</b>

RETX Exempt List

mvfigsqlprod01  
8/18/2023  
rep\_VADC\_RETX\_Exempt\_List\_New

**Summary of Current Applications (Exempt)**

Count	No Activity	Review Process Started	Review App Received	New Apps Pending
17731	17265	450	16	272

**Summary of Activity from 05/26/2023 to 08/18/2023**

<b>Apps Created: 1079</b>	
New:	707
Review:	372
<b>Apps Approved: 1099</b>	
New:	676
Review:	423
Apps Denied (Need):	72
Apps Denied (Eligibility):	74
Apps Removed (No Response):	120
Apps Removed (Eligibility Change):	150

**Summary of Ineligible Reason**

Reason	Count
The U.S. Department of Veterans Affairs has determined that the veteran did not have a total and/or 100% permanent disability during their lifetime.	11
The property for which you claim exemption is not owned solely by you, or as an estate by the entirety with your spouse.	14
The U.S. Department of Veterans Affairs has determined that the veteran did not serve during a period of war or armed conflict.	27
Your disability has not been declared by the U. S. Department of Veterans Affairs to be a total or 100% permanent disability.	1
The U.S. Department of Veterans Affairs stated that you have a future exam , therefore, your disability has not been rated as total or 100% permanent.	21

**Summary of Activity from 05/26/2023 to 08/18/2023**

<b>APPLICATIONS APPROVED</b>	<b>1099</b>
New	676
Review	423

<b>APPLICATIONS DENIED</b>	<b>416</b>
Financial Need	72
Ineligible	74
No Response	120
Change of Eligibility	150

<b>OVER INCOME</b>	<b>146</b>
New	82
Review	64

<b>13%</b>
12%
15%

<b>APPLICATIONS CREATED</b>	<b>1079</b>
<b>TOTAL ADJUDICATED</b>	<b>1515</b>



**PA Dept. of Military & Veterans Affairs**

Job #13195 • 7/13/2023

DMVA - PO: 4300734765

**Proof#3**

**COLOR MATCH**

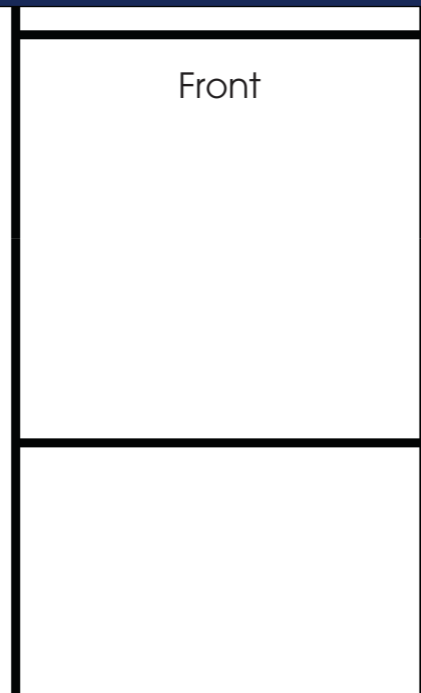
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Print Size: 24" w x 18" h

FPO NOTES:

**BLACK** outline represents overall size and will not print



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**Proof#3**

**COLOR MATCH**

**PANTONE® NONE**



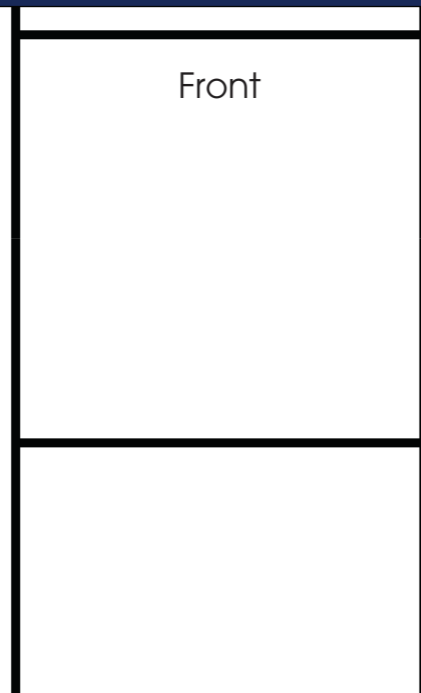

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**(x5000) Identical Full Color, Double Sided Yard Signs**

Direct Print Corrugated Plastic, Includes H-Stake Hardware

Print Size: 24" w x 18" h

FPO NOTES:

**BLACK** outline represents overall size and will not print



# PACT ACT & GULF WAR, POST-9/11 ERA VETERANS



The **PACT Act**, signed into law August 10, 2022, **expands health care eligibility to several groups of Veterans** who may not have been eligible before.



Veterans who participated in a **toxic exposure risk activity** (as defined by law) while serving on active duty, active duty for training, or inactive duty training.



Veterans assigned to a duty station in (including airspace above) certain locations during specific periods of time on or after:

**August 2, 1990**, in Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or United Arab Emirates

**September 11, 2001**, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen, or any other country determined relevant by VA



Veterans who deployed in support of:

- |                              |                          |
|------------------------------|--------------------------|
| Operation Enduring Freedom   | Operation Iraqi Freedom  |
| Operation Freedom's Sentinel | Operation New Dawn       |
| Operation Inherent Resolve   | Resolute Support Mission |



### SPECIAL ENROLLMENT PERIOD:

Veterans who served on active duty in a theater of combat operations during a period of war after the Persian Gulf War or in combat against a hostile force during a period of hostilities after November 11, 1998, and who were discharged or released between September 11, 2001, and October 1, 2013, may enroll in VA health care **between October 1, 2022 and September 30, 2023.**



### Toxic Exposure Screenings

As a general matter, there are several types of possible exposures or hazards Veterans may have experienced during their military service, including:

- Air Pollutants
- Radiation
- Occupational Hazards
- Chemicals
- Warfare Agents

**ON NOVEMBER 8, 2022:** VA will begin incorporating toxic exposure screenings. Every Veteran enrolled for VA health care will receive an initial toxic exposure screening and a follow-up screening at least every five years. Eligible Veterans who have not enrolled will have an opportunity to enroll and receive the screening.



The PACT Act adds **20+ new presumptive conditions.** Learn more online at [VA.gov/PACT](https://VA.gov/PACT).

Participate in the [VA Airborne Hazards and Open Burn Pit Registry](#) to help VA better understand potential health effects of exposures and proactively identify health concerns Veterans can discuss with their health care providers for follow-up care.

**Family members or dependents of a deceased Veteran** may qualify for various VA benefits due to the additional disabilities defined in the PACT Act if they meet eligibility requirements. More information for survivors is available online at [VA.gov/PACT](https://VA.gov/PACT).

### 4 EASY WAYS TO APPLY FOR VA HEALTH CARE



**Apply online** at [VA.gov/health-care/apply/application/introduction](https://VA.gov/health-care/apply/application/introduction)



**Call the toll-free hotline** at 877-222-8387 Mon – Fri, 8:00 a.m. – 8:00 p.m. ET



**Mail** a completed, signed Application for Health Benefits [VA Form 10-10EZ](#)



**Bring** a completed, signed [VA Form 10-10EZ](#) to the nearest VA Medical Center or clinic.

### 4 EASY WAYS TO GET STARTED WITH CLAIMS



**Learn more** at [VA.gov/disability/how-to-file-claim/](https://VA.gov/disability/how-to-file-claim/)



**Visit a VBA Regional Office** [VA.gov/benefits/offices.asp](https://VA.gov/benefits/offices.asp)



**Call the Benefits hotline** (for specific questions) at 1-800-827-1000



**Work with an accredited VSO** [VA.gov/ogc/apps/accreditation/index.asp](https://VA.gov/ogc/apps/accreditation/index.asp)



U.S. Department of Veterans Affairs

Learn more and sign up at [VA.gov/PACT](https://VA.gov/PACT)  
Download the **VA Health and Benefits App**  
Call us at 1-800-MyVA411 (1-800-698-2411)  
Find a VA at [VA.gov/find-locations/](https://VA.gov/find-locations/)

# Common PACT Act VA Health Care Eligibility Questions

**The bottom line:** The PACT Act created new health care eligibility opportunities for Veterans. There are many paths to eligibility, and applying is the best way for Veterans to know if they qualify. Veterans who are not currently enrolled in VA health care are encouraged to [apply now](#).

