The American Institute *of* Stress

COMBAT STRESS

Harnessing Post-Traumatic Stress for Service Members, Veterans, and First Responders

Volume 11 Number 2 **Summer/Fall 2022**

Disenfranchised Grief in Gold Star Military Families

The mission of AIS is to improve the health of the community and the world by setting the standard of excellence of stress management in education, research, clinical care and the workplace. Diverse and inclusive, The American Institute of Stress educates medical practitioners, scientists, health care professionals and the public; conducts research; and provides information, training and techniques to prevent human illness related to stress.

AIS provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides leadership to the world on stress related topics.

Harnessing Post-Traumatic Stress for Service Members, Veterans, and First Responders

COMBAT STRESS

We value opinions of our readers.
Please feel free to contact us with any comments, suggestions or inquiries. Email: editor@stress.org

Combat Stress magazine is written with our military Service Members, Veterans, first responders, and their families in mind. We want all of our members and guests to find contentment in their lives by learning about stress management and finding what works best for each of them. Stress is unavoidable and comes in many shapes and sizes. It can even be considered a part of who we are. Being in a state of peaceful happiness may seem like a lofty goal but harnessing your stress in a positive way makes it obtainable. Serving in the military or being a police officer, firefighter or paramedic brings unique challenges and some extraordinarily bad days. The American Institute of Stress is dedicated to helping you, our Heroes and their families, cope with and heal your mind and body from the stress associated with your careers and sacrifices.

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The American Institute of Stress

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The American Institute of Stress is a 501c3 non-profit organization, headquartered in Weatherford, Texas. We serve the global community through both online and in-person programs and classes. The Institute is dedicated to advancing understanding of the role of stress in health and illness, the nature and importance of mind/body relationships and how to use our vast innate potential for self-healing. Our paramount goal at the AIS is to provide a clearinghouse of stress related information to the general public, physicians, health professionals and lay individuals interested in exploring the multitudinous and varied effects of stress on our health and quality of life.

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Is stress dragging you down physically and emotionally? The comprehensive, online "Stress to Joy" program, taught by bestselling author and board-certified psychiatrist Rozina Lakhani, MD, MPH, FAIS, gives you the tools you need for a return to joyful living. Dr. Rozina shares her proven stress management techniques in a way that's both practical and inspirational. The program includes a workbook with step-by-step guidance, and it takes just 15 minutes per day for about three weeks. Make this powerful investment in your health and happiness – and turn the corner from stress to joy.

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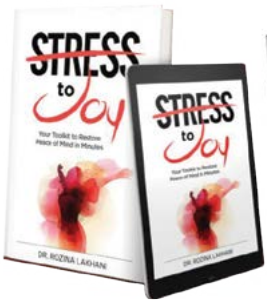

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Editor's Message

It has become no less than cause for great celebration with every issue of *Combat Stress* that we publish. Some of the finest clinicians in the entire nation and premier authors from the first responder community have sought us out for publication. It doesn't get much better than that.

Critical subject matter continues to come across the desks of those of us on the editorial staff, from coast to coast and from Virginia to Ohio to Texas and beyond. It is our responsibility to bring this to the attention of our readers. This is a time to put a stop to what is tearing away the very fabric of our nation as what used to be America unravels. Spread the word. Instead of "wokeness," whatever that means, we are long overdue for the wakeup call that needs to set things straight, rather than on fire. God bless America for what she used to be and what can be again. It is up to the informed to make this happen.

LTC Charlie Bass has once again, called out the pharmaceutical industry for abandoning all responsibility for the long trail of damage resulting from the largely untested and other than under emergency use authorization, the various COVID 19 vaccines that are already well on their way to being proven ineffective, not to mention quite dangerous. Some have considered the vaccine a bioweapon. LTC Bass has not missed a beat in bringing the whole ugly truth and nothing but that to our pages.

COL Paul Bartone, one of this nation's most recognized and celebrated Army psychologists and his co-author, **Dr. Ken Doka,** have poignantly brought to our attention another very sadly forgotten population of suffering souls – the disenfranchised Gold Star Families who have been abandoned by this nation, simply because their Service Member lost his or her life outside of combat operations. Unless one walks in the shoes of these families, one cannot fully appreciate the magnitude of this terrible travesty of justice.

The **Burn Pit Legislation or HR3967/ S3373 PACT Act** that has been the subject of enormous controversy over the last several months, clearly emphasizing the fact that far too many of our elected officials have no investment in the welfare of those who wrote the blank check to this nation for their dedicated military service. The failure of these wounded Service Members and Veterans to be restored to any degree of better health is a longstanding issue seared into the hearts and minds of those too often left behind. **COL DJ Reyes** has chronicled this road to hopeful redemption, as we hold our breaths for POTUS's signature of this act into the law of the land.

Our wonderful **Dr. Jeff Jernigan** has brought to bear the rather surprising complexities of the combat stress diagnosis, with all of the physiology, psychology and factors contributing to this type of woundedness, from the irregular and intricate pathways in the brain, to the moral injury aspects of this psychological injury. This has the potential to rewrite the entire script of the life of the sufferer if not properly understood or treated. There can be wholeness on the other side of this, often based upon all things relational and interpersonal in the realm of appropriate interventions to treat the enormous psychological impact of war.

Dr. Ron Rubenezer continues to provide us reasons to smile and the steps we really can take to get there. In the face of great misery, there is a choice as to how we perceive and react. In a simple Mindful Minute, this ability can be readily mastered, and new habits created. It really is that simple. Take a minute to do just that.

Master Scott Kuhnen, a highly recognized face throughout the Veteran community in the Miami Valley and all of Southwest Ohio for his many multitudes of good works and contributions, has graced us with a subject of both great horror and great debate, mass shootings. His analysis of the facts of the matter surrounding the Uvalde, Texas mass shooting, as likened to the Fort Hood Massacre of November 2009, (and of which I am a survivor, miraculously as the officer at the top of the shooter's hit list) provides the reader with a brilliant examination of those factors routinely missed and overlooked.

The **Stuff of War** was written anonymously by **Officer Joey R.** It will stun you. It should. The author is both Veteran of the United States Marine Corp and a police officer somewhere in the Great State of Ohio. It is about what we bring home with us and how our old selves are not hanging in the closet waiting to be donned. It is about the horror, the anguish, and the soul-searing events of the wartime theater that got us there.

We are so ***very*** fortunate to have obtained permission to reprint a landmark article from the *Michigan Psychologist* and specifically, Dr. James Windell, by **Dr. Marla Friedman, police psychologist and Chairperson of the Badge of Life**. She has promoted police psychology to never-before seen levels of awareness throughout the law enforcement community and on a national basis. Her Mental Health Check-In for Law Enforcement has revolutionized officer wellness and is a protocol that I swear by in my own practice.

We are so grateful to all of our authors and indebted for such magnificent contributions. **Thank you each from all four ventricles.**

Your Editor,
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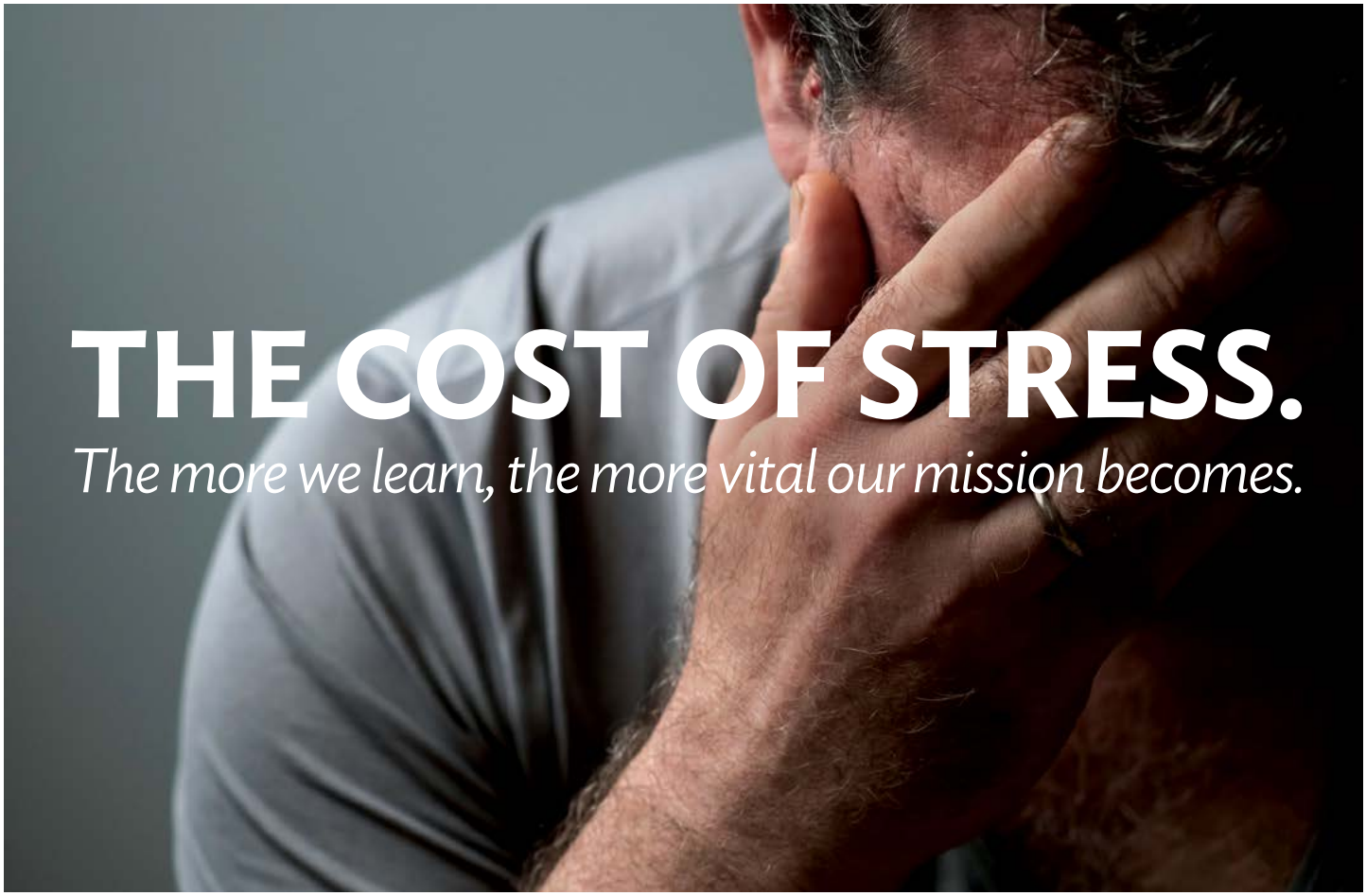

THE COST OF STRESS.

The more we learn, the more vital our mission becomes.

The American Institute of Stress is the only organization in the world solely created and dedicated to study the science of stress and the advancement of innovative and scientifically based stress management techniques. AIS provides the latest evidence-based knowledge, research and management techniques for stress and stress-related disorders.

Groundbreaking insights and approaches. World-changing mission.

Hans Selye, MD, PhD (1907-1982), is known as the father of stress research. In the 1920s, Selye coined the term "stress" in the context of explaining his pioneering research into the signs and symptoms of disease curiously common in the majority of people who were ill, regardless of the diagnoses. Selye's concept of stress was revolutionary then, and it has only grown in significance in the century since he began his work. Founded in 1978 at Dr. Selye's request, the American Institute of Stress (AIS) continues his legacy of advancing the understanding of stress and its enormous impacts on health and well-being worldwide, both on an individual and societal level.

