

13:35:01) (Please stand by for live captions to begin)
13:38:28 (Please stand by for live captions to begin).
13:38:55 >>SPEAKER: We'll start hopefully about 1:45. The video. That posts on FaceBook, so but we actually won't start the official meeting until 2:00, so you guys are welcome to get up and walk around and grab something to drink before we get to going, I just wanted to make sure that I told everybody about the screen portion.
13:39:02 Before we get going. But thank you all for being here.
13:39:11 >>SEAN BAKER: Thank you, as well, Alex, it's great to put a face with the name, corresponded with you a few times and we talked yesterday.
13:39:14 And so it's great to see you, and.
13:39:19 >>SPEAKER: This is all of the interaction I ever get so it's great to see all of the other faces.
13:39:27 >>SEAN BAKER: Absolutely, and Susan, and if I remember correctly, division six.
13:39:28 >>SPEAKER: Yes, sir.
13:39:33 >>SEAN BAKER: Congratulations for taking that bull by the horns here recently.
13:39:37 >>SPEAKER: Well, it's a statewide effort.
13:41:23 >>SEAN BAKER: [LAUGHTER]
13:45:19 .
13:45:23 >> mARTIN: aLEX, ARE YOU ON THE LINE.
13:45:24 >>alex: i AM.
13:45:39 >> mARTIN: sECRETARY gASKIN IS GOING TO LOG IN, HE HAS ABOUT 15 MINUTES OR SO, ABOUT 2:00, JUST TO SAY HELLO TO EVERYONE, AND THANK EVERYONE FOR WHAT THEY DO, SO i SENT THE LINK TO wES.
13:45:40 >>alex: oKAY.
13:45:45 >> mARTIN: hE WILL JUMP ON, BECAUSE HE DID WANT TO SPEAK.
13:46:00 hE TALKED TO lEE YESTERDAY AND HE DOES, HE WANTS TO JUMP ON AND SAY HELLO BEFORE HE GOES TO THE NEXT MEETING AT 2:30.
13:46:48 >>ALEX: Perfect.
14:04:01 >>JEFF SMITH: Good afternoon, ladies and gentlemen, thank you very much for joining us FWR this may 17th, Governor's Working Group for Veterans, family members, and service members.
14:04:23 My name is Jeff Smith and I work FWR the Division of Services for the Deaf and Hard of Hearing -- Walter Gaskin, USMC retired, to address our -- as chairman, the North Carolina Governor's Working Group.
14:05:01 >>LT GEN WALTER GASKIN: I think probably address is the wrong term, what I like to do is just say welcome and thank you for what you are doing, frankly, since arriving here, I have had the opportunity to look across the full spectrum of support in coordination, and none does it better than the Governor's Working Group and can I want to tell you thank you for that and be a part of that. And, you know, you have been working diligently and I think we
14:05:24 can do now to -- through the collaboration that you've established is continuing to March, and that's what I want to say in opening remarkses and Jeff, take it away, and look at this great lineup that you have for the day. Thank you.

14:05:35 >>JEFF SMITH: Thank you so much, sir. It is a pleasure to have you here today. And thank you for leading the troops, we greatly appreciate it.

14:05:43 Next, I believe we'll have colonel falls, giving us his updates from the Department of Military and Veterans affairs, sir?

14:06:02 >> Thank you, Jeff, and good afternoon, and lieutenant general Gaskin, thank you for taking the time to be here, I know you've got a busy schedule and other meetings to attend. But I do want to thank you for that. And your endorsement for the Governor's Working Group and all of the success that this group has provided through the years.

14:06:32 First off, I'd like to go to the slides and what's happening now. COVID-19 vaccinations continue moving in a positive direction, our state homes are now 89% of the residents have been vaccinated. Of course, we are allowing new residents to enter the homes. And that as they transition in, some do not have the vaccination, but, you know, we highly encourage all of our residents to have that vaccination.