## Quick Navigation

1. [Who is eligible under the one-year special enrollment period that ends September 30, 2023?](#)
2. [What happens after the one-year special enrollment period ends on September 30, 2023?](#)
3. [Does the one-year special enrollment period end on September 30, 2023, or October 1, 2023?](#)
4. [How did the PACT Act change VA health care eligibility?](#)
5. [Are all Veterans who are eligible to enroll in health care under the PACT Act eligible for the full VA Medical Benefits Package?](#)
6. [How long does PACT Act health care enrollment last?](#)
7. [Must Veterans have a service-connected disability to receive VA health care?](#)
8. [Why should Veterans enroll in VA health care?](#)
9. [Did the PACT Act change anything else about VA health care eligibility?](#)
10. [Does the extension from five to 10 years after discharge or separation expire at any time?](#)
11. [Are Vietnam era Veterans eligible for VA health care under the PACT Act? If so, does eligibility expire?](#)
12. [Will more Veterans become eligible for VA health care under the PACT Act in the future?](#)

## 1. Who is eligible under the one-year special enrollment period that ends September 30, 2023?

The one-year special enrollment period is primarily for Post-9/11 combat Veterans.

To enroll, a Veteran must have:

- Served on active duty in a theater of combat operations during a period of war after the Persian Gulf War, **or**
- Served in combat against a hostile force during a period of hostilities after November 11, 1998

### And:

- Been discharged or released between September 11, 2001, and October 1, 2013, **and**
- Not previously enrolled in VA health care



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# Common PACT Act VA Health Care Eligibility Questions

## 2. What happens after the one-year special enrollment period ends on September 30, 2023?

After the one-year special enrollment period ends on September 30, 2023, Veterans who enrolled under this authority will remain enrolled in VA health care and be moved to the appropriate priority groups. When the one-year special enrollment period ends, Veterans who were enrolled in Priority Group 6 may be shifted to a lower priority group, depending on their income level, and required to make applicable copays in connection with the receipt of VA care and services. Learn more about this enhanced eligibility period in [this fact sheet](#).

While Veterans may be eligible to enroll during future eligibility windows, applying as soon as possible ensures they don't have to wait. By enrolling now, VA can provide eligible Veterans with any care they may need now or in the future.

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## 3. Does the one-year special enrollment period end on September 30, 2023, or October 1, 2023?

The special enrollment period began on October 1, 2022, and lasts one year—making September 30, 2023, the final day to apply under this eligibility. We are in the process of updating our communications products to address this date confusion.

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## 4. How did the PACT Act change VA health care eligibility?

Under the PACT Act, Veterans of the Vietnam, Gulf War, and Post-9/11 eras who did not previously enroll may now be eligible to enroll in VA health care. While eligibility is determined through factors like service location and time, applying is the easiest way for Veterans to find out if they qualify.

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## 5. Are all Veterans who are eligible to enroll in VA health care under the PACT Act eligible for the full VA Medical Benefits Package?

Yes. Learn about the [VA Health Benefits package](#).

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## 6. How long does PACT Act health care enrollment last?

Once enrolled in VA health care, Veterans remain enrolled unless they request in writing to end their enrollment.

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# Common PACT Act VA Health Care Eligibility Questions

## 7. Must Veterans have a service-connected disability to receive VA health care?

No. Under the PACT Act, eligible Veterans who enroll in VA health care will have access to VA's full Medical Benefits Package. While we encourage Veterans to submit a claim for any injury or illness related to their service, a disability rating is not required to receive VA health care.

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## 8. Why should Veterans enroll in VA health care?

By coming to VA, Veterans receive whole health, Veteran-centric care from providers who are well-versed in service-connected conditions. Even if they don't need health care right away, once Veterans enroll, they're in. Veterans should not wait until something is wrong before they come to VA!

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## 9. Did the PACT Act change anything else about VA health care eligibility?

The PACT Act extended the time period that combat Veterans can enroll and receive free VA health care for any condition related to their service from five years to 10 years after discharge or separation.

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## 10. Does the extension from five to 10 years after discharge or separation expire at any time?

No. This is an ongoing period of eligibility for combat Veterans who were discharged or released on or after October 1, 2013.

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# Common PACT Act VA Health Care Eligibility Questions

## 11. Are Vietnam era Veterans eligible for VA health care under the PACT Act? If so, does eligibility expire?

Yes, Veterans who served on active duty in the following locations and time periods are eligible to enroll as of the signing of the PACT Act on August 10, 2022:

- Republic of Vietnam between January 9, 1962, and May 7, 1975
- Thailand at any U.S. or Royal Thai base between January 9, 1962, and June 30, 1976
- Laos between December 1, 1965, and September 30, 1969
- Certain provinces in Cambodia between April 16, 1969, and April 30, 1969
- Guam or American Samoa (or their territorial waters) between January 9, 1962, and July 30, 1980
- Johnston Atoll (or a ship that called there) between January 1, 1972, and September 30, 1977

This eligibility is ongoing and does not expire. These Veterans will be assigned to Priority Group 6, and there is no deadline to apply for enrollment.

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## 12. Will more Veterans become eligible for VA health care under the PACT Act in the future?

Yes. Additional health care eligibility will go into effect at a future date for three new categories of Veterans:

- Veterans who participated in a toxic exposure risk activity, as defined by law, while serving on active duty, active duty for training, or inactive duty training
- Veterans who were assigned to a duty station in (including airspace above) certain locations during specific periods of time:
  - On or after August 2, 1990, in the following countries: Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or the United Arab Emirates
  - On or after September 11, 2001, in the following countries: Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan, or any other country determined relevant by VA
- Veterans who were deployed in support of Operation Enduring Freedom, Operation Freedom's Sentinel, Operation Iraqi Freedom, Operation New Dawn, Operation Inherent Resolve, and Resolute support Mission

More information about the timeline for this eligibility will be coming soon.

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For more information about the PACT Act and health care eligibility, please visit [VA.gov/PACT](https://www.va.gov/PACT).