A forthcoming AIS initiative – called **Engage. Empower. Educate.** – will leverage the latest research, tools and best practices for managing stress to make a difference in a world increasingly impacted by the effects of stress out of control. We hope you will consider supporting this critical outreach campaign.

Click to view The American Institute of Stress Case Statement

A campaign to Engage. Empower. Educate.

The AIS campaign will support three key initiatives:

Engage *communities through public outreach*

Improve the health and well-being of our communities and the world by serving as a nonprofit clearinghouse for information on all stress-related subjects.

The American Institute of Stress produces and disseminates a significant amount of evidence-based information, but there is a need to share this material with a wider audience in the U.S. and around the world.

Support for this initiative will provide funding to expand the organization's public outreach for its website and social media, documentary films, magazines, podcasts, blogs and courses.

Empower *professionals through best practices*

Establish credentials, best practices, and standards of excellence for stress management and fostering intellectual discovery among scientists, healthcare professionals, medical practitioners and others in related fields.

AIS provides DAIS (Diplomate, AIS) and FAIS (Fellow, AIS) credentials for qualified healthcare professionals.

The AIS seal means a practitioner has training and experience in stress management and access to the latest stress research and techniques. It designates their practices as advanced treatment centers for stress-related illnesses.

Support for this initiative will provide funding to continually update best practices in the field.

Educate *all through the development and dissemination of evidence-based information*

Develop and provide information, training and techniques for use in education, research, clinical care and the workplace. Some of the research-based information AIS develops and disseminates includes:

- Productions – Mismatched: Your Brain Under Stress, a six-part documentary featuring some of the world's leading experts on stress. Released in March 2021.
- Publications – *Contentment* magazine and *Combat Stress* magazine for service members, veterans and first responders.
- Podcasts, webinars and website resources – The free podcast series Finding Contentment

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The American Institute of Stress is a 501(c)3 nonprofit corporation. Your tax deductible gift allows us to continue helping you along with Service Members, Veterans, First Responders and civilians navigate stressful situations to have a healthier, more rewarding life.

Click to make a donation now!

COVID Players: Charting the Course

By LTC (Ret) Charlie Bass, MD, PhD

We met with some friends for breakfast at a popular barbecue restaurant making beef brisket breakfast tacos this morning. A few months had passed since our friend Tom had last been seen and he told us he had been down with COVID. This was the second time he had contracted COVID, but he had been symptom-free for about three weeks.

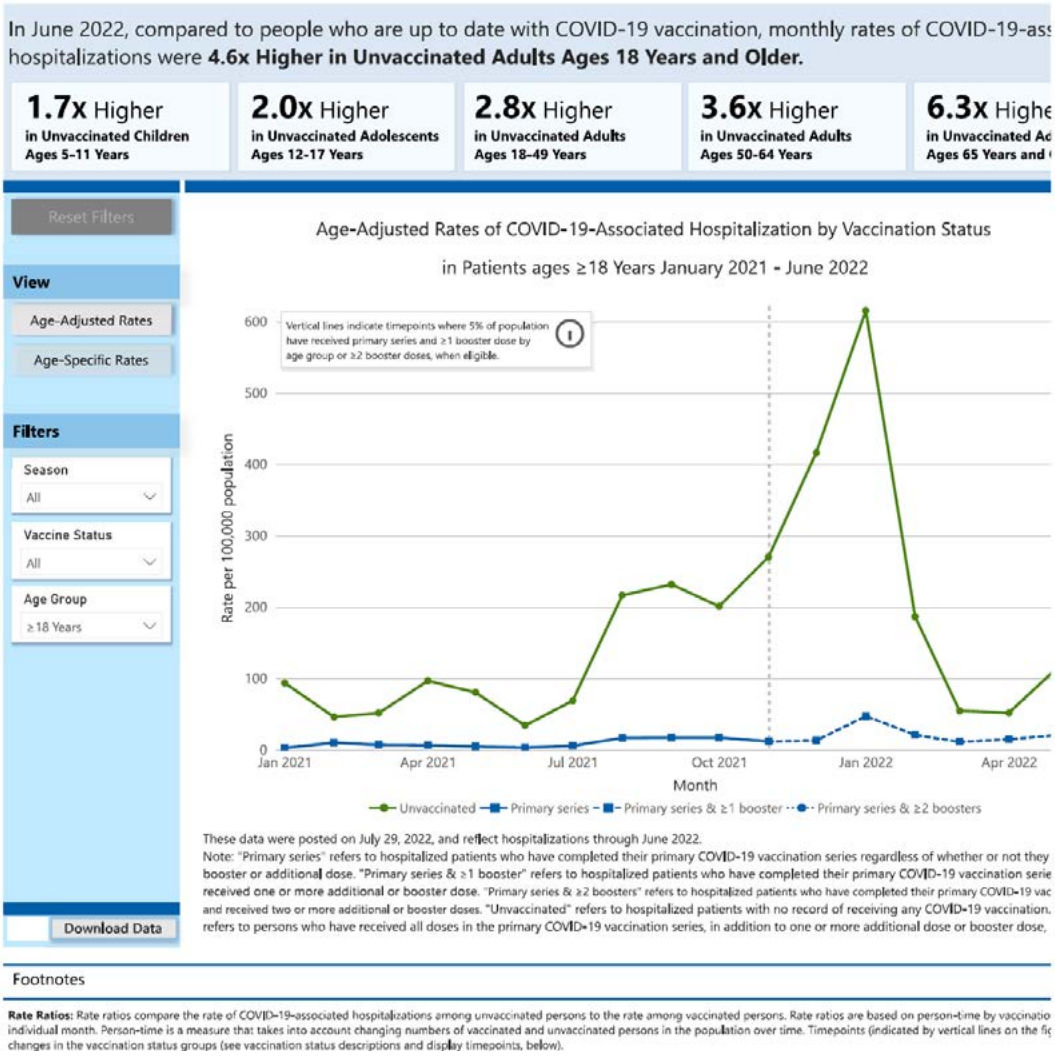
The problem is that he and his wife received both vaccinations and the six-month booster shot several months before his first bout with the Coronavirus.

Tom is not the only one to report this. While the vaccinations are helping in the fight against Corona-virus, figures from the Center for Disease Control show the rate for COVID hospitalizations and show similar rises and falls in the vaccinated and the unvaccinated.

Is that strange to anyone else? There is a certain school of thought that says an immunization against a disease means one will not get the disease…or is that old-fashioned thinking?

In April of 1955, the success of the polio vaccination (together with the fact that Jonas Salk, MD, chose not to patent it nor to profit from it), led to the nation hailing the good doctor as a "miracle worker." If Dr. Salk had developed the polio vaccination only to discover that children still got polio, his career might have come to a dead-end…

…unless, of course, he had a good marketing agent.[1]



Rates of COVID hospitalizations (shown in blue) for vaccinated patients, from https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalizations-vaccination. *Retrieved 30 June, 2022*


NOW THE ENTIRE PHARMACEUTICAL INDUSTRY IS IMMUNIZED FROM TAKING ANY RESPONSIBILITY FOR ITS VACCINATION PRODUCTS!

Incidentally, the vaccination that Dr. Salk developed was based on a strain of "killed" polio virus. Opposition to the use of the killed virus vaccination was staunch and unrelenting, as it flew in the face of the prevailing scientific opinion and a medical community of "experts" who refused to believe that the vaccine could immunize against poliomyelitis without harming the patient. After one million people were vaccinated (including Dr. Salk and his family and all of his laboratory assistants) and experienced neither poliomyelitis nor negative symptoms, however, the opposition vanished like a puff of wind.

So it was, in the spring of 2020, that America went into a quarantine, stayed at home, wore masks, and accepted restrictions on travel. Everyone needed to get vaccinated, and the anti-vax crowd faced loss of employment and additional restrictions. The scare tactic was effective and, still today, we see people driving alone in their cars or walking on the beach by themselves, no one around, and they're wearing masks. Considering the prevailing winds out of the east, perhaps their concern is a cloud of Coronavirus sweeping in from Florida, 850 miles across the Gulf of Mexico.

Meanwhile, doctors in the quarantine who advocated the use of alternate therapies for COVID infection were vilified by the press. In particular, the use of chloroquinoline derivatives, Ivermectin, and vitamins C and D, have landed more than one physician in a career-ending loss of licensure. Physicians around the nation are expected to parrot out the medical advice of "experts" who rely on hastily collected information to form clinical practice guidelines. With misreporting of death information tied to increased hospital funding and avoidance of negative publicity, causes of death related to vaccine administration are difficult to assess.

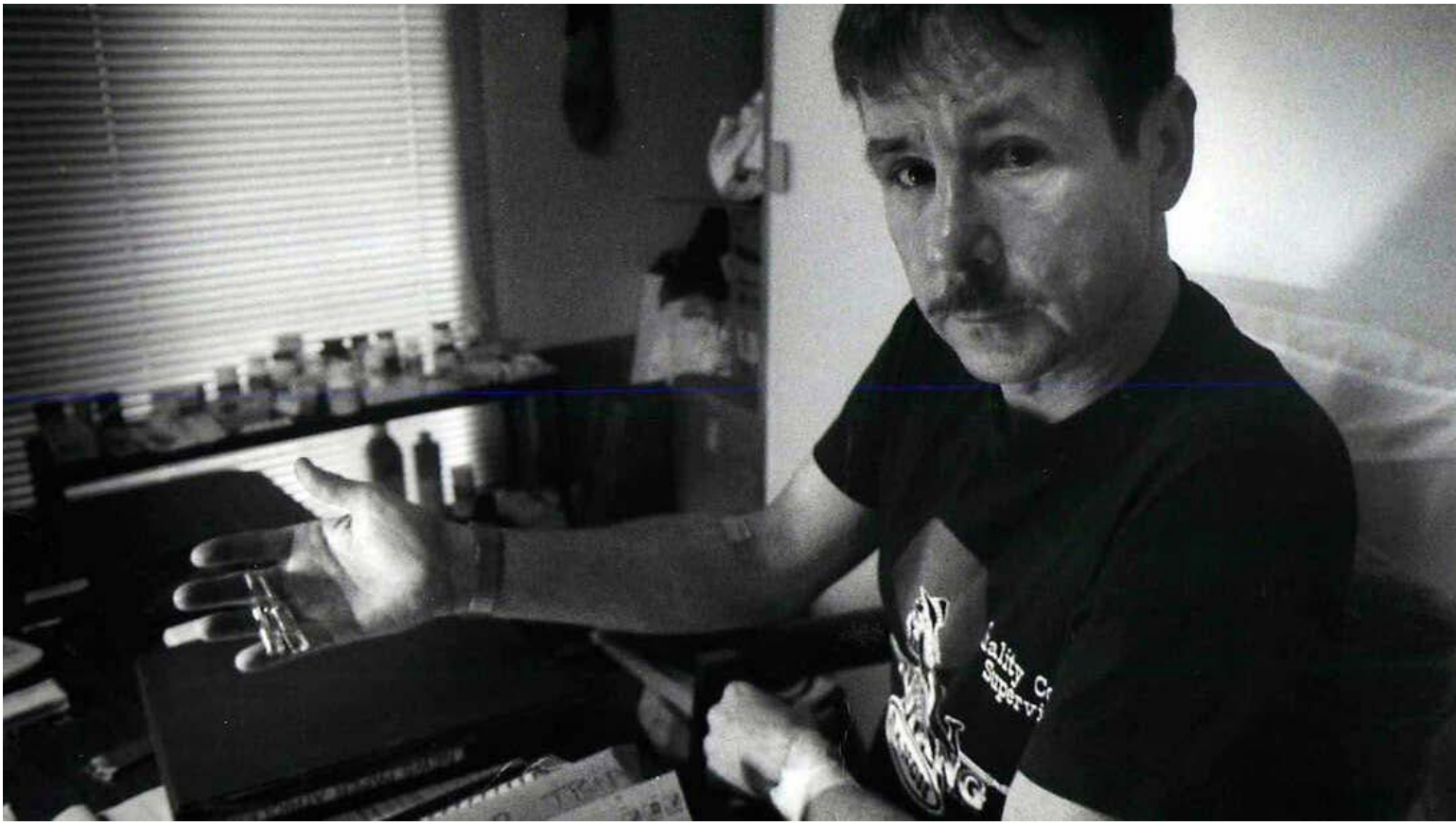
In short, the current delivery of vaccinations worldwide has been less than fully effective in the prevention of COVID, and the current clinical practice guidelines have come short of reversing deaths related to Coronavirus. Changing those recommendations – or challenging them – has been shown to be deleterious to the careers of many healthcare providers.[2]

