



October 2018

Vol. 5 No. 8

The Sentinel

Vietnam Veterans of America – Chapter 1002 – Wallkill Valley P.O. box 463, Vernon, NJ 07462 - 973-271-2413 Website: www.VVA1002.org

President: John Harrigan

1st Vice President:Joi2nd Vice President:WTreasurer:Ov

John Brady Walt Hazelman Owen Martin

Secretary: Carl Ohlson Chaplin: George Burns Sergeant at Arms: Ted Andrews

FROM THE MINEFIELD:

Submitted by John Harrigan

As we close in on November it is shaping up to be a very busy one for the Chapter. The 18th Annual Salute to Veterans is scheduled for Sunday November 4th at the Sussex County Fairgrounds. Lineup is at 12pm and Parade is at 1. On Monday the 5th we are invited to Hardyston School to place Flags outside for Veterans Day. Time is 3pm. On Saturday the 10th The Daughters of the American Revolution have invited us to a Veterans Breakfast at their building on Rt. 23. We are allowed about 30 people and will have the sheet out at the meeting. If you are coming please let me know as we have to cut it off at 30. The time is 9:30 am and like someone asked yes it is a morning breakfast. On Sunday November 11th which is Veterans Day we will again be celebrating Mass here at St Francis De Sales at 2pm. If I am correct this is the 7th year we have celebrated Veterans Day with the Mass. This will be Fr Chris's first time officiating at this Mass which is open to all Veterans and Family members and afterwards there are refreshments served in the social hall. Remember you can be any Religion to attend as this is a way to Honor our Veterans. There will be a Veterans Tribute at the Hardyston School I believe on Thursday the 15th, (not sure of the date) which we are invited to attend and if you are interested please let me know as we have to sign up with the School in order to get in.

In case you have forgotten our Christmas party is on Saturday December 1st at 2pm here at St Francis so please sign up today so we can get an accurate count for the Food. Just as in the past bring snacks for the table and a desert that can be shared, we will be providing the Food, Coffee, Tea and Water, if you would like anything else please bring it with you. We will also need the names and ages of the Children attending so Santa can give them a little something. Let's try and have a good showing at these events as these groups are going out of their way to honor us for our Service. That's it for now see you at the Meeting.

<u>1st VICE PRESIDENT</u>:

Submitted by John Brady

The holiday season is approaching and soon we'll be celebrating Halloween, Thanksgiving and Christmas. However, a very special day is approaching that means a great deal to us, Veterans Day. This is the day we honor all who are serving or have served in the Armed Forces of the United States.

This Veterans Day falls on a Sunday which is perfect for our Veterans Mass at St. Francis de Sales where we have our monthly meetings and our weekly Vets Helping Vets program. The Mass will be celebrated at 14:00 (2 P.M.) and will be followed by a meal provided by the current Confirmation class.

The past Mass' have been well attended and the kids seem to keep outdoing themselves every year by the meals they present. Also, this may be Melore's last year as coordinator of the Confirmation class as she is planning on retiring.

The Mass is open to all veterans regardless of their religious faith or even none at all. It's a time to celebrate with your fellow veterans and the kids do look forward to serving us and talking to us about our service.

So remember, Sunday, November 11, 14:00 at St. Francis de Sales Church.

Never again will one generation of veterans abandon another!

SERVICE OFFICER:

Submitted by Skip Kays

No report.

WOMEN VETERANS:

Submitted by Walt Hazelman

No report.

POW/MIA:

Submitted by Bob Gilbert

No report.

<u>AGENT ORANGE:</u>

Submitted by Owen Martin

No report.

COMMUNITY/PUBLIC AFFAIRS:

Submitted by Lou Storms

On October 9th myself, Bob Lewis, Carl Ohlson, Ken Geer, John Fedynich and Bob Cubby, were again at Lyons to serve dinner to the PTSD Inpatient Unit and the 3rd Floor Ladies Unit. This was to be the dinner scheduled for September, but we were unable to keep to the schedule as we received notification from ShopRite after the deadline, that they were renewing their donation to supply the dinners for another 12 months. This marks the third year that Inserra ShopRite of West Milford has donated \$400 of catered food every other month, affording us the privilege of continuing our program. We served dinner to 22 in the PTSD Unit and 9 Ladies on the 3rd Floor.