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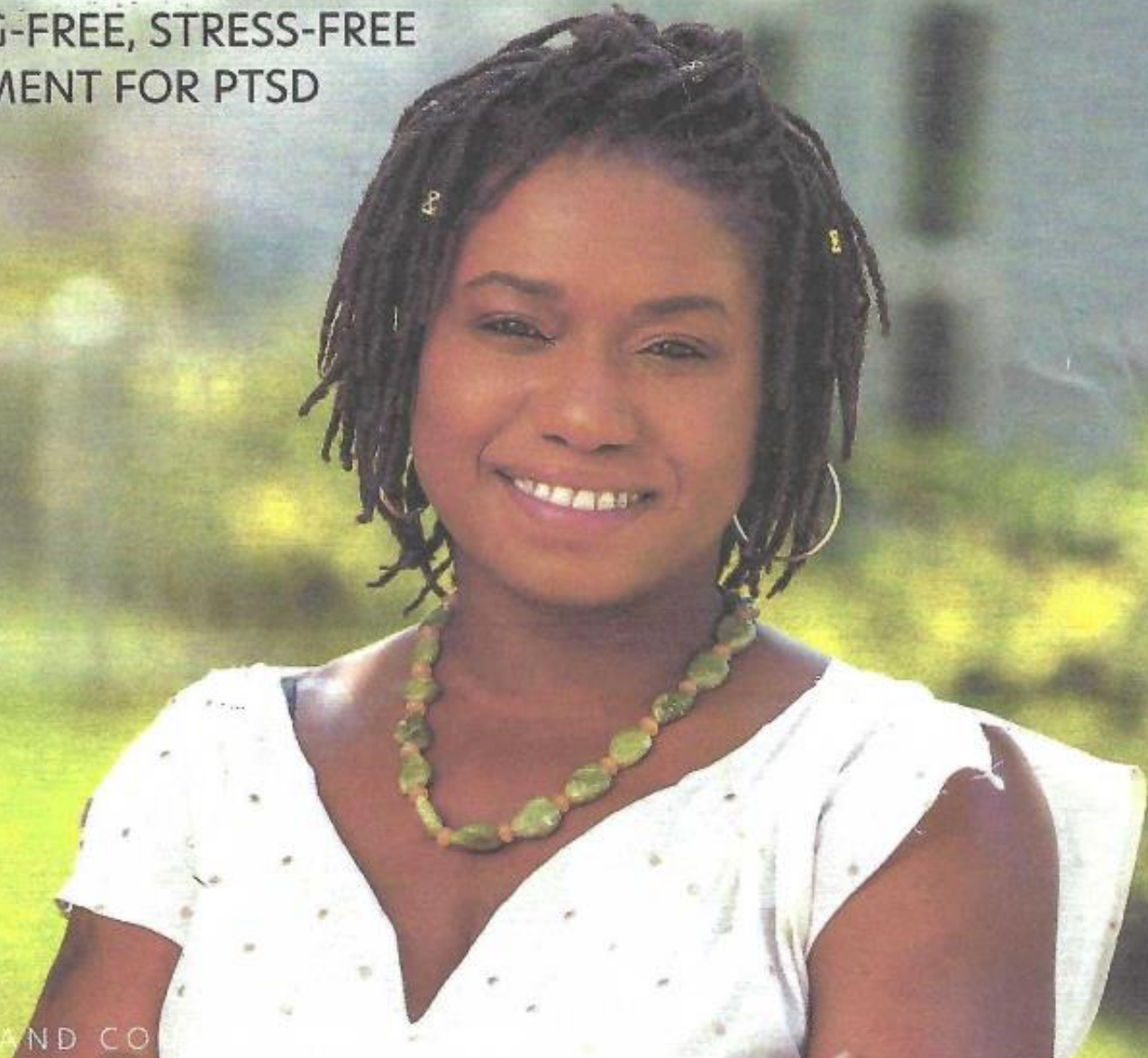
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## BREAKTHROUGH

A DRUG-FREE, STRESS-FREE  
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FOR GOD AND CO



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

Photo by Mike Brauley

## MIND SHIFT

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

BY HENRY HOWARD

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

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

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

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

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

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

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

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

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

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

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

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



Envato

## How the therapy works

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

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

To learn more or see if you or a loved one qualifies for the therapy, visit [thertmprotocol.com](http://thertmprotocol.com).

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

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

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

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

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

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

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

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

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



Army veteran  
Shantane Gaines  
Photo by Ryan  
Ketterman

## 'From tears of sadness to tears of joy'

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

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

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

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

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

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

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

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

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

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

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

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

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

## A life-changing five hours

Vietnam was worse than hell for Mike Moreno.

Hell's Kitchen, that is.

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

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

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

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



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

*Photo courtesy Mike Moreno*

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

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

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

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

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

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

Moreno has also mended relationships with his children and grandchildren.

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

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

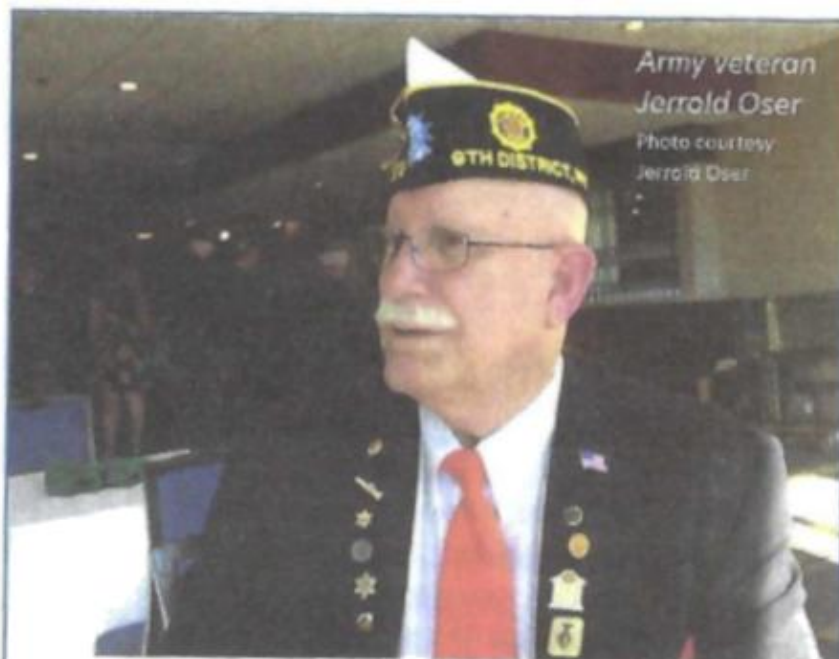
Be the One is currently the Legion's preeminent initiative, aiming to reduce veteran suicide by helping destigmatize mental health care. Bourke emphasizes the value of the program.

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

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

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

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



Army veteran  
Jerrold Oser

Photo courtesy  
Jerrold Oser

## No more aftershocks

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

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

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

The memory stayed with Oser for decades.

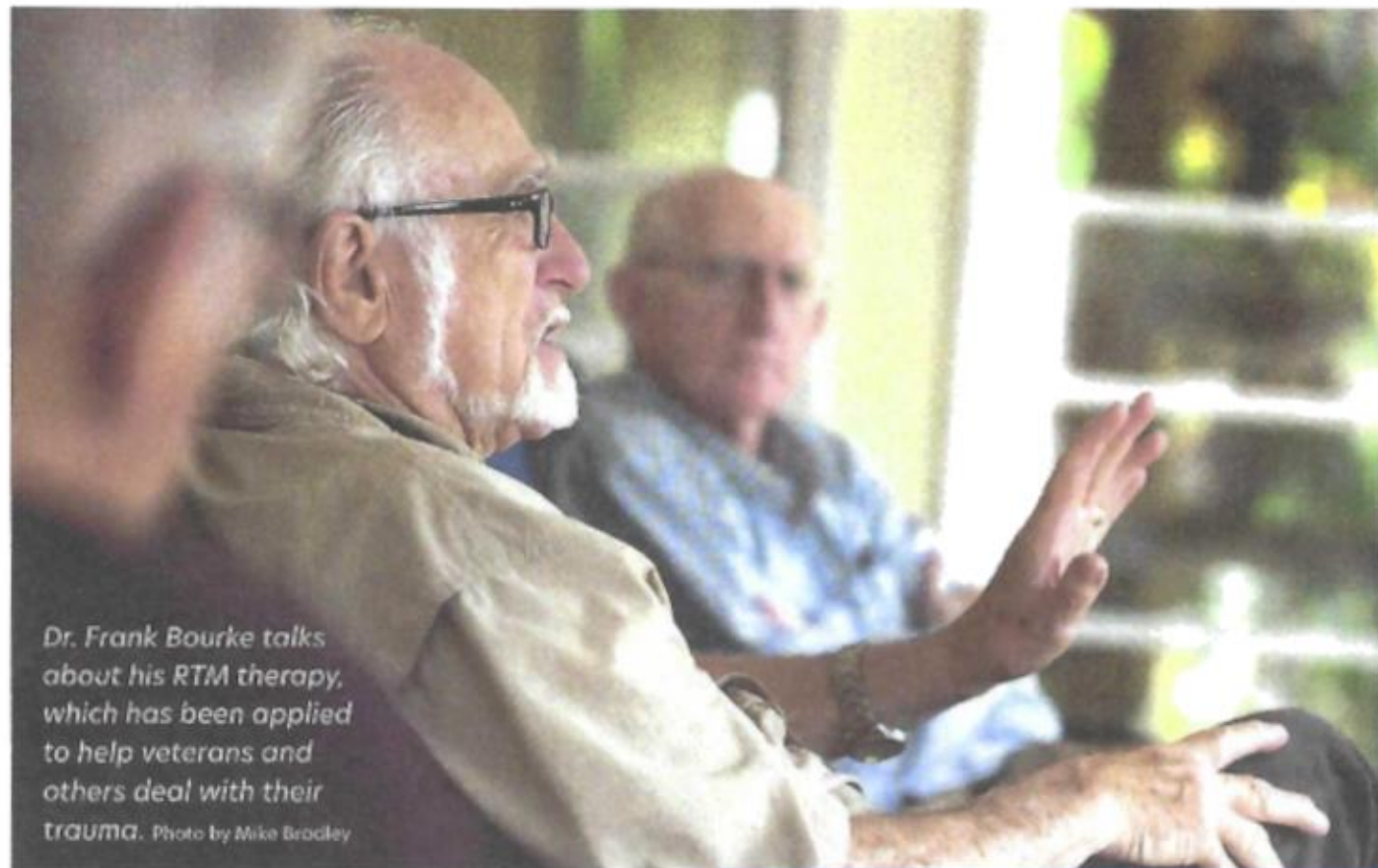
"I had nightmares (and would wake) up swinging or reaching for something," he says, explaining that he was lunging for the boy.