The man providing medical leadership during the quarantine was Anthony Fauci, MD, heading the National Institute of Allergy and Infectious Diseases (NIAID) in Maryland. In his position, he has little official authority for policy development and implementation. However, by skillful use of the mainstream media, what Fauci says becomes national policy. In one writer's words,

"[Fauci] was constantly traveling and speaking to the media and opining about everything related to…research and treatment. In Arthur Kahn's book, Winter Wars, Larry Kramer pointed out that to get an appointment with Fauci, one didn't call his secretary, but his press officers, 'who book [his] talks and interviews...like movie stars.'"[3]

These words were written about Fauci, but not about the current COVID concerns. This was quoted from the 1993 book by Arthur D. Kahn commenting on Fauci's involvement in the national response to Aquired Immunodeficiency Syndrome (AIDS) in the mid-1980s.

It seems doctors were told at the time to use certain treatment modalities, some of which were later proven to be completely ineffective (such as sugar pills used as placebos in double-blind studies). As one of the top researchers at the time of the human immunodeficiency virus (HIV) that



Ron Woodroof shows a vial of Compound Q, a Chinese drug that showed promise in the treatment of AIDS.[6]

leads to AIDS, Fauci stated, "*My career and my identity has really been defined by HIV.*"[4]

The draconian policies that Fauci worked to put in place often meant that doctors who experimented with other treatment modalities than Zidovudine (AZT, the only AIDS-fighting drug approved by the Food and Drug Administration) faced revocation of their medical license and censure in professional communities. Does this modus operandi sound familiar? This led to private individuals going afield to find different treatments and making those treatments available to others who had contracted HIV. These "buyers' clubs" would open the door to membership to other sufferers, then the club would pool their money to send agents across the border into Mexico, Canada, and even China and India to obtain unapproved drugs for the club members, such as Ribavirin, Peptide T, Dextran Sulfate, and DNCB (dinitrochlorobenzene), as well as generic forms of AZT.[5]

Likely the most well-known and mercurial figure involved in buyers' clubs was Ron Woodroof of Dallas, whose life and death story was made into the 2013 film "Dallas Buyers Club." After acquiring the disease, he was told he had six months to live. In reality, he lived seven years following his diagnosis until his death in 1992 at the age of 42 due to pneumocystis pneumonia (PCP), a common end to many who suffer from various forms of immunodeficiency.[6]

Pneumocystis pneumonia, incidentally, is prevented by Bactrim and other sulfa drugs. Fauci has been criticized for a less-than-enthusiastic response in making this knowledge known during the late 1980s during the AIDS epidemic.[3]

From Anthony Fauci's position as the head of the NIAID, he was also able to direct grant money intended to support vaccinations used to counter bioterrorism. M-Cam International Innovation Risk Management in Charlottesville, Virginia, has monitored biological and chemical weapons since the anthrax scare in the fall of 2001. A review of the financing for studies of Coronavirus and SARS (Severe Acute Respiratory Syndrome, the 2002-2004 viral specter) since 2002 shows

David E. Martin, Ph.D., monitors biological and chemical weapons manufacture. From https://www.m-cam.com/about-us/.

NIAID money siphoned to research in weapons-grade biological agents.[7]

In fact, Peter Daszak, PhD, and his organization – EcoHealth Alliance of New York – was able to channel NIAID funding (with Fauci's approval) to the Wuhan Institute of Virology (the laboratory in China widely cited as "ground zero" for the COVID epidemic) for coronavirus research.[7]

David Martin, PhD, head of M-Cam International, believes the spike protein in Coronavirus is a toxin that damages liver, kidney, and pulmonary functions, as well as increasing circulatory issues such as clotting and micro-bleeds. The vaccines used against Coronavirus are actually coding human DNA to begin manufacturing this toxin, resulting in the eventual death of those who got injected.[7] It seems a far reach, until the fact is added that the Public Readiness and Emergency Preparedness Act (PREPA) of 2005 disengages pharmaceutical manufacturers from the responsibility of harmful effects of their products when prepared as a response to a national emergency.[8] Talk about immunization! Now the entire pharmaceutical industry is immunized from taking any responsibility for its vaccination products! Pharmaceutical manufacturers can push doses on the American public and up their arms without fear of legal liability.

So, the virus can be researched with U.S. tax dollars and vaccinations can be prepared under the legal immunity PREPA offers, without fear of consequence or responsibility. Further, compulsory vaccinations can be administered with the full backing of mainstream media to promulgate fear of an epidemic.

The 91st Psalm comes to mind here. "Save us from the pestilence that stalks in the darkness and the plague that destroys at midday."[9]

Wait a minute! Wasn't the point of the Constitution of the United States of America something about providing for the common defense and promoting the general welfare? WE THE PEOPLE must take a hard look at where our tax dollars are going and who is empowered with the authority to spend it, lest our insouciance creates the weapons of our own demise.

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ABOUT THE AUTHOR

LTC (Ret) US Army, Charlie Bass served in the aftermath of hurricanes, a tornado, a terrorist bombing, and the wars in Iraq and Afghanistan during 28 years with the U.S. Army. In 2014, he retired with his wife to Corpus Christi, Texas.

Disenfranchised Grief in Gold Star Military Families

By COL Paul T. Bartone, MSC (Ret), PhD and Kenneth Doka, PhD

It's a tragic reality that each year many U.S. Service Members are killed in military operations and still many more die in the training environment. Each one of these deaths comes as a sudden and painful loss for surviving family members. One way that the nation can pay tribute to the sacrifice of these families is by designating them as "Gold Star" survivors, a tradition dating back to World War I, when mothers of Service Members killed in action would place a banner bearing a gold star in their windows. Today, Gold Star status is signified by a distinctive lapel pin awarded by the U.S. Department of Defense (DoD) to qualified survivors, displaying a gold star on a purple background. The original legislation that established this award was passed on August 1, 1947 (Act of Congress, Pub. L. 80-306), and restricts it to situations where the death occurred on overseas operations or in terrorist strikes such as the 9/11 attacks. Unfortunately, this official definition leaves out many thousands of survivors whose military members died outside of hostile operations, as for example in training accidents and crashes. And while Congress has updated the language of the statute several times over the years, there remains considerable confusion and uncertainty regarding just which surviving military families can lay claim to "Gold Star" status. One negative consequence of this uncertainty is that grieving survivors of a non-combat military death may perceive that they are denied or are somehow undeserving of Gold Star status. This in turn can lead to feelings of disenfranchisement regarding their loss and grief. This commentary aims to bring attention to the mental anguish and potentially prolonged grief reactions experienced by thousands of surviving military family members who currently denied Gold Star status simply because of the location of their Service Member's death.

One way that the nation can pay tribute to the sacrifice of these families is by designating them as "Gold Star" survivors, a tradition dating back to World War I when mothers of Service Members killed in action would place a banner bearing a gold star in their windows.

In trying to determine just who qualifies for Gold Star status, two main problems become apparent. The first is one of consistency, or rather inconsistency. Definitions and designations of Gold Star Families vary widely, even within the federal government. The Gold Star designation, as established by Congress, stipulates that the Gold Star Lapel Button (GSLB) can only be awarded to next-of-kin (immediate family members) of active-duty military personnel who lose their lives

during combat operations, during peacekeeping operations, or in a terrorist attack.[1] These eligibility criteria are reflected in Department of Defense Instruction 1348.36.[2] This definition excludes family members of most military deaths that occur outside of combat zones. Note that the law and DoD regulations say nothing about cause of death; only location. Thus, if an active-duty Service Member (including Reserves or National Guard while on active duty) dies of infectious disease, cancer or even suicide while on combat operations, his/her family still qualifies for Gold Star status.

Although the individual military services generally follow this definition, there is widespread confusion. For example, the U.S. Navy's web site states that "Navy Gold Star is an inclusive program – regardless of your loved one's military branch, location, or manner of death."[3] Adding to the confusion, over time Congress has passed a number of resolutions that use broader definitions of Gold Star status than that contained in Title 10 Section 1126. For example, the 2021 "Gold Star Families Remembrance Week" (September 19-25) recognizes the sacrifices of all "families in support of fallen members of the Armed Forces, as well as Veterans."[4] Similarly, the Gold Star Family Fellowship Program Act (House Resolution 107) provides a 12-month congressional fellowship for family members of deceased Service Members or Veterans, regardless of cause or location of death.[5] In addition, individual states have their own definitions of Gold Star families, as well as differing in the benefits offered such families. For example, while 31 states offer Gold Star license plates only to family members of those killed in action, 8 states provide this benefit to family members of any military related death. Educational benefits for surviving family members also vary by state. To muddy things further, military non-government organizations have their own definitions, which are generally broader than the DoD definition. For example, the USO defines a Gold Star Family as "families of military members who have died in the line of duty."[6]

All those who sign up for military service know they are putting their lives on the line when they put on the uniform.

The next problem concerns the second-class status experienced by family members who fail to meet the official DoD definition of Gold Star survivors. All those who sign up for military service know they are putting their lives on the line when they put on the uniform. Yet DoD Gold Star status generally acknowledges only those who die in overseas contingency operations. This policy serves to diminish the sacrifice of Service Members who die under other circumstances. For example, a widow whose husband dies in a helicopter crash in Iraq would be "Gold Star," but if that same helicopter crashed in Texas, she would not get the Gold Star pin. Or if a Soldier dies of a heart attack in Afghanistan, his family is "Gold Star." But should a Soldier die of a heart attack in Korea, his family is not "Gold Star." Such discrepancies serve to disenfranchise the

survivors and potentially complicate their grief, while also creating needless divisions among military survivor families. This issue impacts a large proportion of military families, since on average, only about 25% of active-duty military deaths each year occur in combat or overseas contingency operations. For example, out of 18,571 active-duty U.S. military deaths from 2006 to 2021, 75% or 13,969 occurred in the U.S., mostly from training accidents.[7] This translates into approximately 918 non-combat-related active-duty deaths each year, and at least three times that many grieving family members.