14:07:05 Also, you know, we have requested our military installations to provide their numbers to the DHHS for them to be counted in the role as being part of our community in this great state. And as of now, we continue our delivery of services in a remote fashion, and we will do so for the next very, very, very short while. But we look to opening up and that's a great day that we're going to do that.

14:07:33 As well as our education is online, we had a lot of good education that's taking place to bring those accredited Veteran services officers, keep them in the loop of what's happening daily with the changes that occur. And as the last statement alluded to earlier, we are planning to return to the office environment. Open for public engagements.

14:07:49 The other things happening secretary Gaskin has visited all of our military installations, he has talked to the leadership in them, you know, and he's got firsthand knowledge of what is -- what their concerns are throughout the state.

14:07:54 So that information being passed so, you know, it's --

14:08:08 it is good because we do have one of the largest presence in the nation, in our installations in North Carolina, and so it's important we know what we need to know. So next slide, please.

14:08:41 And what's coming up. Of course, this month, which is almost ending, is the military appreciation month. And Governor Cooper signed a proclamation stating such, and, you know, just want everyone to realize that May is the month of military appreciation. And, you know, we look at what has been done through the military, with the greatest nation in the world, we're a free nation. And we have these rights that we can say kind of what we need to say and what we need to do.

14:08:56 And we have no boundaries, so it's a great thing, this nation is great because of the military. And the appreciation that we extend to them, this month, is just a drop in the bucket of what needs to be done.

14:09:14 Our nursing home is still set for completion in June, but we

look at the grand opening in late fall of this year. And whenever that occurs as we get the time line laid down and, you know, more coordinated, that will be broadcasted, without a doubt.

14:09:58 A couple of things that's happening, the Veterans health and benefits session, this is not a V.A. or anything, but what we're doing is teaming with the Huma NA and the VFW to have open house or kind of an open forum conversation, the VFW post 7383, in Kerri is on June 5th to 9:00 to 2:00, and that's over on Reedy creek road, in Carrie. The next one is July 17th at the southern pines VFW, 7318 John Boyd post.

14:10:06 And, you know, that's from 10:00 to 3:00. On that day and that's on 615 south page street in southern pines.

14:10:08 Healthcare information is big.

14:10:25 You know, the tricare Medicare options, the Veterans health administration will be present. We'll have VSO's there at all of them, service members, Veterans response organizations, it will be a good turnout.

14:11:07 The next one is July 17th, again, and that is in Fayetteville, VFW post 718, James B. Dennis post there in Fayetteville and the time is from 9:00 a.m. to 2:00 p.m. on 116 10th street, chance street in Fayetteville. And the next one is Indian trail, again, July 17th. And that is the post 2423, VFW post 2423, James B. Crump post and that time is from 10:00 a.m. to 3:00 p.m.

14:11:17 The same at all of them, we'll have the benefits assistance, service members, family resources there.

14:11:23 Veterans health administration, Medicare options, tricare, you know, all of the insurance.

14:11:46 And that last one is July 24th at Jacksonville post 9133 and that location is from 9:00 a.m. until 2:00 p.m. On July 24th. And that location is 1450 Piney green road. In Jacksonville. So those are some event that's upcoming.

14:12:12 In the very near future, and some of the takeaways I'd like to offer up is Governor Cooper has relaxed some of the standardser but, you know, we've got to use the safety and precautions that you're comfortable with. You know, I can't say enough, encourage everyone to get vaccinated, and stay vigilant, with your three W's, even though it's relaxed, it's not -- we are still having this virus out there.

14:12:14 So just be cognizant of that.

14:12:21 And, you know, we're going to continue our business in a modified delivery method. But we're going to open up. And it's going to be different.

14:12:59 As we open up. As you noticed, currently, things have opened up, but there are some differences and some new techniques that have been put in place. So, you know, we are planning our department to get back to public-facing in a work environment so with that, there's one last comment I would like to say, you know, please, have a safe and enjoyable Memorial Day holiday. But take the time to remember the reason for Memorial Day.