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

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

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





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

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

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

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

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

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

For Be the One information, resources and more, visit [betheone.org](http://betheone.org).

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

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

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

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

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

# Reconsolidation of Traumatic Memories (RTM) Protocol™ In the Treatment and Remission of PTSD for

**MG Maureen Weigl and SGM(R) Richard Hamp**  
**Pennsylvania Department of Veterans Affairs**

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



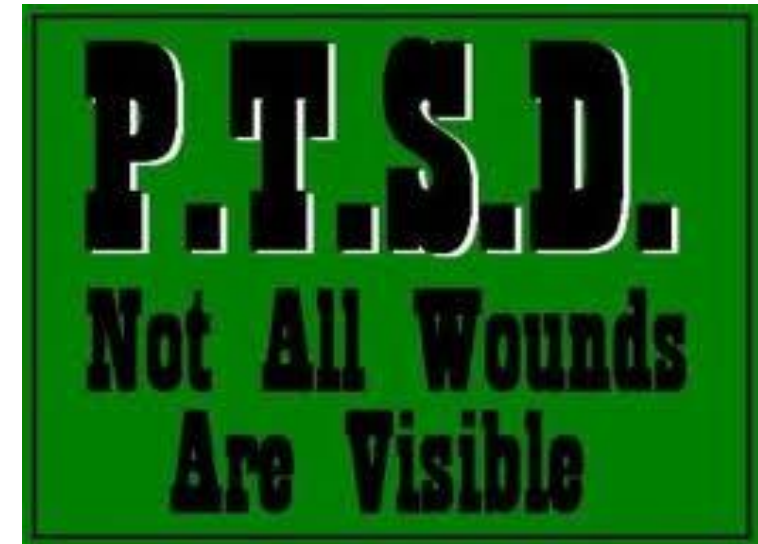
**Frank Bourke, PhD**  
CEO Emeritus  
Research and Recognition Project, Inc.



# Post Traumatic Stress Disorder (PTSD)

## Diagnostic Criteria

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



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

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

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

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

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



**THE “NOW” CHALLENGE**

# PTSD in U.S. Military Service Members

- Common: 10-20% of OEF/OIF-deployed service members (SMs)
  - Similar annual prevalence in Viet Nam Veterans
- Associated with high rates of depression, **suicide**, and functional impairment in multiple domains
- Successful treatment achieved in <50% of patients using current “standard of care” [Prolonged Exposure (PE), Cognitive Processing Therapy, and pharmacotherapy]
  - **Why <50% remission with current treatments?**
    - treatment ineffectiveness, low tolerability (especially for repeatedly reexperiencing the trauma), poor compliance, high dropout rates, need for long-term therapy

01

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

02

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

03

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

04

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



**A PROMISING  
BREAKTHROUGH** <sup>5</sup>

# RTM PROTOCOL™ DEVELOPMENT TIMELINE

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

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

## EXPANDING RTM PROTOCOL™ USE

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

## CLINICAL STUDIES

2014 – Four published clinical studies with more underway.

## CLINICIAN TRAINING

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

# COMPARATIVE ADVANTAGES OF THE RTM PROTOCOL™

## CLINICALLY-EFFECTIVE

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

## LOWER COST

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

## NON-TRAUMATIZING

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

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

*-VADM David Buss, US Navy (Ret.)*



# CLINICIANS and RTM PROTOCOL™ TRAINING

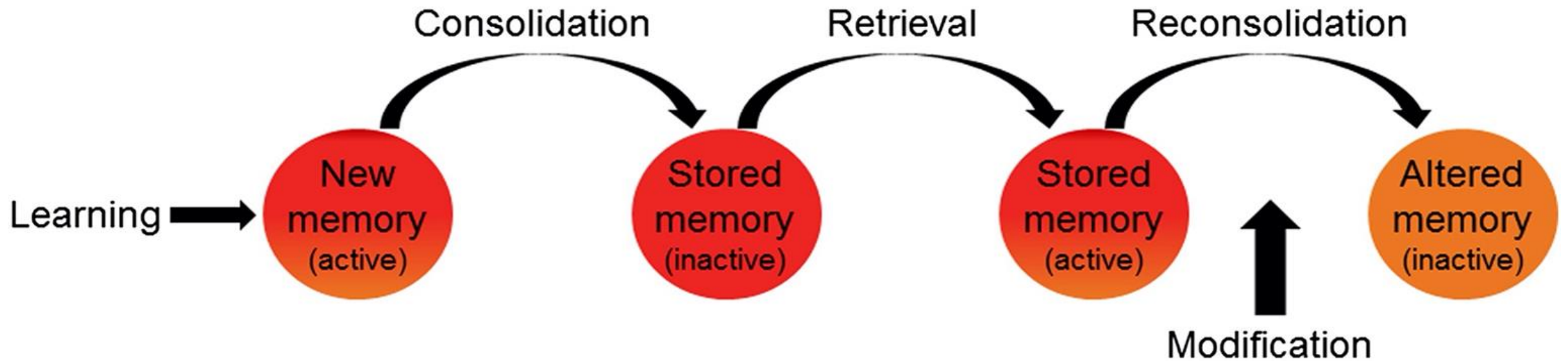
**Clinicians are searching for more effective treatments for their patients' trauma; current methods are falling short.**