Disenfranchised grief occurs when a loss is not socially sanctioned or publicly mourned.[8] Under the current Gold Star definition used by the Department of Defense, military losses outside of a combat zone are denied the recognition that losses within a combat zone receive, even though it is only the location that differs. The Gold Star designation is important, not so much for any material benefits that Gold Star families may receive, such as special license plates or educational assistance, but for the social awareness the Gold Star provides regarding the family member's loss and sacrifice. Grief is in part a personal, private affair, and can vary tremendously for different people. But grief is also very much a social process. The social responses and feedback that survivors receive from the people and organizations around them can have a powerful influence on how they make sense of their loss.[9] Being recognized as a Gold Star survivor sends a message that the military and the larger society see this death as a heroic and unselfish sacrifice

made for the greater good. This understanding brings psychological comfort to survivors and can ease somewhat their pain and suffering.

On the other hand, by denying Gold Star status to some survivors, we communicate to them that their loss was not as important, and is not so highly valued by the military or the nation. And any time the subject of "Gold Star families" comes up in the media or in social conversation, these survivors are reminded of their second-class status, and the relative unimportance that is attached to their loved one's death. In short, Congress and the DoD have inadvertently created a hierarchy of death, wherein deaths that occur in combat zones are perceived as involving greater sacrifice than those occurring in other locales and circumstances. For the surviving spouse, child, mother or father of the deceased Service Member, the shock and pain of the loss is the same. Distinctions based on the location of death generate a disparity that discounts the personal sacrifice and the shared mission of all those who serve. It is worth noting that this is not a mistake made by the American Gold Star Mothers[8] or the Gold Star Wives of America.[9] Both of these congressionally chartered organizations do not restrict membership based on the location or circumstances of the military death, but welcome all who have suffered the loss of an active duty loved one.

Research confirms that disenfranchised grief is a contributing factor in complicated grief,[10,11] and can lead to a range of mental and physical health problems.[12] This risk is increased for the military, where deaths generally share many factors already identified as complicating factors in grief. Military deaths are generally traumatic, sudden, and "out of order" (in the sense that younger people predecease their older relatives). Moreover, as the military is considered dangerous work, survivors are already potentially vulnerable to disenfranchised grief, since others may make insensitive comments such as "they knew the risks when they signed up."[13]

At a time when the DSM-5 has begun to recognize the variety of forms of complicated grief, government leaders and the Department of Defense have it within their power to minimize such complications within military families, grieving families whose loved ones have also given their "last full measure" in service to the country. It's time for policy makers to act by broadening and clarifying the definition of Gold Star status to include the family members of any active-duty death, regardless of where that death occurs. The DoD should petition Congress to amend the legislation so as to recognize as Gold Star the survivors of any active-duty death, regardless of geographic location or time period. Further, DoD should establish a clear definition of Gold Star status in accord with U.S. code and assure that all the sister services stick to that definition.[14] It's time to stop creating second class citizens among surviving military family members by denying them Gold Star status when the death occurs outside of a combat zone.

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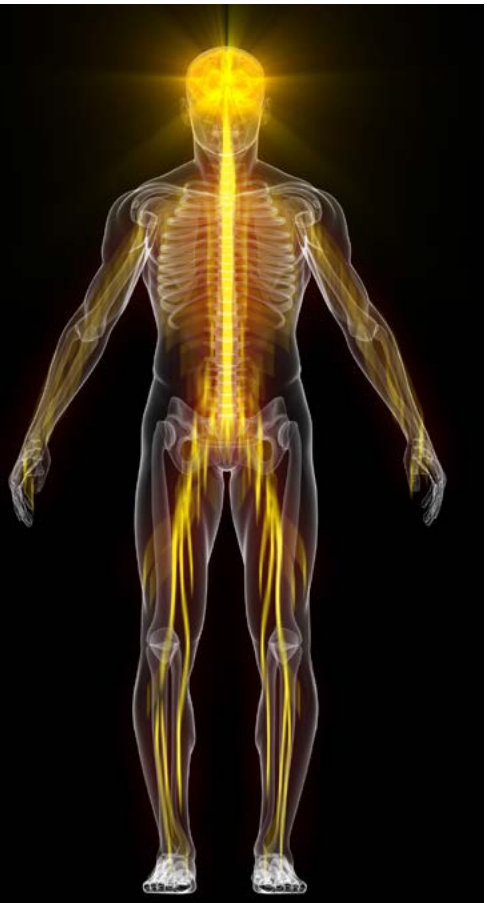

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Combat Stress Commentary: HR3967/S3373 PACT Act

By COL (Ret) DJ Reyes, US Army

Combat Stress Commentary: HR3967/S3373 PACT Act – Veteran health legislation righting a wrong – a technical glitch – and why this bill says more about those elected than the Veterans who will benefit from the legislation.

A landmark bi-partisan bill that expands Veterans' health care and disability benefits – finally overcame some 'technical language and spending provisions,' passed through both the House and the Senate, and was submitted to POTUS Biden for his signature.

The bill has several notable provisions. But perhaps the landmark provision, which addresses a long-time obstacle to many Veterans who became ill during or after a combat deployment – or worse, who have since passed before receiving benefits – is the inclusion of the "23 presumptive conditions," leading to identified illnesses such as various cancers or upper respiratory conditions. Prior to this legislation, and despite Veterans proving wellness prior to a combat deployment, subsequent deployment into identified areas where burn pits were utilized, and with a diagnosis of a subsequent illness, the 'burden of proof' remained on Veterans to prove the nexus. The main rebuttals were the VA's main assertion that insufficient evidence or studies existed on the long-term effects of potential burn pit exposures to Veterans' subsequent health problems, and Congress's concern that the "budget cost" was too much (The Congressional Budget Office estimated that the bill would cost $278.5 billion over a decade).

Thanks to the continuing pressure from the national to local Veteran advocates, along with congressional representatives, the current inclusion of the 23 presumptive conditions will remove the legal and medical hurdle and facilitate Veterans' access to required treatment, therapy, and compensation.

Nonetheless, I feel that it is important to understand how parliamentary procedure and processes can sometimes be perceived as undermining what I view as "the will of the People." And I remind my friends that legislation, like a good tasting meat loaf, is always demanded and appreciated. But no one really wants to know the drudgery involved in the "meat grinding process."

Under the US Constitution, the House is supposed to originate tax bills. So, when the Senate earlier passed the bill (84-14) with the tax condition in it, the move created a blue slip[1] problem, requiring the bill to be reconsidered. Senate Veterans' Affairs Chairman Jon Tester, one of the bill's chief sponsors, made a rescue attempt as the Senate was preparing to adjourn for the July 4th two-week recess. He asked unanimous consent for the Senate to request the return of the papers from the House and, notwithstanding the lack of receipt of the papers, that the Senate immediately agree to a resolution dropping the problematic tax provision from the bill. "Tonight, we have a chance to get it back on track," the Montana Democrat said on the floor.

But without agreement from all 100 senators, there was no chance of fixing the bill before the recess. And Sen. Patrick J. Toomey, R-Pa., promptly lodged a spending provision objection. The tax condition issue was subsequently resolved and revoted/passed by the House, and the bill was sent back to the Senate for revote. But prior to the revote, concerns raised over the alleged spending


ROSES ARE RED
VIOLETS ARE BLUE
POEMS ARE HARD
PASS THE
#PACTAct NOW!

provision resulted in additional Republican Senators joining in protest and a failed vote.

As expected, this failed vote brought forth a tsunami of vehement protests, led by comedian and Veteran activist Jon Stewart. Here in Tampa, I was interviewed on the local ABC station for my thoughts:
https://www.youtube.com/watch?v=kyAg33tHpHM

Call it bureaucracy. Call it parliamentary procedure. Call it horse trading. Whatever it is, this latest in a serious of obstacles and challenges placed before many Veteran advocates over the years made me further reflect on a speech I shared at a recent Memorial Day commemoration speech in Sun City, Florida before a filled auditorium of flag waving Veterans and senior citizens. I think it is relevant to why HR3967/S3373 is important, and underscores the sacred duty of our elected officials:

"…If you ever travelled to the Washington, DC area and visited the Lincoln Memorial, you'll get to read the Gettysburg Address and the Second Inaugural Address etched on the walls. I believe the Gettysburg Address, at only 272 words, is one of the most poignant speeches in our history and applicable to this day. But there is a certain passage that I'd like to recite here that is especially meaningful on this day. It goes like this:

It is for us the living, rather, to be dedicated here to the unfinished work which they who fought here have thus far so nobly advanced. It is rather for us to be here dedicated to the

marco rubio
fighting for florida

Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022 (P.L. 117-168)

On August 10, 2022, the *PACT Act* was signed into law. The legislation includes the presumption of service connection for a list of 20 illnesses and cancers from the *Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act of 2021*, legislation that Senator Rubio introduced last year. Senator Rubio voted yes on the *PACT Act* every step of the way, and he stands ready to assist you in navigating the law's implementation.

The Department of Veterans Affairs (VA) has established a website to answer your questions on eligibility, which includes helpful information about applying for benefits: www.va.gov/PACT. You may also call 1-800-698-2411 if your question cannot be answered by the website.

What changes does the PACT Act make?

The PACT Act:

- Expands access to free hospital care, medical services, and nursing home care under Priority Group 6 to all toxic exposure veterans and requires the VA to notify veterans of their changed eligibility status
- Requires the VA to provide a toxic exposure screening to veterans enrolled in VA healthcare
- Directs the VA to annually publish its plan to formally evaluate and assess toxic exposure
- Creates a process for the nomination of new presumption conditions
- Improves resources and training for VA staff to better identify signs of toxic exposure, more efficiently provide needed care, and further automate claims decisions

For what conditions did the PACT Act add a presumption of service connection?

The *PACT Act* added a presumption of service connection for 23 conditions associated with exposure to burn pits and other toxins. As of August 10, 2022, the following illnesses now have a presumption of service connection:

- Asthma diagnosed after service, respiratory cancer of any type, brain cancer, constrictive bronchiolitis or obliterative bronchiolitis, emphysema, granulomatous disease, interstitial lung disease, pleuritic, pulmonary fibrosis, sarcoidosis, chronic sinusitis, chronic rhinitis, and glioblastoma, hypertension, chronic bronchitis and chronic obstructive pulmonary disease, head cancer of any type, neck cancer of any type, gastrointestinal cancer of any type, reproductive cancer of any type, lymphoma cancer of any type, lymphomatic cancer of any type, pancreatic cancer, kidney cancer and melanoma, monoclonal gammopathy of undetermined significance (MGUS)

The *PACT Act* includes a number of other presumptive conditions, including for veterans who:

- Participated in the cleanup of the Air Force B-52 carrying nuclear weapons off the coast of Palomares, Spain
- Were exposed to herbicide agents in Thailand or at Royal Thai bases from 1962-1976; in Laos from 1965-1969; in Cambodia at Mimot, Krek, or Kompon Cham Province in 1969; in Guam or American Samoa from 1962-1980; and on the Johnston Atoll (or a ship that called at the Johnston Atoll) from 1972-1977

If you have any questions about this guidance, or need help with a federal agency, please contact the VA or contact Senator Rubio's Orlando office at (407) 254-2573.