Dinner was outstanding as usual and we were able to spend time socializing with the vets, some of which we had met on previous visits.

As this was a make-up date, we will be returning on November 13th.

Anyone wanting to join us can sign the sheet up front or contact me.

Scheduled Meetings:

Meetings are held at 2:00 p.m. the 4th Sunday of each month unless otherwise noted.

<u>2018</u>

28th October 25th November 1st December – Christmas Party

Calendar of Events:

Visit <u>www.VVA1002.org</u> for information on upcoming events.

<u>NEW MEMBERS:</u>

"WELCOME HOME"

No report.

PASSINGS:

No report

CONGRATULATIONS/CONCERNS:

Happy October Birthdays still to come: Lenny Weakland (31st) Happy November Birthdays: United States Marine Corps "SEMPER FIDELIS" Nov 10, 1775 Audrey Magnus (13th)

MEMBERS CORNER:

1 It's Now Harder for Veterans to Qualify for Long-Term Care Benefits

Submitted by Owen Martin

September 26th, 2018

The Department of Veterans Affairs (VA) has finalized new rules that make it more difficult to qualify for long-term care benefits. The rules establish an asset limit, a look-back period, and asset transfer penalties for claimants applying for VA pension benefits that require a showing of financial need. The principal such benefit for those needing long-term care is Aid and Attendance.





Vol. 5 No. 8

Vietnam Veterans of America - Chapter 1002 - Wallkill Valley Website: www.VVA1002.org



October 2018

The VA offers Aid and Attendance to low-income veterans (or their spouses) who are in nursing homes or who need help at home with everyday tasks like dressing or bathing. Aid and Attendance provides money to those who need assistance.

Currently, to be eligible for Aid and Attendance a veteran (or the veteran's surviving spouse) must meet certain income and asset limits. The asset limits aren't specified, but \$80,000 is the amount usually used. However, unlike with the Medicaid program, there historically have been no penalties if an applicant divests him- or herself of assets before applying. That is, before now you could transfer assets over the VA's limit before applying for benefits and the transfers would not affect eligibility.

Not so anymore. The new regulations set a net worth limit of \$123,600, which is the current maximum amount of assets (in 2018) that a Medicaid applicant's spouse is allowed to retain. But in the case of the VA, this number will include both the applicant's assets and income. It will be indexed to inflation in the same way that Social Security increases. An applicant's house (up to a two-acre lot) will not count as an asset even if the applicant is currently living in a nursing home. Applicants will also be able to deduct medical expenses -- now including payments to assisted living facilities, as a result of the new rules -- from their income.

The regulations also establish a three-year look-back provision. Applicants will have to disclose all financial transactions they were involved in for three years before the application. Applicants who transferred assets to put themselves below the net worth limit within three years of applying for benefits will be subject to a penalty period that can last as long as five years. This penalty is a period of time during which the person who transferred assets is not eligible for VA benefits. There are exceptions to the penalty period for fraudulent transfers and for transfers to a trust for a child who is unable to "self-support."

Under the new rules, the VA will determine a penalty period in months by dividing the amount transferred that would have put the applicant over the net worth limit by the maximum annual pension rate (MAPR) for a veteran

with one dependent in need of aid and attendance. For example, assume the net worth limit is \$123,600 and an applicant has a net worth of \$115,000. The applicant transferred \$30,000 to a friend during the look-back period. If the applicant had not transferred the \$30,000, his net worth would have been \$145,000, which exceeds the net worth limit by \$21,400. The penalty period will be calculated based on \$21,400, the amount the applicant transferred that put his assets over the net worth limit (145,000-123,600).