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

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

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

# Mechanism of Action



**A Neurological Intervention!**

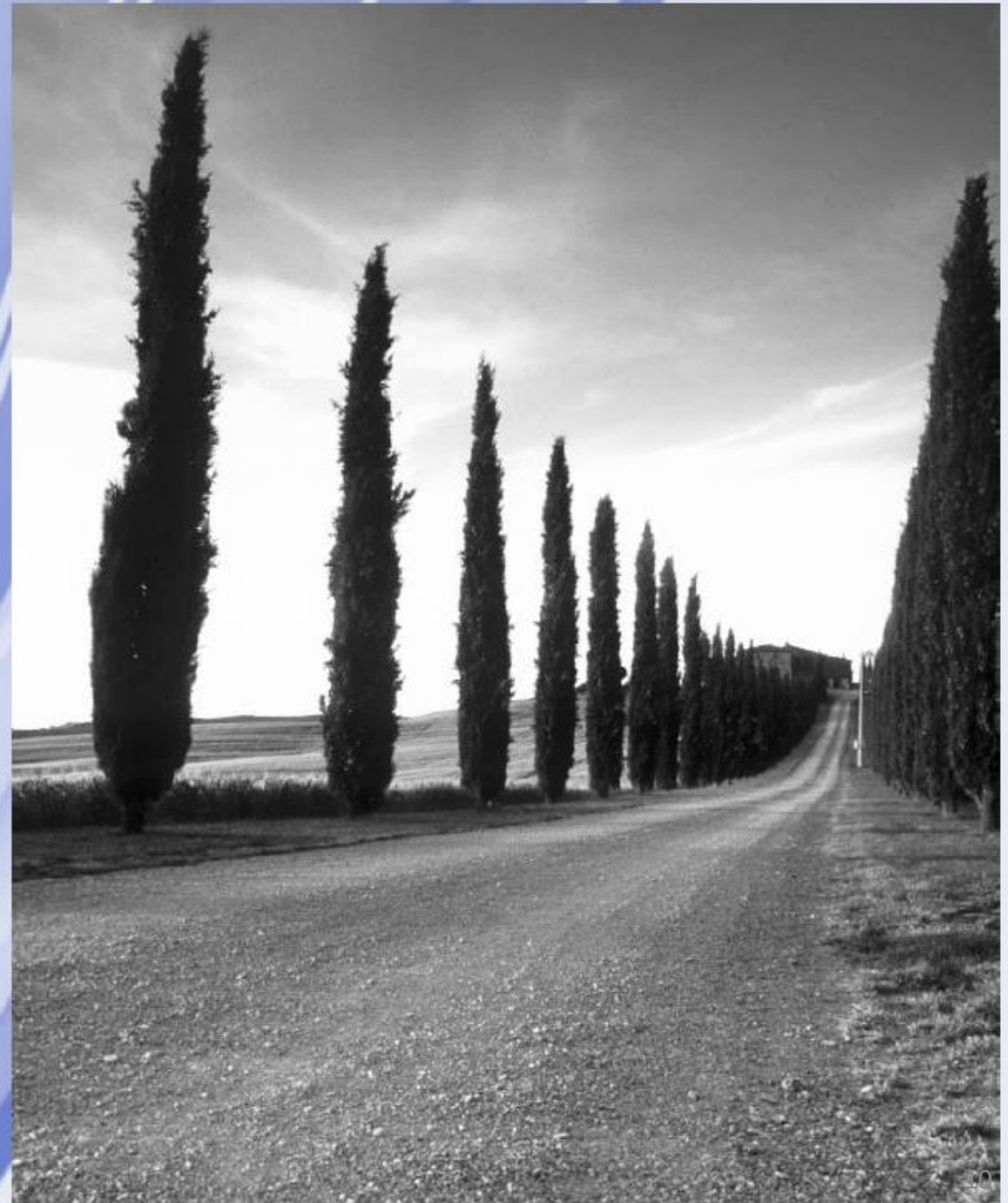
## THE LONG ROAD HOME

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

Doug Baldwin

Army Veteran

Completed RTM treatment in 2016



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

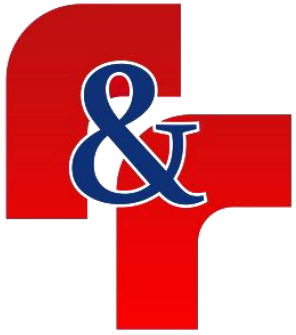
**RESOLVED, That The American Legion urge Congress to provide oversight and funding to the Department of Veterans Affairs, Department of Defense, and the Research and Recognition Project for innovative PTSD research and clinical training in the RTM Treatment Protocol aimed at the national need.**

**PTTI conducted Virtual Training for New York State and WRNMMC Mental Health Therapists March 10-12, 2023. All received "scholarships" for the training from the New York American Legion.**

**Dr. J. Gregory Jolissaint, Family Physician and former Army Operational Medicine and Veterans Affairs Physician, also completed the RTM Protocol training with the New York Mental Health Therapists.**

# Pennsylvania Veterans Affairs Opportunities

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



The Research and  
Recognition Project

# Comments?

# Questions?

# Next Steps?

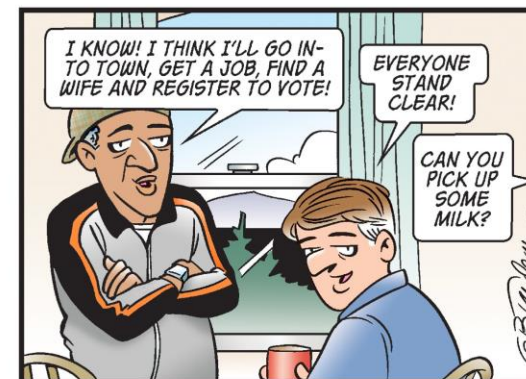
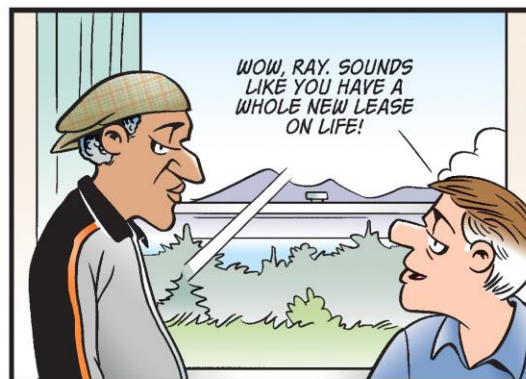
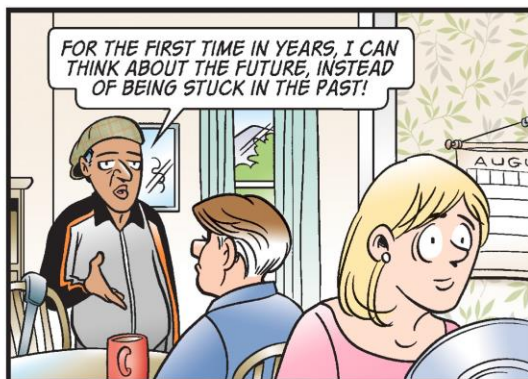
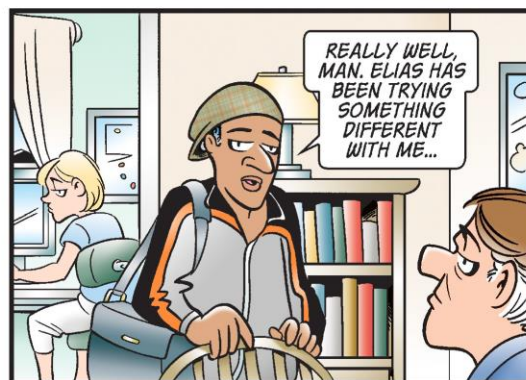
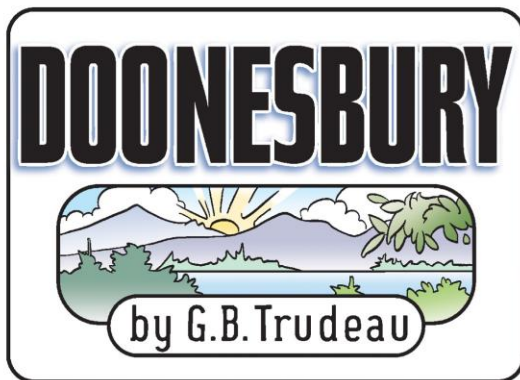