Please note that the PACT Act Summary, is courtesy of COL (Ret) Reyes and the office of Senator Marco Rubio.

great task remaining before us – that from these honored dead we take increased devotion to that cause for which they gave the last full measure of devotion – that we here highly resolve that these dead shall not have died in vain – that this nation, under God, shall have a new birth of freedom – and that government of the people, by the people, for the people, shall not perish from the earth.

There is another quote from Lincoln, and it is etched on a bronze plate on the front steps of the US Department of Veterans Affairs Building also in Washington DC. It is equally meaningful to me, and it reads: ***"…to care for him who shall have borne the battle and for his widow, and his orphan…"***

These two assertions by Lincoln still ring true today…

…Human nature being what it is, it's foolish to think there won't be armed conflict in the future. It will happen, and we'll need motivated young Americans to ride off to battle on aircraft, ships, and combat vehicles to defend us and our future. Some will certainly give their lives.

Let's make sure when they go forth in our name they go forth with our full backing and support, our conscious approval, and that we truly believe the sacrifices they'll make are necessary and that we will "care for them," no matter the cost. And at the very worst, should they pay the ultimate sacrifice, we shall honor them by living up to our promise of "caring for their widows/widowers and their orphans." It is only by doing this that we can truly look their families in their eyes on some future Memorial Day and in good faith say, Thank you. That's our responsibility and that's how we can honor those who've fallen in service to our great country…"

The US Constitution authorizes Congress to declare war, and to raise, support and maintain our Armed Forces. But, as the late General Colin Powell once said of "The Pottery Barn Rule" – you break it, you buy it. As a simple Soldier, I interpret that line as "if our citizens can be sent to war, then our citizens deserve to be made well again." Above previous arguments against the bill due to alleged cost, lack of empirical medical evidence, or even a Veterans Affairs infrastructure that is currently incapable of absorbing additional requests for medical services or compensation – stands the Constitutional and Moral authority of our elected officials to do right by those who elected them.

Despite the procedural delay, the Senate did the right thing on the second revote (86 -11). It will be sent to POTUS for his signature – better late than never.

No one said Democracy and its processes are clean or pretty. But as one of my esteemed friends – a fellow senior mentor in the Tampa Veterans Treatment Court and Vietnam War combat Veteran – said of the Senate's passage:

"...I'm just glad millions of Veterans and their families will get some of the benefits they've earned. But my celebration is muted as I think of the suffering of the Veterans who have passed due to exposure to the toxins, and of the families who continue to deal with their loss. In the end, no real winners. Just some justice…"

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1. Article I, Section 7, clause 1 of the U.S. Constitution requires that All bills for raising revenue shall originate in the House of Representatives. As generally understood, the Senate may not originate any measure that includes a provision for raising revenue, and second, the Senate may not propose any amendment that would raise revenue to a House-passed non-revenue measure. Because this resolution has historically been printed on blue paper, this is known as blue-slipping.

ABOUT THE AUTHOR

DJ Reyes is a retired U.S. Army Colonel with over 33 years of faithful service to our great Nation. Earning his bachelors, masters, and juris doctor degrees from the University of Notre Dame, the U.S. Naval War College, and Temple University School of Law, DJ also commanded or served in primary staff positions in special forces / operations, military intelligence, infantry, airborne, air assault, Joint/ Interagency, and Multi-National organizations. His combat and contingency deployments included tours in Iraq, Afghanistan, North Africa, Bosnia, Kosovo and Haiti. In addition to providing independent consulting for organizations supporting Veterans, military families with special needs, and victims of human trafficking, DJ previously served as a Department of Defense contractor assisting local Florida Veterans and their spouses with employment opportunities. DJ currently sits on the following advisory boards: National Veterans Court Alliance, Washington DC; U.S. Congresswoman Kathy Castor (D-FL 12th) U.S. Service Academy Nomination Committee; U.S. Congressman Gus Bilirakis (R-FL 14th) Veterans Advisory Committee; Florida Department of the VA Executive Director Danny Burgess' "Forward March" Veteran Program Legal Sub-Committee; and Legislative Chair, Florida Veterans Council, Orlando. Finally, DJ devotes significant time and energy in his community service role as senior military advisor and mentor to the 13th Judicial Circuit's Veterans Treatment Court, or VTC. The VTC identifies those Veterans in trouble with the law resulting from some disorder or disability incurred during military service, obtains the necessary medical treatment and therapies for them, assists in the rehabilitation process, and promotes their successful reintegration back into the Veterans' local communities. Within Tampa Bay, DJ was recognized in 2014 with the Tampa Bay Business Journal's "Heroes at Work" Award for his continuing public service as a Veteran-owned business consultant supporting both military and special needs communities. In 2016, DJ was awarded with the Hillsborough County Bar Association's highest award – the Liberty Bell Award – for his exemplary efforts in promoting, and advocating for, the legal judicial system and process as it supports the local Veterans and special needs communities. The Hillsborough County's Sheriff's Hispanic Advisory Council also announced DJ as the 2016 recipient of the Raymond E. Fernandez Award. This award is presented each year to an individual who has made outstanding contributions to the criminal justice system. In January 2020, (NHL) Tampa Bay Lightning Owner Jeff Vinik's Foundation announced DJ as this year's recipient of the Tampa Bay Lightning Community Hero Award. Finally, the Notre Dame Club of Greater Tampa Bay recently announced DJ's nomination for the 2020 Father Corby Award for Distinguished Military Service. He is also one of many Veterans impacted by the effects of the burn pits in Iraq and Afghanistan.

Diagnostic and Treatment Complexities of Combat Stress

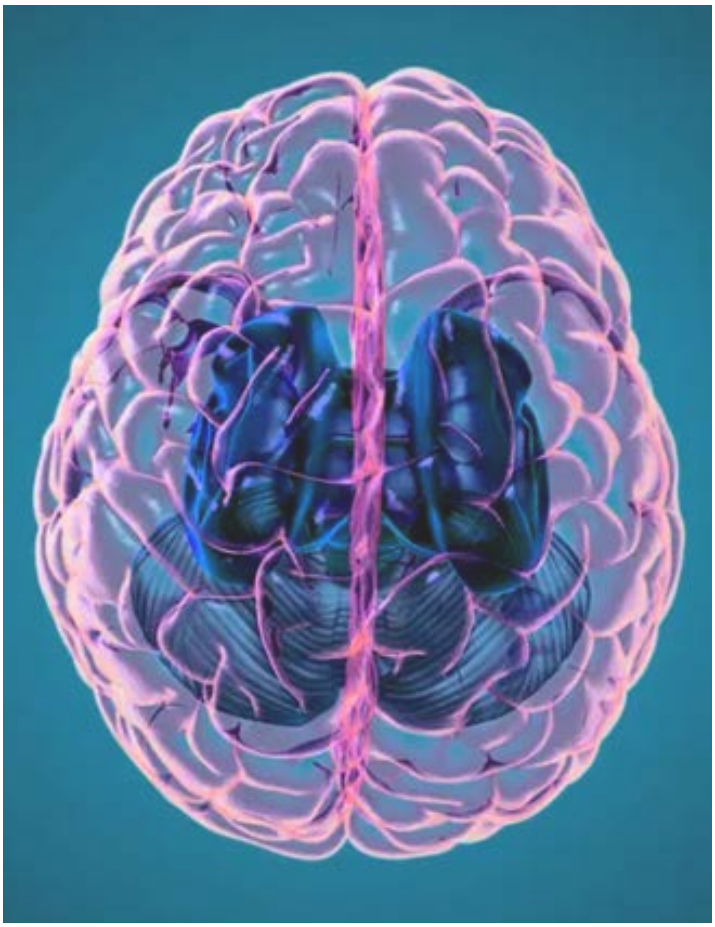
By Jeff Jernigan, PhD, BCPPC, FAIS

The simple phrase, Combat Stress, suggests there may also be a straightforward remedy.[1] Two words, easily understood, have seldom been more complex than these two when put together in the simplicity of one following the other! Hidden beneath the term is a labyrinth of complicated irregular pathways and interactive networks which may lead to successful treatment…. or send the practitioner down yet another rabbit hole. Combat stress is real and can be deadly. Physiological and psychological causes can be difficult to identify at the border of our biology and psychology. It is one of the few moral injuries that can create a lifetime of dysfunction and defy mitigation, simply because it has a viral capability of changing how it affects our psyche and brain chemistry. Combat stress often includes physical, as well as emotional injury and re-injury through lived experiences. Healing, health, and restoration begins in our minds. Yes, exactly – in our minds as both how our mind works and especially, how our brain works as an organ.'

There are a number of things to consider when working with people experiencing combat stress, to the point of negatively impacting their ability to function well socially or occupationally.

There is no chronology involved in flashbacks, dreams, or relived life experiences involving combat stress. For many, the memories are as fresh as the moment they occurred. The reaction of a Veteran of the Korean War (1950 to 1953) I was treating was identical to the reaction of a Ukrainian Veteran of the invasion of Crimea by Russia (2014). For both, it was as if the events occurred yesterday. Sometimes a sound, odor, lights, or a specific situation can trigger an episode, whether the trauma occurred 70 years ago, 7 years ago, or recently in the present.

Pre-existing or co-morbid conditions can mask the effects of combat stress and skew our impression of what is going on in someone's life or otherwise minimize our understanding of a serious condition. It is easy to attribute fatigue, discouragement, and worry to a lack of resilience due to poor diet, lack of exercise, and lack of sleep. In some cases, people experiencing disabling stress may have a history of insomnia due to depression. The question becomes one of are they taking their medication properly? When the answer is no because their prescription(s)



ran out, most clinicians are likely to then stop asking questions at that point and to instead, simply respond with a suggestion to get their prescription refilled. We also need to ask more questions in order to eliminate the possibility of a pre-existing or co-morbid condition.

Sometimes a symptom masquerades as a primary diagnosis, hiding the real problem. An active-duty nurse appealed to me for help with a circumstance where she had been insubordinate, publicly and loudly accusing her hospital supervisor of some pretty serious malfeasance. She was facing disciplinary action. She was already being treated for PTSD, including psychotherapy and medication. Things had been going fine until she became increasingly agitated and aggressive at work. When confronted, she exploded into a paranoid rant. Anxiety had not even been on the radar prior to this incident. She was provisionally diagnosed with Paranoid Personality Disorder in connection with their PTSD. Combat stress was assumed to be the underlying cause. When asked to provide a second opinion, taking a thorough history unlocked a deep secret; not a deep dark secret from her past, but an inconsequential secret about her present that had enormous implications. She recently had begun an over-the-counter diet program and the diet pills were interacting poorly with the medication she was already taking. This is where the dysfunctional behavior was coming from and not from a personality disorder.