The new rules go into effect on October 18, 2018. The VA will disregard asset transfers made before that date. Applicants may still have time to get through the process before the rules are in place.

Veterans or their spouses who think they may be affected by the new rules should contact their attorney immediately.

2 Moral Injury in the Context of War Shira Maguen, PhD and Brett Litz, PhD Submitted by Norm Seider

What is moral injury?

Like psychological trauma, moral injury is a construct that describes extreme and unprecedented life experience including the harmful aftermath of exposure to such events. Events are considered morally injurious if they "transgress deeply held moral beliefs and expectations" (1). Thus, the key precondition for moral injury is an act of transgression, which shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life, and so forth.

Moral injury in war

In the context of war, moral injuries may stem from direct participation in acts of combat, such as killing or harming others, or indirect acts, such as witnessing death or dying, failing to prevent immoral acts of others, or giving or receiving orders that are perceived as gross moral violations (2). The act may have been carried out by an individual or a group, through a decision made individually or as a response to orders given by leaders.

Examples:

- Unintentional errors: Military personnel are well trained in the rules of engagement and do a remarkable job making life or death decisions in war; however, sometimes unintentional error leads to the loss of life of non-combatants, setting the stage for moral injury.
- Transgressive acts of others: Service members can be morally injured by the transgression of peers and leaders who betray expectations in egregious ways.

What is the aftermath of moral injury?

In terms of the aftermath of moral injuries, transgressive acts may result in highly aversive and haunting states of inner conflict and turmoil. Emotional responses may include:

- Shame, which stems from global self-attributions (for example "I am an evil terrible person; I am unforgivable")
- Guilt
- Anxiety about possible consequences

• Anger about betrayal-based moral injuries Behavioral manifestations of moral injury may include:

- Anomie (for example alienation, purposelessness, and/or social instability caused by a breakdown in standards and values)
- Withdrawal and self-condemnation
- Self-harming (for example suicidal ideation or attempts)
- Self-handicapping behaviors (for example alcohol or drug use, self-sabotaging relationships, etc.)

Additionally, moral injury has been posited to result in the re-experiencing, emotional numbing, and avoidance symptoms of PTSD (1). In addition to grave suffering, these manifestations of moral injury may lead to under- or unemployment, and failed or harmed relationships with loved ones and friends.

Can killing cause moral injury?

Several studies demonstrate an association between killing in war and mental and behavioral health problems, which may be proxies for moral injury (3-8).

For example:

• Across eras (for example Vietnam, Operations Desert Storm and Desert Shield, Operation Iraqi Freedom [OIF], Operation Enduring Freedom [OEF]) those who kill in war are at greater risk for a number of mental health consequences and functional difficulties, including PTSD, after accounting for a number of demographic variables and other indicators of combat exposure (3-5).

- In returning OIF Veterans, even after controlling for combat exposure, taking another life was a significant predictor of PTSD symptoms, alcohol abuse, anger, and relationship problems (3).
- Vietnam Veterans who reported killing were twice as likely to report suicidal ideation as those who did not, even after accounting for general combat exposure, PTSD and depression diagnoses (9). In OIF Veterans, the relationship between killing and suicidal ideation was mediated by PTSD and depression symptoms (10).
- Killing in war may be an important indicator of risk for developing frequent and severe PTSD symptoms. Three-quarters of individuals who killed were in the two most severe PTSD symptom classes, and those who killed had twice the odds of being in the most symptomatic PTSD class, compared to those who did not kill. Those who endorsed killing a non-combatant or killing in the context of anger or revenge were more likely to belong to the most symptomatic PTSD class, compared to those who did not kill (11).

Although killing may be a precursor to moral injury, it is important to note that not all killing in war results in adverse outcomes for military personnel. As noted earlier, certain elements need to be present for moral injury to occur, including a perceived transgression that goes against individual or shared moral expectations.