14:13:11 It's time that we remember those who have given the ultimate sacrifice for our freedoms, and for this great nation. So Jeff, thank you, and I'll turn it back to you.

14:13:26 >>JEFF SMITH: Thank you very much, sir. Greatly appreciated. Next, I would like to introduce mark Bilosz, the head of the Veterans benefits administration in Winston-Salem.

14:13:29 >> Good afternoon, everybody.

14:13:31 Could we go to the next slide?

14:13:35 So I'm glad to be here today.

14:13:50 It's always a thrill for me to be able to talk to everybody and give an update as to what's going on from the federal side at the regional office. Got a couple of things to update y'all on.

14:14:25 The first one is as a result of the American rescue plan act, that was passed in March, \$386 million was given to the V.A. to institute a -- what they're calling a VRRAP program, a Veterans rapid assistance program. These funds provide Veterans with training and employment assistance, if you're unemployed. They are not for folks that are necessarily using the GI bill or

14:14:54 if you're using the Veterans readiness and employment training. But this new program allows for qualifying Veterans to receive up to 12 months of tuition, fee,s and monthly housing allowance, based on post-9/11GI benefits, so this is a great program. It ends 21 months after enactment and limited to only 17,250 participants.

14:15:25 But what I would say about this is if you're a -- if you're a Veteran, you're not using the GI bill, you're not using the VRNE program and you're unemployed and having a struggle, especially due to COVID-19 and a lot of the lay offs and things that happened while the pandemic wases and is still going on, go to the V.A.Gov website, check your eligibility.

14:15:43 If it's something that you're interested in, you can apply and I would recommend that you do that as quickly as possible if it's something that might meet your needs but it's a great program. Some additional funding to help to train Veterans and get them back on their feet.

14:16:26 The second thing I want to talk about today is we're open to the public, we've been open since October. By appointment. We just opened up on the 17th of May, for walk-ins. So if you're visiting us at the regional office in Winston-Salem in the federal building, or if you're visiting us at our site at forth brag or camp Lejeune, we have folks there and you can walk right in. Also, based on the recent CDC guidelines, white house guidance, and Governor Cooper's relaxation

14:16:48 of some of the mask rules, if you are a fully vaccinated individual and you visit one of our sites, you are not required to wear a mask, we always encourage it. But you're not required to wear one, if you are a --

14:16:54 unvaccinated person, we ask that you please respect others and wear a mask.

14:16:58 It doesn't look like it on here, we mentioned V.A.

14:17:22 controlled area on the slide, it just happened that this morning, the chief judge in the federal building in Winston-Salem signed an order allowing folks to follow this same process for the entire building. So for those of you visiting the building, that's

the new rules for the Winston-Salem regional office.

14:17:54 We still encourage people to use our wait while system, and you can see at the bottom of the slide here, there's a link to it and if you go to that link, what you can do is you can schedule an appointment, we will call you and talk to you on the phone. There may not be a need for you to even make the trip to the regional office, and come and talk to us, we have found that we're able to help up to 75% of the folks that think that they may need to come in to see us right over the phone.

14:18:04 And so we encourage you to continue to use our appointment system that's online. It's easy to use, we've gotten good feedback from it. And one of our --

14:18:17 one of our employees will call you and talk to you and if there's still a need for you to come into the office, like I said, you can come in by appointment if you want to.

14:18:20 Next slide, please. What's coming up next?

14:18:54 We have been very engaged in doing a virtual outreach events, that we have been leading at the regional office, we have been doing them every couple of months in June. We're going to be doing a town hall, a virtual outreach event to tour through the V.A.Gov website. And also, talking about how to create a V.A.Gov account on the website. This is a good opportunity for you to be guided through the different aspects of the website, see

14:19:08 what different things are there, and learn a little bit about how to navigate through some of those -- through some of the websites and the different components of it.

14:19:26 So I encourage you to continue to check our website, at the bottom of this slide. And if you -- if you will eventually be posting the time of that virtual outreach event. And next slide. Okay.