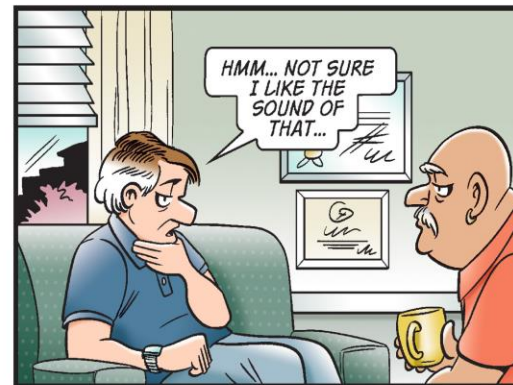
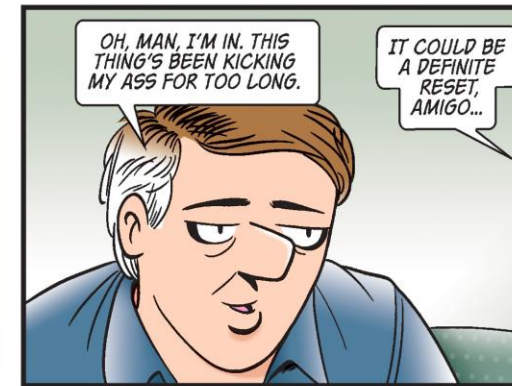
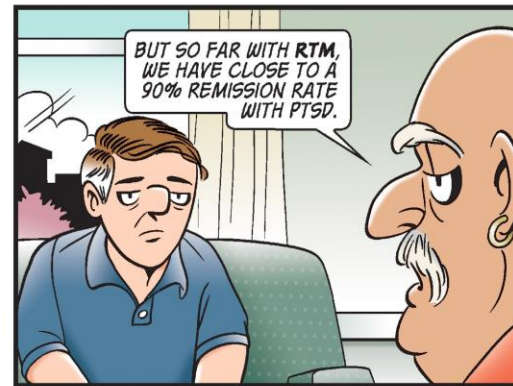
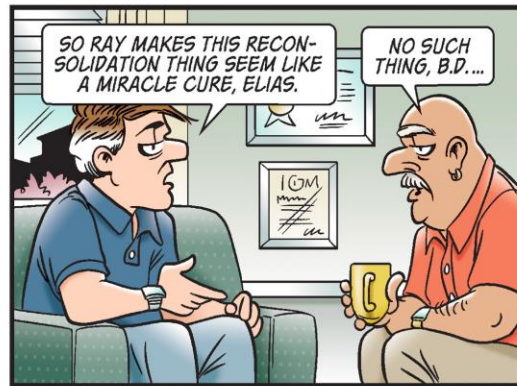
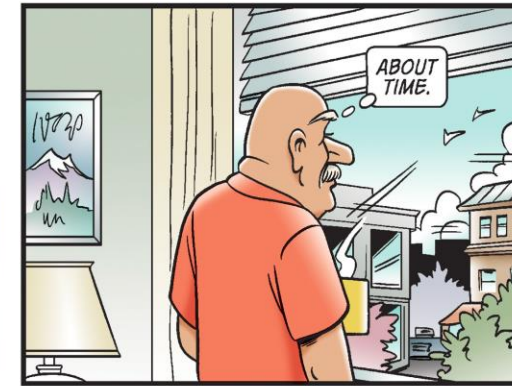
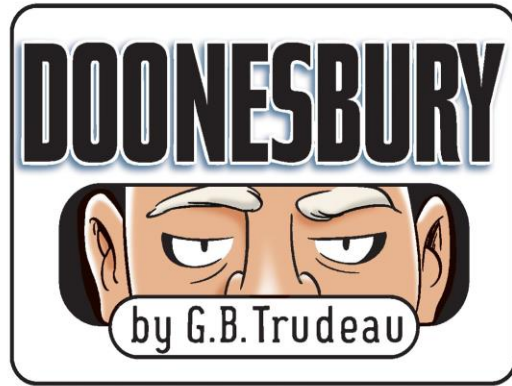
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Mobile 607.346.6280

# THE RTM PROTOCOL™ IN DOONESBURY

August 21, 2022

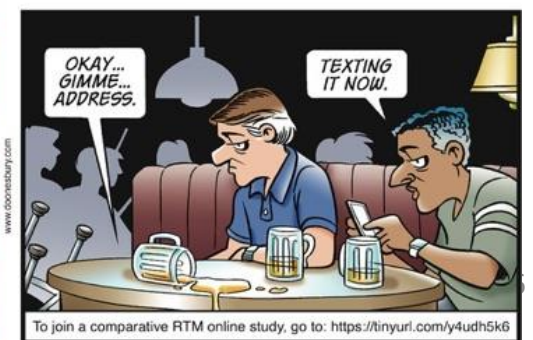






# THE RTM PROTOCOL™ IN DOONESBURY

August 13, 2023



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

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

***John Krystal, MD***

***Chair, Yale Department of Psychiatry***

# Opinion The best PTSD treatment you've never heard of

By Garry Trudeau

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

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

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

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

The Washington Post  
July 10, 2023



The Research and Recognition Project

a 501(c)(3) organization

# RECONSOLIDATION OF TRAUMATIC MEMORIES

The RTM Protocol™

## *A BREAKTHROUGH TREATMENT FOR PTSD*

- Revolutionary neurological intervention
- Currently used by therapists around the world
- Averages three-four 90 min sessions
- No drugs/medication required
- High rate of remission of PTSD diagnosis
- 2.5-day training & post-training support
- Sessions are non-traumatizing for client and therapist



### THE NEED

The annual clinical and economic burden of PTSD in the US exceeds \$232 billion, greater than that of depression and anxiety; this situation is now reaching crisis levels due to the myriad traumatic stressors related to the pandemic. Current treatments are falling short of what's needed to treat the millions suffering from PTSD – achieving only 30-50% improvement in symptoms, leaving the majority to still suffer and, all too often, resort to destructive behaviors including workplace & family conflicts; addiction issues; and suicide. The impact of mental health issues on medical outcomes, lost productivity and human lives is driving patients, payors and employers to find more effective and affordable solutions.

### THE RTM PROTOCOL™

The protocol requires no drugs and is usually completed within 3-4 sessions, totaling approximately five hours. Following these sessions, an individual is able to talk about difficult memories without reliving the trauma – and to focus on underlying concerns in therapy without experiencing the cascade of physiological and psychological PTS reactions, which often become overwhelming and even disabling at home and work.). "RTM Protocol™ can be used in the Mental Health, Primary Care, or in-patient setting; it can also be delivered remotely "

### THE OPPORTUNITY

R&R is actively working to amplify the reach and life-saving impact of the RTM Protocol™ For more information about upcoming trainings, visit: [www.theRTMprotocol.com](http://www.theRTMprotocol.com) or contact us directly. Thank you for your consideration and support.

My experience with RTM has been an absolutely life changing experience. Before I went in for my first session of RTM treatment, I had been through over 2 years of therapy and was clinically diagnosed with anxiety, depression, and the hardest of all, post traumatic stress disorder. I had a very good therapist and was making amazing progress but it just wasn't enough, I was still dealing with the emotional and mental weight that the trauma had been putting on me. It got to the point where I just wanted something, anything, to help me finally be free. The next day someone recommended that I fill out an application for this program. I kinda freaked out when they called the next day and asked if I could meet them for my first appointment in a few hours, but I got over myself and decided to do it. After just the first appointment it felt like I was finally making real progress. After only the second appointment of RTM treatment it felt like all the weight had been lifted off of me. All that fear that I had built up inside me from many many years of trauma, suddenly gone. It felt like I could finally live my life as me. I wasn't

### Testimonials from patients treated using the RTM Protocol™

Thank You, I'm Not a paid supporter, etc. I volunteered to work with the Doctor and Will Murray. I have had CPTSD since I served in Viet Nam in 1966-1967. In Particular I deployed and volunteered in many " Search and Destroy Missions" Most of these were in North Viet Nam, above the DMZ. I don't feel that many of these missions affected me as much as one. I explained to Will my feelings and nightmares. Without going into detail now, these regarded my Kids[Daughters] and now my Grandkids. I cannot THANK Will enough for ridding me of this event back then. I honestly still don't know how he did this. It Is Definitely not Hypnosis. Etch a Sketch, etc ????? If I can be of ANY Help, Please contact me. I also want to THANK my Daughter, Samantha Schacher Biren, from Daily Blast Live, Denver and her interviews with Montel Williams. Thank You All, BestNight Sleep Ever. Semper Fi,

...The demons were gone. I could talk about this event without the anxiety I had previously. The most astonishing thing is that the other combat events I experienced have also gone to zero. I cannot explain how this happened in five hours. I do not know how the brain works. I now feel that the heavy burden I lived with for so many years is gone, and I can resume my life without the fear and anxiety I had experienced. I would like to thank Dr Frank Bourke for developing RTM, Loree Sutton MD for making RTM available to me, and my counselor Florence Maroney for guiding me through my TRM sessions. For all my Vietnam brothers and sisters, RTM works. For all my fellow veterans from every era – from World War II to the Korean War through the 1st Gulf War through post-9/11 OIF & OEF veterans, RTM works. For all our family members, caregivers and survivors of all eras, RTM works. For all first responders, law officers, or anyone who has experienced a traumatic experience, RTM works. My name is Mike. I WAS a combat infantryman, and now I am back to becoming a better husband, father, grandfather, and friend. I am home at last. In solidarity, **Mike Moreno Vietnam Veteran VVA Chapter 126 NYC Foundation**

"I was referred to Kim by another professional regarding dealing with trauma and during our first conversation, Kim recommended RTM™ process. The incident was related to a close family member suicide and since it happened over 10 years ago, I wasn't keen on unearthing all the memories during a lengthy therapy process. RTM™ was a perfect and highly effective solution for me as it allowed me to process the incident and unblocked me to deal with other issues that accumulated as a result. I'm glad I chose to work with Kim as she was extremely capable, professional and reassuring. I no longer respond to old triggers and feel free in myself to move in with life. Thank you!"