For example, a military member who kills an enemy combatant in self-defense may perceive that the death was justified. If however, a civilian was perceived to be armed and consequently killed, with military personnel later discovering that the individual was in fact unarmed, this may set the stage for the development of moral injury.

Are moral injury and PTSD the same?

More research is needed to answer this question. At present, although the constructs of PTSD and moral injury overlap, each has unique components that make them separable consequences of war and other traumatic contexts.

- PTSD is a mental disorder that requires a diagnosis. Moral injury is a dimensional problem

 there is no threshold for the presence of moral injury, rather, at a given point in time, a Veteran may have none, or mild to extreme manifestations.
- Transgression is not necessary for PTSD to develop nor does the PTSD diagnosis sufficiently capture moral injury (shame, self-handicapping, guilt, etc.).





Vol. 5 No. 8

Vietnam Veterans of America – Chapter 1002 – Wallkill Valley Website: www.VVA1002.org



October 2018

Consequently, it is important to assess mental health symptoms and moral injury as separate manifestations of war trauma to form a comprehensive clinical picture, and provide the most relevant treatment. One example of a moral injury specific measure is the Moral Injury Events Scale (12).

Can evidence-based treatments for PTSD be used to treat moral injury in Veterans of war?

Moral injury is not explicitly addressed in the evidence-based treatments (EBTs) for PTSD supported by VA, namely Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT). This is in part due to the fact that extant EBTs were primarily developed to target life-threat or danger-based posttraumatic memories and beliefs among victims of trauma. As such, they may not be sufficient for Service members and Veterans who suffer from the moral injuries of war, especially killingbased transgressions (13, 14). Although the PE and CPT manuals do not mention moral injury, recently, these approaches have suggested strategies for addressing guilt and shame,, and helping the patient to contextualize, rather than over accommodate perceived culpability (15, 16). Whether these strategies can sufficiently reduce the sequelae of war-related moral injury is unknown.

Current research for treatment of moral injury

In service of broadening the discourse, we generated and are currently testing interventions that specifically target moral injury among Veterans of war.

The first intervention is a six-session module called Impact of Killing in War (IOK), developed to augment existing EBTs for PTSD (for example, IOK is used in conjunction with existing EBT for PTSD interventions, in those who have conflict related to killing in war). Pilot testing is currently underway. Preliminary data from pilot testing demonstrated significant improvements for participants on overall psychiatric symptoms, anxiety, and depression, compared to a control group, as well as greater community involvement and increased ability to share personal thoughts/feelings with others (17, 18).

IOK contains the following elements, presented within a cognitive-behavioral framework:

- Education about the complex interplay of the biopsychosocial aspects of killing in war that may cause inner conflict and moral injury.
- Identification of meaning elements and cognitive attributions related to killing in war.
- Self-forgiveness (which entails cognitive therapy and for some the promotion of spirituality or faith-based religious practices).
- Making amends tailored to the individual (this may include writing forgiveness letters and an action plan to start the process of making amends).

The second treatment is called Adaptive Disclosure (AD), an eight-session intervention that takes into account unique aspects of the phenomenology of military service in war in order to address difficulties such as moral injury and traumatic loss that are not explicitly addressed in extant EBTs (19). At its core, AD is an experiential exposure-based approach.

- Exposure is used to uncover core features of focal combat and operational trauma and as a means of articulating the meaning and implication of these events.
- If the focal combat event is fear and life-threatbased, exposure is the sole approach.
- If the focal trauma is loss-based, patients are also asked to have an imaginary emotionally evocative real-time dialogue with the lost person.
- For moral injury, patients are guided through a dialogue with a forgiving and compassionate moral authority about the transgression.

The added experiential strategies are designed to expose patients to corrective information about the meaning and implication of their war experiences. In an open trial, 44 Marines received AD in garrison. Participating Marines demonstrated significant reductions in PTSD symptoms, depression symptoms, and negative posttraumatic appraisals; AD was also associated with increases in posttraumatic growth (20).