14:19:47 So just some quick takeaways, just to recap, VRRAP program, great program, great opportunity if you're looking for some retraining for employment. And then encouraging folks to use our appointment system. So I think that's my last slide and Jeff, back to you.

14:20:22 >>JEFF SMITH: Thank you so much, director BILOS, now, it's my pleasure to introduce Stefanie young from 6 here in Durham, director young? I think we may be having some technical problems with director Young.

14:20:31 >>ALEX: She was going to be a little late, I don't know if Steven Wilkins wants to jump on and speak for her or just come back?

14:20:33 >>JEFF SMITH: All right.

14:20:59 Well, let's just skip and we'll come back. If you can do that for me. It is now my pleasure to introduce my boss, Dr. Michelle laws, who is the assistant director for consumer support service and engagement at the Department of Mental health and we're delighted to have you here this month. Ma'am.

14:21:03 >>SPEAKER: Thank you, and everyone knows that it's --

14:21:04 often the opposite.

14:21:10 [LAUGHTER] Jeff tells me what to do. I'm not his boss, but I appreciate that, Jeff.

14:21:21 We work well together. He is on my team. And does an

amazing job supporting our military and Veterans and so, just want to say that, but.

14:21:47 Always a pleasure to be a part of the Governor's Working Group, a quick update on where we are. Many of you probably have sat in and viewed the updates that the Governor and the secretary gives but if the event that you haven't been keeping up with the data, we are still focused on mitigating the effects and stopping the spread of COVID-19 in our state, that remain our number one priority.

14:22:08 We as of yesterday, had 866 newly reported cases, which is significantly down, as you all who have followed my updates over time, than where we were months ago, and even, you know, a month ago. And so, really excited to see that.

14:22:15 We continue to send our condolences and support to the family member mostly sunny --

14:22:21 members and loved ones of the more than 13,000 people who have lost their lives due to this pandemic. And as we --

14:22:50 where we currently are, we have 695 persons that are hospitalized, but a daily percent positive rate of 3.8%, which is good and moving us in the right direction. The Governor said that that is a metric that he will use to consider how quickly we move into easing the restrictions in terms of public gatherings and the like. Next slide.

14:23:16 Next slide, please. Thank you. We are continuing to dedicate our focus, dedicated focusing on getting North Carolinians vaccinated, so I applaud all of you who have gotten your vaccinations. Who are fully vaccinated. And the those of you who are on your way, receiving one dose, currently, the percent of the population that has received at least one dose is at 42.6%.

14:23:26 And those who have received or fully vaccinated is 31.3%.

14:24:05 We have a ways to go still, I hope you are encouraging family members and friends who have not received their vaccination, that they do so, it is critically important in stopping not only the spread of the COVID-19, but also, preventing serious illnesses and deaths. And we haven't even begun to really, you know, focus a lot of attention on the long haulers and the long-term effects, and so our goal is to keep people from contracting COVID-19 in the first place. And continuing to do that by con

14:24:11 Next slide. And this is really what it looks like in terms of persons that are --

14:24:54 the percent of the population that are fully vaccinated by counties in our state. So the darker colors indicate a higher percentage of persons who are vaccinated. So 34% or higher is that dark, I will go ahead and say it as a UNC alumni, the dark blue color, and the light color, Carolina blue, indicates a lower or smaller percentage. So I wanted to drop this in so that you could see where your county is falling in terms of the percentage of the population that is fully vaccinated. Next slide

14:25:13 we know that now our young people can get vaccinated and we are working to make sure that the messaging around this is persuasive and also it's informative. And considers both the rights of the kids,

or of the juveniles or adolescents and also, the rights of the parents to know.

14:25:26 So there's been quite a bit of conversation around consent because in our state, a young person can consent to getting a vaccine without parental notification.