MS



"I used to sit in the dark all day and go over and over the trauma. After treatment with the RTM Protocol™, my wife says I am a lot happier. Another friend I have known for six years and see every Sunday says I look and sound so much happier. I feel more alive. No more daymares and nightmares...and the nightmare I have had for the past 40 years have stopped." **Client 3032**

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

Except it wasn't. Afterward, the praise from colleagues was effusive, with one top researcher telling RTM's creator, Frank Bourke, that the presentation was a “home run.” At the same time, a PTSD researcher from the Department of Veterans Affairs approached one of Bourke's teammates and said coldly, “I don't think it's useful to pick fights” — as though RTM's success had been a provocation.

Given the stakes, this fight is one worth picking. Roy's final, unblinded results are expected later this year, and they will likely mirror those of four previous clinical studies. Many people in the trauma care community aren't waiting: More than 300 therapists from private practices to local health centers to Vet Centers have already adopted the RTM protocol to treat PTSD. It's currently in front-line use in Poland as well as in besieged Ukraine, which has a 160-person waiting list of therapists scheduled for training.

Any promising scientific breakthrough should always be greeted with skepticism and intense scrutiny of its supporting data. But it should never be ignored. Despite the best of intentions and billions of dollars directed to research, training and treatment, the PTSD industry has remained impervious to calls to accelerate innovation and deliver more effective trauma treatments. This must change — and a protocol as effective as RTM is a good place to start.

Bourke, a retired Cornell lecturer and now 80, discovered his treatment almost by accident. In 2001, he was asked to join a team of therapists helping several hundred traumatized survivors of the 9/11 World Trade Center attacks. He had been working with an existing model for treating phobias and he

thought that, with some modification, it might work to heal trauma as well.

It did. Over the following year, Bourke successfully treated more than 250 PTSD patients, including one woman who had watched her best friend plunge to her death from one of the trade center towers. These extraordinary outcomes might have been enough to attract the attention of the trauma research community had not Bourke, who'd spent a year in the vicinity of Ground Zero, subsequently developed cancer.

It was several years before he regained his health and his footing, but he and several colleagues continued to hone the protocol, achieving a 90 percent remission rate for PTSD symptoms and diagnoses, surpassing even his results with the 9/11 patients. In 2010, as the U.S. military was still heavily engaged in Iraq and Afghanistan, Bourke contacted the armed services' top PTSD researchers to present his findings.

It did not go well. After a respectful but futile hearing at the Army Medical Research Institute at Fort Detrick, the lead scientist followed Bourke out to the parking lot for a word. If his team supported a treatment as apparently effective as RTM, he told Bourke, they would jeopardize their own careers; the Defense Department had already invested more than \$1 billion to study more conventional PTSD therapies. The message was clear: Bourke was on his own.

The consequences have been tragic. Up to 20 percent of Iraq and Afghanistan veterans still suffer from PTSD in any given year, and the federal government estimates that, since 9/11, more than 30,000 lives have been lost to suicide. Established treatments such as Cognitive Processing Therapy and Prolonged Exposure have limited capacity to achieve symptom remission and loss of diagnosis, require prolonged sessions, and have dropout rates of 50 percent and higher.

In contrast, RTM requires only three to four sessions, totaling about five hours, and involves no drugs or re-traumatization. Therapists can be trained in three days, and treatment can be conducted online. Best of all, the effects last. As one veteran put it, "Who knew that you could retrain your brain in a few hours, without medication, to remove yourself from the traumatic events that have been crushing you and making you wish you would just die?"

How does RTM work? Bourke explains it like this: "The technique is actually a neurological intervention that takes a traumatic memory and restructures it using several exercises like visualizing it as a black-and white movie. The revised memory updates the original — reconsolidation."

That's pretty much it. But what sounds simple is, in fact, very sophisticated and has been continuously refined over the years. Reconsolidation was initially discovered in the late 1960s by neuroscientists studying the process by which memories are stored and retrieved. What differentiates RTM from previous treatments is that it is not psychotherapy — it is a directed intervention that takes 89 discrete steps, and it has been manualized. This formal sequencing is what makes it so easy to train practitioners.

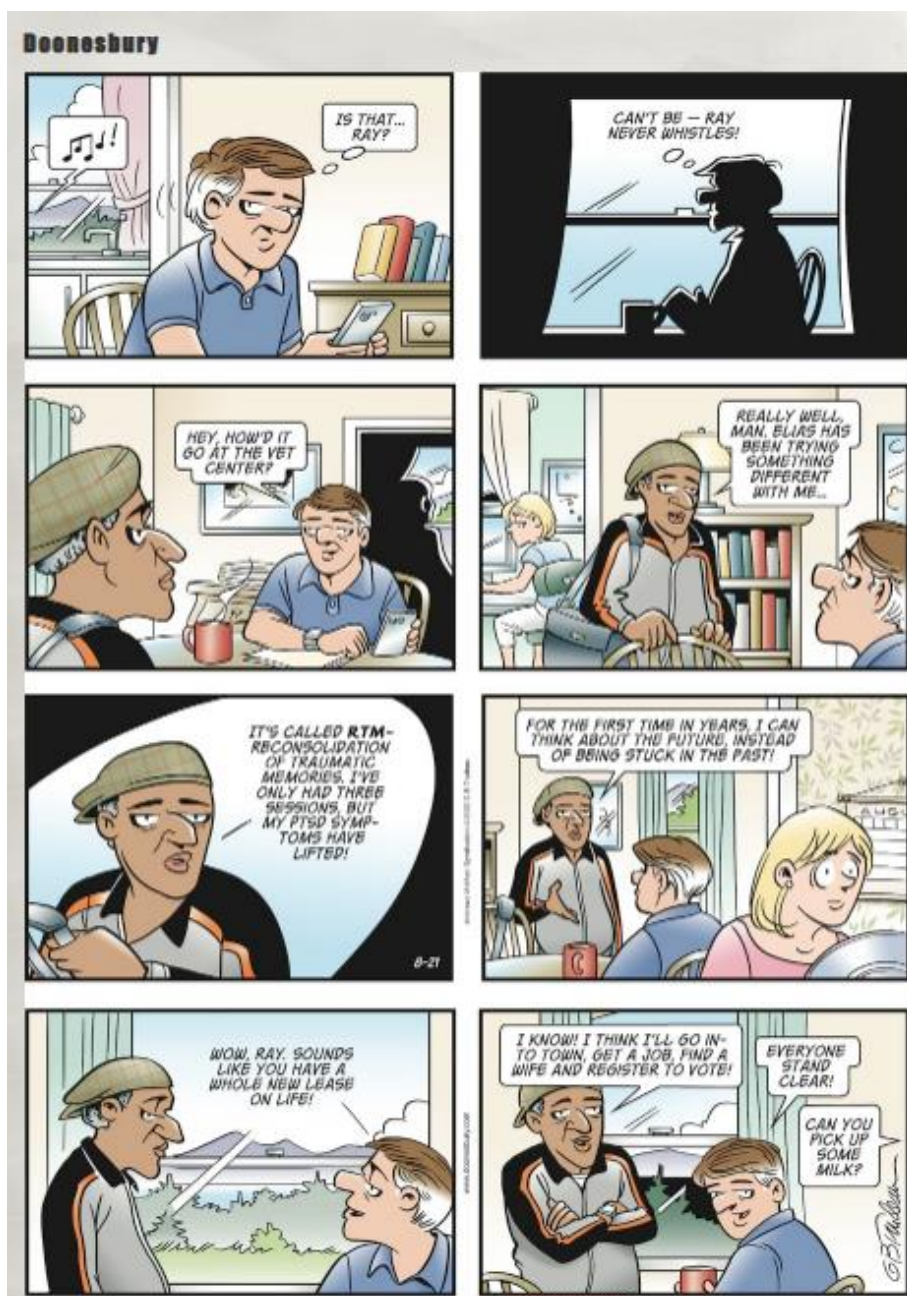
So, what will it take for a demonstrably successful trauma treatment such as RTM to become standard practice? For starters, Congress needs to hold hearings on the failure of VA and the Pentagon to fully support emerging approaches to treatment, including psychedelics but especially RTM, which has more than demonstrated its efficacy and safety over two decades. Of particular interest to lawmakers should be the tremendous savings in PTSD treatment costs for military populations — over \$25,000 in annual costs per individual with traditional therapies versus RTM treatment at \$1,000 per individual.