References

1. Litz, B.T., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C., &Maguen, S. (2009). Moral injury and moral repair in war Veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29,* 695-706.

- Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schutz, A., &Litz, B.T. (2011). An exploration of the viability and usefulness of the construct of moral injury in war Veterans. *Traumatology*, 17, 8-13. doi: 10.1177/1534765610395615
- Maguen, S., Metzler, T.J., Litz, B.T., Seal, K.H., Knight, S.J., &Marmar, C.R. (2009). The impact of killing in war on mental health symptoms and related functioning. *Journal of Traumatic Stress*, 22, 435-443. doi: 10.1002/jts.20451
- Maguen, S., Lucenko, B.A., Reger, M.A., Gahm, G.A., Litz, B.T., Seal, K.H., Knight, S.J., &Marmar, C.R. (2010). The impact of reported direct and indirect killing on mental health symptoms in Iraq War Veterans. *Journal of Traumatic Stress, 23*, 86-90.
- Maguen, S., Vogt, D.S., King, L.A., King, D.W., Litz, B.T., Knight, S.J., &Marmar, C.R. (2011).The impact of killing on mental health symptoms in Gulf War Veterans. *Psychological Trauma: Theory, Research, Practice, and Policy,* 3 21-26. doi: 10.1037/a0019897.
- 6. Fontana, A., Rosenheck, R. & Brett, E. (1992). War zone traumas and posttraumatic stress disorder symptomatology. *Journal of Nervous and Mental Disease, 180*, 748-755.
- MacNair, R.M. (2002). Perpetration-inducted traumatic stress in combat Veterans.*Peace and Conflict: Journal of Peace Psychology*, 8, 63-72. doi: 10.1207/S15327949PAC0801_6
- Fontana, A. &Rosenheck, R. (1999). A model of war zone stressors and posttraumatic stress disorder. *Journal of Traumatic Stress*, *12*, 111-26. doi: 10.1023/A:1024750417154
- Maguen, S., Metzler, T.J., Bosch, J., Marmar, C.R., Knight, S.J., &Neylan, T.C. (2012) Killing in combat may be an independently associated with suicidal ideation. *Depression & Anxiety*, 29, 918-23. doi: 10.1002/da.21954
- Maguen, S., Luxton, D.D., Skopp, N.A., Gahm, G.A., Reger, M.A., Metzler, T.J., &Marmar, C.R. (2011). Killing in combat, mental health symptoms, and suicidal ideation in Iraq War Veterans. *Journal of Anxiety Disorders*, 25, 563-567. doi: 10.1016/j.janxdis.2011.01.003
- Maguen, S., Madden, E., Bosch, J., Galatzer-Levy, I., Knight, S. J., Litz, B. T., Marmar, C. R., &McCaslin, S. E., (2013). Killing and latent

classes of PTSD symptoms in Iraq and Afghanistan Veterans. *Journal of Affective Disorders, 145*, 344-348. doi: 10.1016/j.jad.2012.08.021