14:26:07 However, you know, many of our team member are parents and so we are trying to do this in a community a holistic community way, but I did want to say that for the people who were not aware, young people can get vaccinated, people ages 12-17, can receive the Pfizer COVID vaccine. Next slide, please. PFWe have a new tool that's out that maps social vulnerability and a lot of the work that we did NC serves is undergirding a lot of the work that we are doing around social determinants and being ab

14:26:22 lies across the state in terms of social determinants that may be barriers to people getting vaccinated and also, overall, barriers to optimal health outcomes.

14:26:51 We also as a part of our ongoing effort to get more people vaccinated, we are in the -- in the middle of or at the beginning, not really at the beginning but we implemented the bring back summer, and so that is underway. That's what I was trying to say, we are underway, that initiative is underway. And there have been some amazing partners who have partnered with us. And there's a link there on our COVID-19 website just put in the forward slash and bring summer back.

14:26:57 And you can click on there and find out activities and as well as partners in your area.

14:27:18 And certainly, we consider our V.A. partners as critical in helping us to do that, to bring back summer so we can open up public spaces for people to be able to engage and enjoy their families and enjoy all of the celebrations that are going on. We have Memorial Day coming up, and then we have the 4th of July.

14:27:37 And so, we are hoping that people will get -- continue to share this message and spread the message so that we can do the things that we enjoy doing, spending time with our loved ones And then just, you know, other things that we're doing on the research side, looking at waste water, for example, and that really is just to see if

14:27:58 COVID is being -- is transferred through our waste, fecal matter that ends up in our waste water and the likes, so there's impressive work that's going on in collaboration and support with the CDC's national waste water surveillance system and using that. Next slide.

14:28:33 We have a summer program that is only in a few counties, Mecklenburg, gill Ford, Rowan, and Rockingham, and it really is an incentive, we're looking at ways to incentivize folks to get the vaccination, especially in areas with low vaccination rates among the general population. In different counties. So this is an initiative that's piloted, we have implemented, it will run through the 8th, people will get a \$25 cash card. If they get vaccinated.

14:28:53 And there are other things that we are exploring and certainly welcome your feedback on incentives that you think would be

helpful and reaching the populations that you come in contact with in that you engage with. And especially those that may be in your family, but they're not -- they don't benefit from military and Veterans affairs benefits.

14:29:12 So hopefully you'll share this link, especially those of you who are in Mecklenburg, Gill Ford and Rowan and Rockingham counties. Next slide, please. Just other resources that are available to again, we know now, we need to shift our focus on recovery.

14:29:32 And so we're working and leaning in to stand up resources to help with utility assistance, help with housing assistance, and continuing to really -- the work that I shifted to doing a lot more of is focusing on the mental health and the substance use implications and consequences of this pandemic.

14:29:57 So more to come on some of the exciting things that we're doing for the division. Next slide, please. This continues to be a valuable resource, we hope that you'll share it, there are multiple resources, including NC vets, in terms of lifelines and help lines, and the national suicide prevention help line. And our hope for NC hope line.

14:30:28 855-587 3463. Please share that with your community, members of your community who may not be able to call, NC for vets, but who need to speak with or get connected with a mental health or a substance use professional to address some of the anxiety, depression, the, you know, feeling overwhelmed during this pandemic. CDC reported over 40% of Americans reported that they were experiencing increased anxiety and depression as well as other behavioral health, including 14:30:44 substance use challenges during this pandemic. So we know it's real, we know it's only growing. And exacerbating, so help us to spread the word with the people that you come in contact with. Next slide, please.

14:31:07 Remember, the three W's, I won't got over that anymore, wash your hands, wear your mask, even if you're vaccinated and wait. May is mental health awareness month, help us break the stigma, encourage people that you know, let them know that it's okay to ask for help, and I want to say that to anybody who may be dealing with a mental health or a substance use disorder.

14:31:08 It's okay to ask for help.

14:31:14 Please seek the resources, that are available. Help us break the stigma around mental health. Next slide.

14:31:50 And of course, I could not conclude without saying that we certainly need to use Memorial Day as a day to remember and to honor all of the valiant and noble and courageous souls that were lost and that passed from this world. And are now resting in eternity who gave their lives and sacrificed for our country. My father is included among them and an uncle. Thank you for your time as usual, thank you, Jeff.