Secondly, Congress should appropriate funding to the Defense Health Agency to stand up comparative effective field studies, train therapists and put them to work relieving the suffering of afflicted active duty service members and veterans. While large-scale, randomized control studies such as the one taking place at Walter Reed are scientifically necessary and should be expanded, there's no reason to deny service personnel the relief they need now.

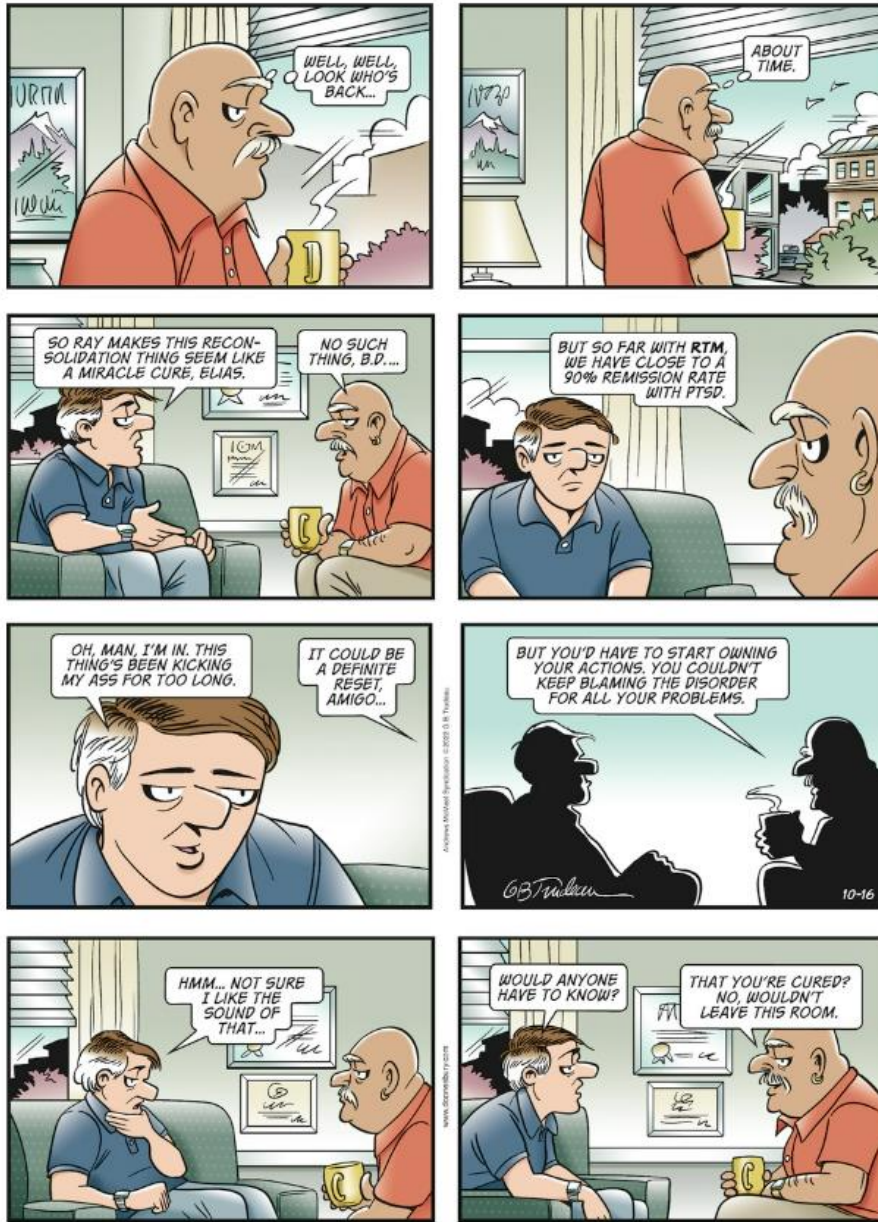
Many voices in the veterans community are now calling for fast-tracking RTM, including retired Navy Rear Adm. Dennis Wisely, retired Lt. Gen. Frank Kearney and retired Vice Adm. David Buss. The American Legion is urging the secretaries of Defense and Veterans Affairs to adopt the protocol as a treatment option.

And these prominent advocates are joined by the many veterans who have already been successfully treated with RTM. Listen to Mike Moreno, a Vietnam vet in Queens: "Finally, after almost 55 years, I have found a therapy that has eliminated the demons I have lived with all these years. I am back to becoming a better husband, father, grandfather and friend. I am home at last."

It's time to start bringing all our veterans home.



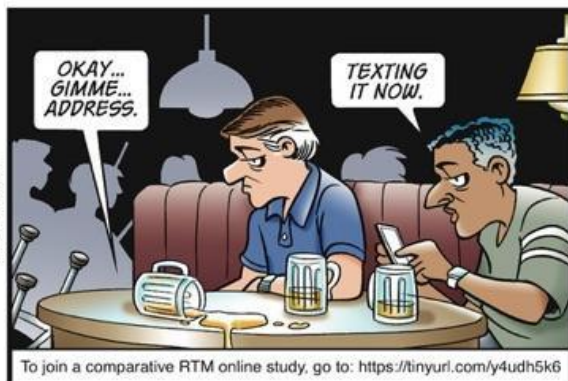




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Scan for more information on the **RTM Protocol™**





My name is Mike. I have always said I am a combat infantryman. I served as a rifleman with the 101<sup>st</sup> Airborne in the jungles of Vietnam's A Shau Valley in 1969. I say I am a combat infantryman instead of I was a combat infantryman because once you have been in combat, the memories, especially the bad ones, stay with you forever. Shortly after being discharged from the army, I started having nightmares and flashbacks. I became hypervigilant of my surroundings and avoided large gatherings. I trusted no one and withdrew socially from my friends and family members. I never discussed my time in Vietnam with anyone.

It took over twenty years to find out what was causing my life to change so drastically. I had PTSD. For another twenty years, on and off, I have been in PTSD therapy, both with one-on-one counselors and in group sessions. These programs did not work for me. I believe that in the early days of PTSD treatment, an effective therapy protocol was not yet developed and still has not improved much over the years.

Finally, after almost fifty-five years, I have found a therapy that has eliminated the demons I have lived with all these years. It is called RTM (Reconsolidation of Traumatic Memories). RTM has a 90% documented success rate and can be completed in five hours over three weekly sessions.

During my first RTM session, after discussing the PTSD symptoms that were causing me the most grief, I was asked to pick events from my combat experiences that troubled me the most—grading them from one to ten, with ten being the worst. I chose an ambush firefight where my good friend was killed and when I was wounded.

In the second session, we went through several mental exercises where I reenacted the event in the third person. Me looking at myself, watching the event unfold. We did this several times, putting less emphasis on the gory details each time. At the end of this session, I teared up; the event went from a ten to a three.

In the last session, we changed from reenacting the event in the third person to me watching the event unfold from a safe place before the firefight to a safe place after the firefight, looking at the horrible events during the firefight as still images in a fast-running black and white slide show. We did this several times, and by the end of the session, the ambush firefight event that was a ten, then a three, is a zero. The demons were gone. I could talk about this event without the

anxiety I had previously. The most astonishing thing is that the other combat events I experienced have also gone to zero. I cannot explain how this happened in five hours. I do not know how the brain works. I now feel that the heavy burden I lived with for so many years is gone, and I can resume my life without the fear and anxiety I had experienced.

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Vietnam Veteran  
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NYC Foundation