- Nash, W. P., Mariano Carper, T. L., Mills, M. A., Au, T., Goldsmith, A., &Litz, B. T., (2013). Psychometric evaluation of the Moral Injury Events Scale. *Military Medicine*, *178*, 646-652. doi: 10.7205/MILMED-D-13-00017
- Steenkamp, M. M., Nash, W. P., Lebowitz, L., &Litz, B. T. (2013). How best to treat deployment-related guilt and shame: Commentary on Smith, Duax, and Rauch (2013). *Cognitive and Behavioral Practice*, 20, 471-475. doi: 10.1016/j.cbpra.2013.05.002
- Maguen, S., &Burkman, K. (2013). Combatrelated killing: Expanding evidence-based treatments for PTSD. *Cognitive and Behavioral Practice*, 20, 476-479. doi: 10.1016/j.cbpra.2013.05.003
- Resick, P. A., Monson, C. M., & Chard, K. M. (2014). Cognitive processing therapy: Veteran/military version: Therapist's manual. Washington, DC: Department of Veterans Affairs.
- Smith, E. R., Daux, J. M., & Rauch, S. M. (2013). Perceived perpetration during traumatic events: Clinical suggestions from experts in prolonged exposure therapy. *Cognitive and Behavioral Practice*, 20, 461-470. doi: 10.1016/j.cbpra.2012.12.002
- Maguen, S., &Burkman, K. (2014, May 22). *Killing in war and moral injury: Research and clinical implications*. Invited lecture presented at 17th Annual VA Psychology Leadership Conference, San Antonio, TX.
- 18. Burkman, K., Madden, E., Bosch, J., Dinh, J., Neylan, T., &Maguen, S. (2013, November 8). Preliminary findings from a pilot study of a novel treatment among Veterans with PTSD who have killed in war. Paper presented at the International Society for Traumatic Stress Studies 29th Annual Meeting, Philadelphia, PA.
- Steenkamp, M., Litz, B. T., Gray, M., Lebowitz, L., Nash, W., Conoscenti, L., Amidon, A., & Lang, A., (2011). A brief exposure-based intervention for service members with PTSD. *Cognitive and Behavioral Practice*, *18*, 98-107. doi: 10.1016/j.cbpra.2009.08.006
- Gray, M.J., Schorr, Y., Nash, W., Lebowitz, L., Amidon, A., Lansiung, A. Maglione, M., Lang, A.J., Litz, B.T. (2012). Adaptive Disclosure: An





Vol. 5 No. 8

Vietnam Veterans of America – Chapter 1002 – Wallkill Valley Website: www.VVA1002.org



October 2018

open trial of a novel exposure-based intervention for service members with combat-related psychological stress injuries. *Behavior Therapy*, *43*, 407-415. doi: 10.1016/j.beth.2011.09.001

MISCELLANEOUS:

- 1. Special Note: If you are a veteran in emotional crisis and need help RIGHT NOW, call (toll free 24/7) 1-800-273-8255 and tell them you are a veteran. All calls are confidential.
- Jackets (\$60 (summer) & \$70 (winter)); t-shirts (\$15); hats (\$10); golf shirts (short sleeve \$28; long sleeve \$33) are still available. See Owen Martin for purchases or to place an order (prepayment for orders are appreciated)
- 3. Important note to families of deceased veterans, and/or requestors:

Submitted by Bob Caggiano It is the right of every deceased Veteran to have a Military honors team attend the graveside service, to present the Flag at no charge to the family. Honors Teams are sent out, at the expense of the US Government.

In January 2000, Congress passed legislation guaranteeing Veterans the right to at least two uniformed servicemen, a flag ceremony, and the playing of TAPS at their funeral. Unfortunately, there are not enough buglers to play TAPS, so the historic melody has been played on a CD player at many Veterans' last ceremony, or more currently on a bugle that plays Taps using an electronic insert. The volunteer organization "Bugles Across America" (a.k.a. BAA) was created to honor the service of veterans by providing Taps live by a bugler using a real instrument (such as a bugle, trumpet, cornet, or flugelhorn) at funerals or any other ceremony requiring a bugler. There are currently over 7500 volunteer buglers nationwide in all 50 states, and some overseas who stand ready to serve. BAA volunteers perform Taps as a free service.

As a Vietnam era veteran member of VVA Chapter 1002 and a BAA volunteer bugler, I am available to play for anyone who needs a bugler for Taps (or other appropriate bugle calls) for any honorable discharged veteran or related military ceremony. In the event I cannot play because of a scheduling conflict, I can generally still provide a substitute bugler so please contact me - Bob Caggiano, USAF Veteran, (973) 222-7591 (cell) or FinalTaps@gmail.com.



Editors Corner:

By Linda Skellenger (AVVA)

Please have information to be included in the November newsletter to me by Sunday, November 18th by email: skelle@ptd.net or by snail-mail to:

Linda Skellenger 174 Lewisburg Rd. Sussex, N.J. 07461