14:32:11 >>JEFF SMITH: Thank you, so very much, ma'am, for those moving words, and great information. Next up we have Mr. Victor Glover, who's our state director for Veterans employment services. And one of just the Veterans best friend in North Carolina, Victor,

good afternoon, sir.

14:32:20 >>SPEAKER: Good afternoon, and thank you, Dr. Laws, for the words you spoke about the Veterans. My name is Victor Glover and I'm with the Veterans services program.

14:32:47 Right now, DWS, our career center staff, have transitioned to back into our offices. (Inaudible) across the state. We have one that will not -- June, I'm comfortable with saying all of our offices are open, when June is right around the corner. We still are working with our customers in-person, and virtually, by phone.

14:33:10 E-mail, chat and through NC workses.gov. Every center is not seeing people in person, I don't know the number and which centers are seeing people in-person, but a lot of them are still complying with the distancing and PPE guidance that we have in place.

14:33:29 Next slide, please. So we have adapted virtual services during the pandemic. And we are still encouraging people to use the virtual remote services, calling or e-mailing our services, even if your center is open to the public.

14:33:49 We still are maintaining public health and safety through social distancing, every center is not seeing in-person, some of them are doing appointments. So definitely go online and find out what the center in your area is doing, how to provide services.

14:33:56 Through our virtual services, our employers are still able to connect with our business service representatives.

14:34:19 Doing a lot of career and hiring events across the state. They can access the resources to support their hiring events and training staff. And continue to advertise employment opportunities on our NC works website, and continue to locate local market information and data tools.

14:34:26 (Inaudible) changing and growing in the state of North Carolina. Everyone during these tough times, many employers are still hiring.

14:34:38 We're doing a lot of hiring events, a lot of job fairs. A lot of partnerships with NC for me, for virtual hiring events as well.

14:34:43 Next slide, please.

14:35:20 So our virtual services for individuals, they can still contact our team members. You can still get help with a resume prep and online job application assistance and you can find all of this through a local hiring opportunities in our career -- (Inaudible) continue to e-mail or send us a message and we'll get back to you as well. Getting help, there's hundreds of job opportunities available right now.

14:36:00 Next slide, please. And some of the resources that are out there for our military is a military one source, N C 4 me which is one of the go-to partners, the North Carolina Department of Military Veterans affairs and the North Carolina Department of Commerce, my office, encouraging a lot of the Veteranses to go out and try -- (Inaudible) and thank you for your time and looking forward to hearing the rest of the presentations. Thank you.

14:36:03 >>JEFF SMITH: Thank you, so much, Victor.

14:36:15 I believe that we have director Stefanie Young has joined us,

so if we could flip back to director Young for a moment? I'm sure she has some very important update for us from the Veterans health administration.

14:36:25 >>SPEAKER: Hey, Jeff, thank you. Sorry I'm a little late, I appreciate you switching it around so I could attend.

14:36:25 All right.

14:36:46 So what is happening now with us? So we'll go through some updates for COVID-19. So go to the next slide, please.

14:37:16 Okay. So inpatient census for COVID-positive patients, below ten for the last few weeks. Which is good because that is the lowest it's been for quite sometime. Masking updates, we did get a masking updates from the V.A. as you know, the CDC also provided masking updates. So for us, it still means Veteranses that are coming in to hospitals, will still continue to wear masks.

14:37:38 And the staff will continue to wear masks. They are allowing V.A. staff, if they work in totally admin buildings, to be able to unmask, however, we're mandating that our staff in any admin building do a risk assessment first before they put that in place.

14:38:11 So Veterans will still be wearing masks. Vaccines, currently, we're at a total of 335,000 total vaccines. Which equals 178,000 uniques. We continue with the save lives vaccine, 4072. So that roughly averages about 60 a day -- yeah, 60 a day for save lives act.