Often times practitioners will provide a provisional diagnosis when there is not enough information to have confidence in a primary diagnosis of someone's condition. However, as an educated guess, it is assumed further information will be available soon, which will confirm the provisional diagnosis. The problem is that in

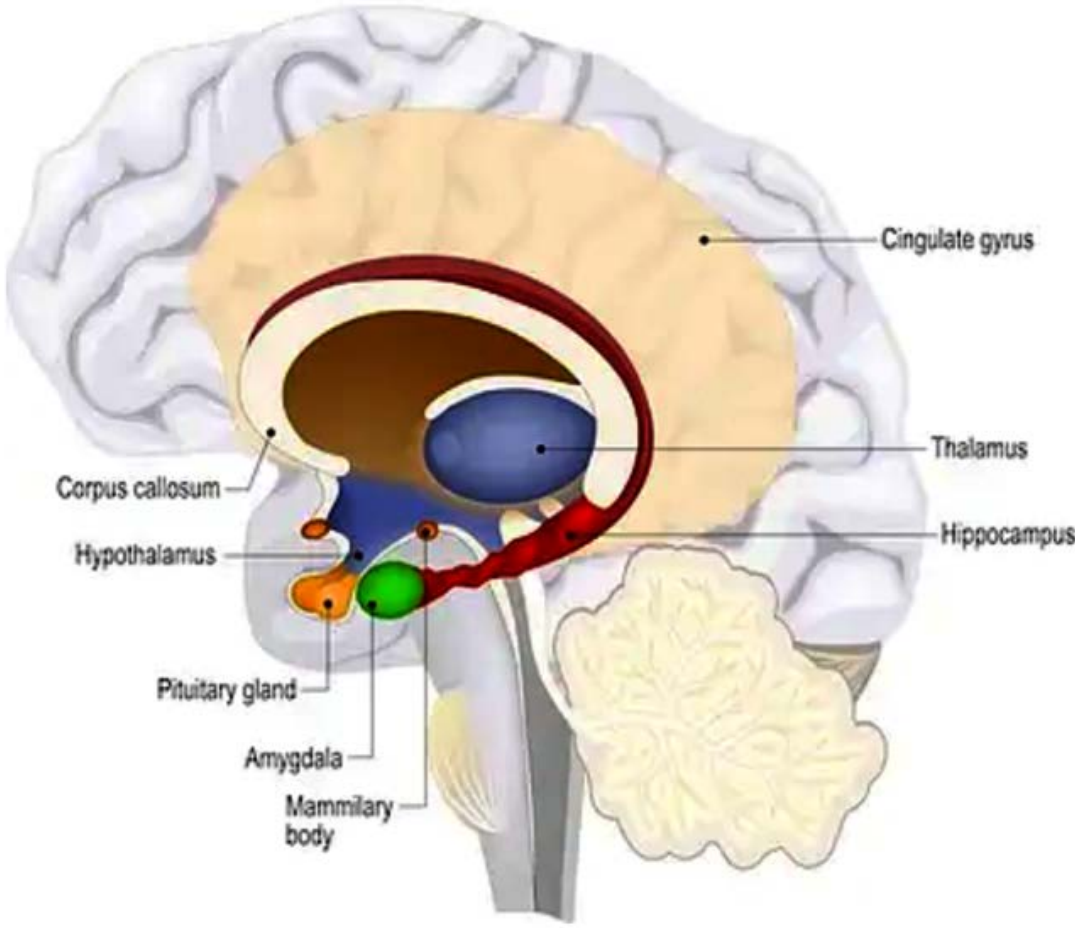
some cases, no one comes back around with the necessary information that was presumed to be available in the near future and therefore, the provisional diagnosis is never changed. Case in point: a young man remanded to a rehabilitation program was provisionally diagnosed as schizophrenic due to auditory hallucinations, accompanied by aggressive behaviors and severe mood swings. As Clinical Director, the case came to my attention because he was being treated over a fairly long period of time, based upon a provisional diagnosis. When I interviewed the individual, it became clear that the provisional diagnosis had been made in the midst of a detoxification protocol and never followed up. We started the intake process all over again, this time with a truly sober person, discovering that he suffered from severe tinnitus. What he believed were voices in his head were actually the buzzing sounds caused by tinnitus. Sometimes problems are masked under symptoms that make discovery of what underlies, a far greater problem than need be.

All of these distractors, whether you are a healthcare professional or a concerned friend or family member, can be misleading. How to respond effectively and contextually to the one experiencing combat stress suddenly becomes a guessing game. There are three things that can help eliminate the confusion that are common in all of these examples: 1) Take what you see and experience seriously. 2) Get the whole story. For the healthcare professional, this means taking a full history for the record. For the parent, spouse, partner, friend concerned about someone, ask a lot of questions in order to provide a larger context that may give up some clues. 3) Encourage those suffering from stress fatigue, stress disorders, or those in danger of hurting themselves to get qualified medical help immediately.

Stress is a part of life we have been designed to handle physically and mentally. Too much stress or the wrong kind of stress can have a tremendously negative impact on the psyche and the soma. Because stress is part of life, we tend not to take its impact upon us seriously at times. Sometimes, we do need to take it seriously, especially when it comes to combat-related stress. We will get back to this in a moment. For now, let's take a look at how stress "messes" with our brains.

Too much stress or the wrong kind of stress can have a tremendously negative impact on the psyche and the soma.

Closed Head Injury (CHI) and Traumatic Brain Injury (TBI) are sources of physical injury that have medical and psychological consequences. Sometimes these terms are used interchangeably. Here they are used to differentiate the cause of injury to the brain. CHI occurs when the brain is pushed with some degree of violence up against the inside of the skull. The skull is undamaged and remains intact, a solid hard shell within which sits the brain and a very soft tissue organ. An example would be hitting your head on the dashboard because you were not wearing your



seatbelt when the driver slammed on the breaks. Your skull impacts the dashboard and remains unbroken, while your brain is thrust up against the inside of your skull, hard enough to cause injury due to the momentum. TBI occurs also when concussive energy passes through the skull and through the brain, with enough force to damage soft tissue. Both can occur at the same time and often do in combat as the result of explosions. Recovery from the potentially disabling effects of CHI and TBI present their own form of stress as the individual struggles to regain lost capacities due to the injury.

The hippocampus is a very small part of the brain located in the temporal lobe.[2] Its job is to regulate learning, memory, memory consolidation, and spatial navigation. It is where short-term memory and learning are turned into long term memories and then stored in the brain. It also helps the process of retrieving memories of personal experiences, as well as facts and information related to those memories. The amygdala, just in front of the hippocampus, is the sentry that looks out for anything potentially threatening and sends out the flight-or-fight signal when danger is recognized.

Aging, stress, neurodegenerative issues involving neural pathways, lack of sleep, obesity, high blood sugar, and especially head injuries, can impair the function of the hippocampus. Under prolonged stress and trauma, the stimulation of amygdala can become so frequent that it becomes oversensitive and can trigger a response that causes reactions in the hippocampus, pituitary gland, and the adrenal glands located on the top of both kidneys. This sets in motion a storm of physical and emotional reactions.[3] Our brains are vulnerable to injury from inside the body, as well as from outside the body. Most of the nutrients we need for healthy functioning of our brains are supplied from the food we eat and manufactured in our body. For example, many of the neurotransmitters which facilitate the communication between different structures in our brain are formed from the food we eat in our gut. Exercise and sleep are important to brain health as well. If the hippocampus is damaged due to physical injury or through lack of needed nutrients, a lack of memory, inability to concentrate, inability to learn, panic attacks, depression and anxiety

are all part of the constellation of negative effects daily life holds. Negative effects related to combat stress can and do lead to serious negative outcomes. These negative outcomes may show up in PTSD-related suicidal ideation, along with certain environmental factors.

The Army defines combat stress as a common response to the mental and emotional strain that can result from dangerous and traumatic experiences.[1] The key word here is "stress." Stress over a long period of time can also produce PTSD in the absence of trauma. Our concern in this article is stress produced by trauma in a combat environment. Post-traumatic stress disorder (PTSD) can develop after a very stressful, frightening or distressing event, or after prolonged traumatic experiences. Our brain gets stuck in the danger mode even after the danger is past. The amygdala, our sentry monitoring threats mentioned previously, becomes overactive and easily triggered causing the parts of our brain handling fear and emotion to get stuck on the "on" mode, so-to-speak.

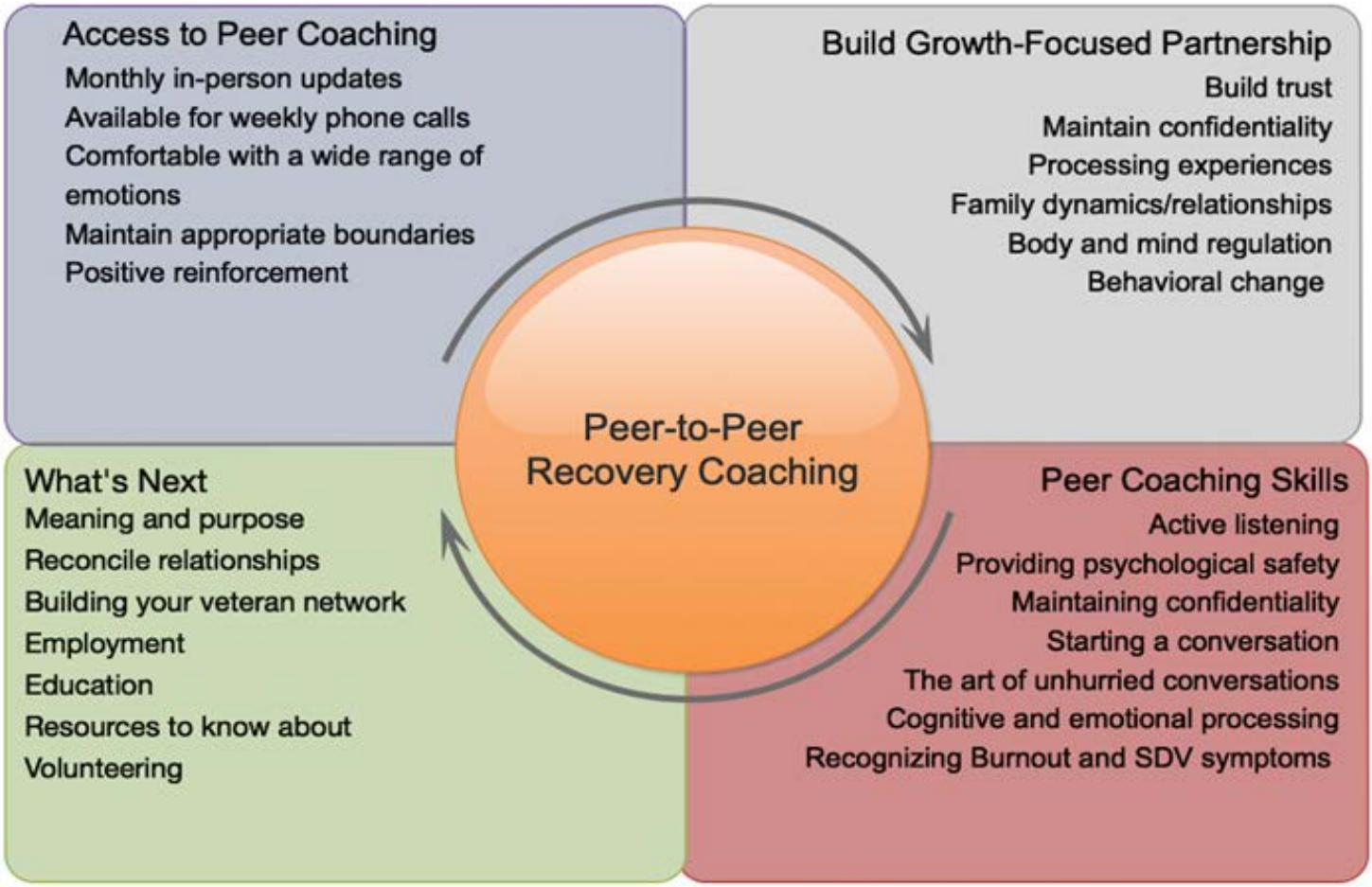
Suicide remains a major global public health challenge, with more than 700,000 people taking their lives each year.[4] Suicide rates for military populations and civilian populations remain relatively the same.[5] This makes it difficult to isolate suicide rates for active-duty military personnel and Veterans suffering from combat stress with or without PTSD. However, we do know that there is a link between suicidal ideation, PTSD, and

an individual's perceived burdensomeness and feelings of thwarted belonging. A study focused on Veterans narrows the implications, further identifying baseline loneliness, dispositional gratitude, thoughts of self-harm, and new-onset traumas as the strongest risk factors for suicide attempts.[6] These overlapping, yet different conclusions about generally military populations make it difficult to identify specific preventative measures related to the complexities of combat stress. In other words, if you are a Veteran struggling with feelings of burdensomeness and isolation, and have PTSD, you are more likely to consider suicide. Other risk factors include loneliness, fluxing gratitude, and repeat episodes of relived trauma.