14:38:42 Vaccinated adolescents, so they are going to be allowing the V.A. to do some adolescent vaccines. Currently, right now, Durham V.A. will be the pilot one for our -- has not started yet but they'll be offering the Pfizer COVID-19 vaccines to adolescents ages 12-17. For those who are caregivers, to Veterans, those are the adolescents that will be allowed to provide vaccines to.

14:39:00 That will just be a pilot, and once that gets kicked off, it will roll out to other facilities, a parent or a legal guardian will have to be present with the minor during the vaccine process and provide consent prior to their minor receiving the vaccine.

14:39:27 Also, outreach for unknown vaccine status. Our staff have been reaching out to Veterans in all of our catchment areas to see if they have received vaccines or not, because some of them receive it in the community and we're not aware of it. We're trying to reach all of those Veterans to update our records, our charts, so we know who's been vaccinated and then we can take them off of our call list, because we're trying to also battle

14:39:42 vaccine hesitancy to see who else may note need a vaccine and they want more education or more knowledge before they accept a vaccine.

14:40:18 For May, we want to welcome Dr. Angela Williams to Asheville, I'm extended here still, so Dr. Angela Williams has come from the Salt Lake-Utah healthcare system and she is the acting medical care center of the Asheville, V.A. for western North Carolina, she started on May 2nd. So she's only been there a short time. But she's been doing an absolute stellar job and I appreciate her. OIG chip inspections. So comprehensive healthcare inspection program.

14:40:39 Each of our sites every three years go through an OIG chip inspection, also a joint commission inspection, and we just were recently visited for OIG chip, again, that's comprehensive healthcare inspection program. Those teams completing the inspections at all of the facilities in the office two weeks ago.

14:40:47 So they do an overall effort for Veterans, to make sure that they're receiving high quality and timely V.A.

14:41:00 healthcare services. Their main concerns that they look at is leadership, organizational risk, care coordination, quality, safety and quality and medication management.

14:41:10 So those were just completed for us. And we'll have some action plans when we get the final reports.

14:41:54 Beneficiary travel, so we have a new beneficiary travel self-service system, the BTSS, rolled out last fall. So Veteran experience, many of you may know that it's been mixed. We'll have to get used to accessing and completing on the online system and I do think that on that BTSS has barriers, also, has been affected by some transition to the new system. Our sites have been struggling to ensure that we have everything in place and we actually had a backlog that we tackled as a team. An entire

14:42:31 work down the backlog and be able to process those, each of our sites, that includes North Carolina T site and Virginia sites, work together to work down the backlog. We had the highest backlog in the nation, not any longer. We have worked down the backlog. Made sure the staff at each facility has the support and the tools they need. And also, with our help, national has a better understanding which -- and what they can make improvements to the system on.

14:42:49 We our self-imposed deadline at the end of May to catch up on those. We are going to meet that deadline. We do have the website on here too for travel updates. Next slide, please.

14:43:09 All right. Coming up next is Memorial Day. So as always, Memorial Day is really dedicated to those who fell in defense of our ideas and beliefs and values that we hold as a nation. Really devoted to the brave men living who struggled here, like president Lincoln said.

14:43:40 So I always consider it the best way we can serve the fallen is to care for those who are currently living, so Memorial Day is really a special time for all of us at the V.A. So we have different events and I know in North Carolina, Asheville is going to have the virtual events, it's still not a face-to-face, but they will have a virtual event. So this is --

14:44:01 everybody will just take a moment of personal reflection for the American lives that have been cut short for causes more important than life itself, liberty, justice and peace. We'll just take a quick second to think about Memorial Day and coming up on this important holiday.

14:44:02 (Moment of silence)

14:44:45 thank you. June is PTSD awareness month. It's the national post-traumatic stress disorder awareness month. And the purpose of it is really raise public awareness about issues related to PTSD. And

to reduce the stigma associated with PTSD. And help those who are suffering from PTSD. Because it's really those invisible wounds that most of us can't see.