Non-Suicidal Self Injury (NSSI) has increased in recent years, adding to the difficulty of identifying NSSI behavior related to traumatic stress, suicidal ideation or rehearsal, or mental wellness issues and conditions.[7] NSSI is more common in marginalized populations subject to discrimination. When a member of a military organization is part of a marginalized group, and suffers from PTSD, it is difficult to identify the origin of the self-injury behaviors. Self-injury

can include cutting, excessive risk, substance use, and other behaviors that place the individual at risk for injury, but not necessarily suicide. For example, bisexual people are at an elevated risk for NSSI and are among underreported minorities regarding difficulties with self-esteem and thwarted belongingness.[8] Sexual orientation does impact reporting of suicidal ideation and NSSI in the general population.[9] Though it is practical to understand this affects military minority populations as well, it is very difficult to quantify a subset of those whose experience with combat stress has led to suicide, suicidal ideation, or NSSI. In other words, it may not be possible to determine to what degree self-injury may be associated with combat stress or PTSD.

Those experiencing feelings of defeat and entrapment[10] due to social isolation and distancing[11] are more likely to have a more difficult time dealing with the complexities of combat stress, regardless of any particular stress-related diagnosis or preventative measure. Alongside appropriate medical and mental health treatment, a holistic approach that levels the playing field can be found in peer-to-peer coaching, where relational (versus professional) dialogue and processing over time are crucial to reducing complexity and coming to grips with what the suffering individual is experiencing.[12]



The term combat stress encompasses a constellation of experiences, conditions, dysfunctions, and diagnoses. Practical evidence-based prevention and treatment strategies exist and are accessible for dealing with the injuries combat stress creates. Long term recovery is served well when Peer-to-Peer Recovery Coaching is used over a twelve month or an even longer period of time.[13] Living alongside someone experiencing the effects of combat stress does not have to be a mysterious or confusing adventure. In the infographic above, the arrows indicate the process of peer-to-peer coaching can begin anywhere, depending upon the individual. It can begin with determining what kind of access to peer coaching is most appropriate and convenient for the coach and the Veteran, for example. Next steps include building trust and commitment toward a growth-oriented focus. There are basic coaching skills to be familiar with through practice. The end goal of peer-to-peer coaching is looking to the future thinking, feeling, and acting in ways that create healthy physical and social well-being. Your mind is in order and functioning in your best interest. The coach is a guide to wholeness coming alongside. Look for another article soon that will unpack recovery coaching in detail. In the meantime, seek ways to be of help and encouragement to those wrestling with the often-confusing puzzle combat stress represents.

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Jeff Jernigan, PhD, BCPPC, FAIS is a board-certified mental health professional known for influencing change in people and organizations by capitalizing on growth and change through leadership selection and development. Jeff currently serves Stanton Chase Pacific as the regional Life-Science and Healthcare Practice Leader for retained executive search and is the national subject matter expert for psychometric and psychological client support services.

A lifetime focus on humanitarian service is reflected in Jeff's role as the Chief Executive Officer and co-founder, with his wife Nancy, for the Hidden Value Group, an organization bringing healing, health, and hope to the world in the wake of mass disaster and violence through healthcare, education, and leadership development. They have completed more than 300 projects in 25 countries over the last 27 years. Jeff currently serves as a Subject Matter Expert, Master Teacher, Research Mentor, or Fellow in the following professional organizations: American Association of Suicidology, National Association for Addiction Professionals, The American Institute of Stress, International Association for Continuing Education and Training, American College of Healthcare Executives and the Wellness Council of America.

Mindful Minute

G.L.A.D. to be Happy, for the Rest of Your Life (In Just 60 Seconds)

By Ron Rubenzer, EdD, MA, MPH, MSE, FAIS

This is Your Life Story

If you are not influencing the story of your life, who or what is?

Free will is what makes us human. Starting now, make the rest of your life, the best of your life (or at least better). Time only moves from this day forward. Nothing ever happened in the past that can prevent you from being present now (Eckhart Tolle).[1]

Make Happiness a G.L.A.D. "Practiced Habit."

Some principles of being content can be boiled down to these G.L.A.D "practiced habits."

G.L.A.D. stands for:

Gratitude – **L**aughter – **A**cceptance – **D**evotion

Gratitude

You owe a debt of gratitude to your parents. By today's standards, you cost almost a quarter million dollars to raise from childhood. ($233,610.00 USD, 2017).[2] Be grateful to your parents. You also owe thanks to the countless "makers" of everything you use, consume or enjoy.

If you have been through many storms, be grateful you are still standing.

Entitlement, the Anti-Gratitude Attitude.

By contrast, the ungrateful "entitled" actually believe life owes them, forever. (By way of review, entitlement is a personality trait driven by exaggerated feelings of deservingness… [which] may lead to chronic disappointment.[3]

Gratitude Stem: I am grateful for _____. I can "pay forward" by _____ (e.g., giving a heartfelt compliment).

Laughter

Make fun of stress. Some actually believe stress is your friend. Your sense of humor is your sense of balance. Keep a humor file, to use in case of emergency. Share your "smiles across the miles". Try to have one "good humor man" (i.e., person) in your life.

Humor Stem: A funny thing happened to me _____.

Acceptance

It is our mind's "default setting" to want things to be the way we WANT them to be (wishful thinking). Accepting people and things as they ARE (he/she actually thinks that way) is a beginning point to calmer, effective action that will eventually change our circumstances or our minds.

Acceptance Stem: Just for today I will "Grin and Bear" it when _____ (e.g., he tells the same joke for the hundredth time).

Devotion

Dedication to any valuable cause beyond yourself is almost guaranteed to bring you happiness. If you have a pulse, you have a purpose.

Devotion Stem: I am dedicated to: _____ (e.g., the ones I love).

Reality Check

If If you really want to be happy for the rest of your life, perhaps once a week, check if you are really being G.L.A.D. Practice Gandhi's wisdom. "Be the change you want to see…"[4]

Always remember, the pursuit of happiness has been our birthright for over 245 years. The quest for happiness is the bedrock of our Declaration of Independence.[5]

Pursue your happiness, now, my friend, don't let it pass you by. Don't say, I'll be happy when I finish this or that.

If you can't be happy, make at least another

person happy, and as the saying goes, you WILL be happy too.

To make our readers happy, the Mindful Minute evolved.

Mark Twain once said, '*I didn't have time to write you a short letter, so I wrote you a long one.*'

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Ron Rubenzer, EdD, MA, MPH, MSE, FAIS is a Contributing Editor with The American Institute of Stress. He holds a doctorate and two master's degrees from Columbia University in New York City. He won a doctoral fellowship to attend the Columbia University's Leadership Education Program. While serving as a school psychologist at Columbia, he won a national student research prize of the year for an article written on the brain. Dr. Rubenzer worked at the Washington DC Office of Education. Also, while at Columbia University, he wrote an article for New York Magazine on enhancing children's development of their full potential. He has devoted his career to specializing in "reducing stressing-during testing" for better outcomes. He has worked as a stress manager for a hospital based cardiac/stroke rehabilitation facility and their Employee Assistance Program. He also coordinated a wellness program for a large school system. He is a fellow with The American Institute of Stress and writes focus articles on "using stress to do one's best" at home, work and school.

He has also conducted speaking engagements for conferences and presented for a number of television shows.

His latest book is How the *Best Handle Stress – Your First Aid Kit* https://www.amazon.com/How-Best-Handle-Stress-First/dp/1731056508

Understanding a Shooting in Texas

By Robert B. (Scott) Kuhnen

I hope we can all agree that to really understand a shooting in Texas and be able to do something constructive about it, we should analyze all the facts.

As we examine the totality of the event, we should analyze the motives and the circumstances which allowed the shooter to perpetrate this heinous act. This refers specifically to the Uvalde Elementary School shooting on May 24th of this year.

For example, were there signs in the background of the shooter which might have tipped us off to what might happen and what we might do to prevent targets from being shot and killed? There usually are such clear indications. Might we agree that, while uncomfortable, numerous people surrounding the shooter might have been able to warn of the potential for a terrible incident? What were the clues we might have seen? Then, even if apparently obvious to some, would we all agree on how to interpret those clues? When and how do good people intercede?

We might agree that the first step in understanding any clues requires being dispassionate about our analysis. That is, not shade them through whatever lens we might choose to apply. Instead, we must keep the facts as clean and accurate as possible. Agree to remove biases.

Especially as we look back in hindsight, we should be able to separate fact from fiction or our own biases and prejudices to reach conclusions which all of us can support in order to help prevent future killings and to provide comfort and justice to the survivors.

As we analyze a shooting in Texas, might we agree on these ground rules and allow the facts to stand on their own to be used to help shape future actions (or inactions)? As recently shared by Matthew McConaughey, might we agree that surviving families would want their loved one's loss of life to matter?

If you agree with this premise…this set of ground rules…,could we agree that they should be applied to each and every such horrific incident?

This should be our commitment to all victims and their families and our communities… to apply these ground rules equally and consistently. Let us honestly assess and then move forward to make improvements which protect lives. We owe this to all of us.

A Shooting in Texas: Fort Hood, 5 November 2009.

If we analyze this mass shooting in Texas, what dispassionate conclusions might we reach, especially in hindsight? Although characterized as "workplace violence," was it that? Or, in the years since that shooting, might we now recognize and admit that testimony and facts have come to light which make it clear it was actually an act of Islamic terrorism? Does it matter, especially after


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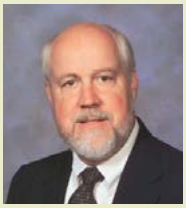
all these years? Of course, it matters. It certainly matters to the families of the victims, not merely on a personal level (which it clearly does), but also it matters to them that others are not marginalized as if their loved one's lives failed to matter.

An honest assessment and treating ***all*** victims of such acts fairly and equitably always matters, especially to those who volunteer to serve our country through military service and who end up paying the ultimate price. It matters that our country stands behind their service and their sacrifice.

The time is long past due to revisit ***that*** shooting in Texas and assure that those lost lives and the lives of the survivors and all their families are valued and matter.

ABOUT THE AUTHOR



Robert B. (Scott) Kuhnen retired from Federal Service in 2014 after more than 40 years combined military and civilian service in the USAF. A native Ohioan, he enlisted in the USAF directly out of high school and quickly found himself back in study at the Defense Language Institute (DLI), Monterey, CA. As this occurred right as the U.S.S. Pueblo was being taken by the North Koreans in 1968, language specialists found themselves studying Korean and assigned to flight duty in Korea and Japan. Active duty years passed quickly and burnout was commonly experienced by those serving. The author was honorably discharged and soon found himself back in school at Kent State University where he graduated with honors in 1977. The start of a family made graduate school more difficult and the opportunity to join Federal Service (1978) in the Engineering Directorate of Aeronautical Systems Center (ASC) at Wright-Patterson AFB, OH very appealing. In spite of lacking an engineering degree, the author enjoyed a rewarding career serving in the Defense Standardization Program for both ASC and HQ Air Force Materiel Command (AFMC) and as Scientific and Technical Information (STINFO) program manager for both ASC and HQ AFMC. The author considered public service to be a calling and he has continued to serve by raising funds for local Veteran organizations and causes like the Fisher House Foundation and Honor Flight-Dayton.

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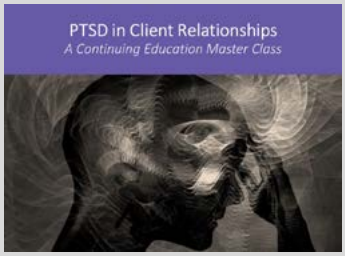

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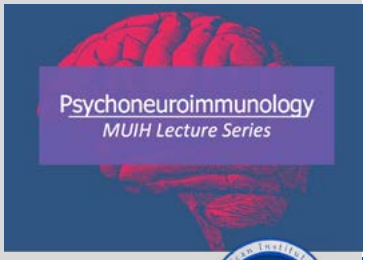

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The Stuff of War

United States Marine Corps Veteran and Police Officer Joey R.

Somewhere in Ohio and Somewhat Anonymous

Upon coming home or when people found out you served in the military, they always ask the following questions: What did you do? Where did you go? What was it like? Did you kill anyone? My response is always "If you weren't there, I can't explain it." But in my head, I'm quietly flashing back. For a moment, I can smell the foul stench of death and burning shit in the air.

The unforgiving weather and sleepless nights tortured my body. Some memories I choose not to remember. Others feel like they just happened.

The scariest moment of my life was in Fallujah, Iraq, having rockets and mortars dropped on me for the first time. I was new in the country and had just finished a security patrol. I was assigned a guard post in the FOB (Forward Operating Base) mayor's compound overlooking the south end of the city. Assigned to me was an Iraqi Police Officer. Most of them were good men, but this one was just there for the free gun and a blanket. Once, two Iraqi police recruits got their new shiny Glocks and played quick draw until one was shot. At times, it was like working with disgusting, uneducated, murderous children. It was a bright sunny day, and the streets were full of people. Near our position was a group of children playing in the area. A couple of hours in, I heard a loud whistle, then a bright flash, and then a bang rattled my post. I then saw another flash and then bang, bang, bang. The compound was taking indirect fire from enemy mortars and rocket propelled grenades (RPG's). The attack only lasted a few seconds, but it felt like an eternity. The enemy was just randomly firing at our position, just trying to hit something. That's what scared me the most. When that happens, the only thing you can do is take cover and pray that a round doesn't land on your head. You can also run away crying, like my cowardly Iraqi partner. I wish to this day he had been hit, but after the smoke cleared it was the kids playing in the area that had been injured by enemy fire. They were rushed to the nearest hospital but died on the way. An enemy that can barely fight and kills its own people is a waste.

After that attack, I suppressed my emotions and locked them away. In war, feelings will get you and your men killed. I learned to walk over dead bodies, destroy property and push my humanity to its limits. My only mission was to locate, close with (close the gap between you and the enemy, part and parcel of the Mission Statement of a Marine Rifle Squad) and destroy the enemy by fire and maneuver, repelling the enemy's assault by fire and close combat.

It's funny that in the chaos and moments of madness, I had few good memories. I was nervous flying into Fallujah on a helicopter. The day before, a helicopter was shot down and we were flying under fire. Just like in the movies, the helicopter was banking left and right, tracer rounds lighting up the sky and Jimi Hendrix playing on the loudspeaker. It wasn't Vietnam. So, where's our Iraqi soundtrack?

My buddy then asked me why I had a heart on my boot. I looked down on the top of my boot and a heart was drawn on it. From then on and until I left Iraq, I started finding little hearts drawn on all my gear: boots, socks, t-shirts, pants, hats, helmet, canteens, entrenching tool, notepads, magazines, body armor, and even my Ka-Bar bayonet. I am still shaking my head to this day. I

would get so frustrated and accuse other Marines of vandalizing my gear, but I couldn't find out who was doing this. After I redeployed back home and left the Marines, I found that it was my mother who had done this. The night before I had shipped out, my mother had unpacked all my gear and drew little red hearts on everything. My mom stayed up all night praying to God for my protection. God made sure, at my most terrifying moments, that I was loved. Just before I would lose control of my emotions, another heart would appear. I guess it was her hearts that got me home safe.

Let Them Heal

By Marla Friedman, PsyD

The Mental Health Check-In (MHCI) for law enforcement has been recommended by mental health professionals for decades, however, the pushback from the police community has been strong and consistent. I will provide the full protocol so you can understand what the MHCI entails, who should conduct them, and why officers reject them. Police Psychologists have been pressing for mental health check-ins to become mandatory because of their multiple benefits for the officer, his/her family, the department, and the community.

The number one reason for the rejection of the annual check-in is stigma. To fully understand this, you need to understand the culture itself. Law enforcement personnel as a group are known to be generally conservative and traditional in their views personally and politically. That is not true for all officers, however, law and order is the platform they stand on.

Once they are entrusted with solo patrol, officers become part of the private club in blue. Allegiance to the men and women they work with becomes a necessity because their lives depend on each other. More so now with officers under tight scrutiny as well as emotional, psychological, and physical attack by those they have sworn to protect. As a result of this high-pressure job, they can become, cynical and insular. Police officers can often be described as strong, protective, suspicious and private, and many enter the profession with the belief that they can withstand anything.

They can't. They have the same human needs as the rest of us. But the lifestyle is brutal. Many have sleep shift disorder from working long hours and then being forced back for another shift. Some officers report being so exhausted that they stand at the back of the room during training so they can stay awake. In addition, officers often have poor diets. Also, they experience a frequent release of stress hormones pouring into their systems. The job stress is also associated with elevated anxiety, depression, marital problems that result in divorce, financial stress, and the list goes on.

You've heard the term, *thin blue line*, which represents the division between law and order, and anarchy. That is what a police officer is tasked with daily, and it is becoming more difficult every year. The divisiveness in the country regarding law enforcement adds to all the other stressors at work and at home with which they are confronted with. Mental health issues occur in this population at an increasingly high rate. The culture dictates that going for help is a sign of weakness – or the person is crazy. If other officers find out one of their own is in treatment for depression, anxiety, substance abuse, post-traumatic stress disorder (PTSD), or any other disorder, they start to worry.

Can he/she be trusted under pressure to perform? Will they be able to back me up if needed on a call? How did they get this way? This couldn't happen to me. Could it? Can't they just suck it up? What if someone finds out they went for help? Whom are they talking to and how do they know that the therapist won't tell people what is discussed in the session? Are they saying anything about me?

The anxiety about anything personal being revealed or that their thoughts or fears are

exposed is not a risk they want to take. There have been some shifts in attitudes among younger officers, and that is a hopeful sign. Concerns about taking medication remain, but they can take medication and still work though some medications they are not able to take because they could affect reaction time or cause drowsiness, which would be a safety concern. They are not encouraged to be self-reflective, or deal with their own thoughts or feelings unless they are related to the job. They often have limited coping skills when overwhelmed with stress, sadness, grief, horror, fear, terror or anger. Anger and frustration are the feelings that are understood and accepted as long as they aren't acted upon. This might be because policing was only open to males for a long time. Given a choice between anger and tears, anger is certainly more accepted than crying.

Are you wondering why they struggle with feelings, frightening intrusive thoughts, nightmares, insomnia, panic, disgust, and the urge to yell and put their fists through a wall? Some explanatory issues: Police officers are exposed to death on a frequent basis. Other than the occasional investigations of "died peacefully in

his sleep," the injuries and deaths they encounter may be mutilated, bloody, shot, stabbed, raped, tortured, burned, hung or dismembered. And too often the victim is a child. Sometimes they are children of the same age and sex as the officer's child. For many officers seeing an injured or dead child is the presenting problem in the psychologist's office, though the officer doesn't know that yet.

The sights, sounds and smells they encounter are tattooed in them and can be triggers for trauma for a very long list of haunting symptoms. In addition, there are other issues which cause stress, sometimes for a prolonged period of time. Interpersonal struggles, addiction, inhouse organizational pressure, financial problems and other things add to the frequent strain experienced by officers.

Early identification and intervention can help officers examine, confront, and understand thoughts, feelings, and behaviors that have plagued them.

What we do know is that officer candidates enter the profession mentally healthy. They are tested extensively and then begin their careers. Five years later, many are not the same person.

In the U.S., there is no mandatory reporting for police officer suicide. Every government agency that has a reporting system insists on voluntary reporting only. We know suicides have been underreported because all the officers in the department know about them. Most command staff are devastated by a suicide in their department. We all still struggle to understand why in many cases. However, most citizens are unaware that more officers take their own lives than are killed in the line of duty. Policing is lethal.

To identify and understand the variables associated with suicide, Dr. Olivia Johnson, president of Blue Wall Institute, collected 50 data points for a great many police suicides. Analyzing records from coroners, medical examiners, family members, and autopsy reports yielded previously untapped data. Dr. Johnson was able to add to our knowledge about suicide through the psychological autopsy. Fresh research results, and new clinical practices are offered in *Practical Considerations for Preventing Police Suicide-Stop Officer Suicide* (Johnson, 2021.) Concluding with "The Fatal 10," a graphic representation of the salient variables, we now have solid data to assist us in training, practical therapeutic methods, and curriculum development.

Early identification and intervention can help officers examine, confront, and understand thoughts, feelings, and behaviors that have plagued them. Developing a confidential relationship with a culturally and trauma-informed clinician can provide safety, encourage insight, allow for collaboration on solutions and build resilience. But the first step in this process is the Mental Health Check-In.

Badge of Life's Standardized Mental Health Check-In

The goals and guidelines for the mandatory Mental Health Check-In include:

1. Develop a relationship with a licensed mental health professional, who is culturally competent in law enforcement culture. If the officer develops an issue in the future, as we all do, they will already have a solid relationship established and can easily contact their clinician to address and resolve the problem.
2. Confidentiality: No report goes to the officer's department. The only time confidentiality is broken is if the officer plans to hurt others or him/herself.
3. The MHCI is NOT a Fitness for Duty Evaluation: There is no assessment of the officer's functioning on the job. The officer can choose to talk about anything they feel is beneficial to them and their families.
4. It is always preferable to conduct the Check-In outside of the officer's department. Officers report greater comfort and security when there is no connection to the department. Some believe that the Employee Assistance Program (EAP) is a conduit to management.

The following statement is a standardized example of a letter that could be given to an officer:

"John Smith has successfully satisfied the requirements for the Mental Health Check-In."

No other information is passed to the department.

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