14:45:10 But people struggle with every day. Whether someone has been home from deployment or been home more than 40 years, it's never too late for Veterans to get help with PTSD. Getting help in treatment can help manage symptoms and also help them from getting worse and improve quality of life.

14:45:30 V.A.'s national center for PTSD is a world leader in PTSD research, education, and treatment. I encourage everybody to contact your local V.A. if anybody wants to learn more about PTSD. Or receive treatment for PTSD.

14:46:18 And the next one is pride month. This year is Veterans V.A. natural pride virtual event, it's the first of its kind for V.A. And the LGBT community. (Inaudible) program managers, and LGBT community of practice employees incentive program, speakers and informational processes, delivered virtually across the nation throughout this entire month. Open to all. The program is aimed to facilitate understanding, education, and experience to help remove barriers to the V.A.'s LGBT community. 1:30

14:46:29 It's presented live on Microsoft Teams. And check your e-mails and V.A. social media for access points.

14:46:49 All right. Next slide, please. These are the items that we discussed, so beneficiary travel. That's the link to that. Keep me informed website for the COVID-19 vaccine. Additional vaccine informational pages are listed on the PowerPoint slide presented.

14:46:56 All right. Jeff, that's all I have. If anybody has any questions? Thank you.

14:47:08 >>JEFF SMITH: Director Young, thank you so very much and thank you for those poignant words for those who have served and sacrificed.

14:47:22 All right. If we could go to my slides? We'll be in good shape.

14:47:43 All right. Good afternoon, everyone, before we get started, I would like to apologize to y'all for having to put up with me for the next couple of months, we are missing Crystal Miller, and we are wishing her a speedy recovery. So everybody please have a thought in your head for Crystal's quick return.

14:48:00 One thing that has been echoed today, one thing that has been echoed today, absolutely appropriately, is that of Veterans, coming up here, we have Memorial Day on Monday.

14:48:19 And in doing -- looking for some slide content, it struck me, that everywhere in the world, that there one of those fields, full of sacrificed tomorrows. Democracy exists.

14:48:24 Across the globe. So that might be something to think about over this weekend.

14:48:36 Especially after the rough and divisive year and a half we've had. The rest of the world sees America as the unifying force for good.

14:48:38 Anyway, next slide, please.

14:49:04 As you can see our Governor's Working Group and NC strive efforts continue, folks are getting Zoom -- just being worn out by Zoom, so we're going to continue to look for new and engaging ways to get the word out. And get our information to the folks who need it. If you have any good suggestions, please do not hesitate to let us know.

14:49:42 Next slide, please. As we know, this is mental health awareness month. And our North Carolina team has been very busy. We have been Zoomed into the stone age with our governor's challenge efforts, and SAMSHA. North Carolina continues to lead the nation in our efforts. And that we have possibly the finest team in the country which is probably why we're doing as well or better than everyone else.

14:49:55 So I want to thank each of them personally for their hard work and dedication. These are extra duties that every one of them has taken on, this is such important work. So thank you very much.

14:50:29 Next slide, please. Some of the tools we use to help keep our suicide rates lower than any of our neighbors, are the ask the question campaign, which we are continuing to push out across the state. As well as the tool kit and other tools we have built to help local initiatives, save their neighbors. You know, this is about personal contact and connection and you can do that over the fence, at the front door, across the street.

14:50:37 You can't do it from across the state. It's a lot harder, even with the telephone.

14:51:09 Next slide, please. I would like to remind everyone that our friends at Steven A. Cohen clinics for military families both in Fayetteville and in Jacksonville, are there for you. And are happy to talk at any time with their experienced staff's military and Veterans friendly counselors. These services are available to active duty guard, reserve, Veterans and their family members.

14:51:15 And they're completely confidential, please, if you're having a hard time, reach out to them.

14:51:29 All right. Next, we have our next slide. Talking about Veterans homelessness. North Carolina continues to lead our region in our efforts to reduce Veterans homelessness.

14:51:54 These activities and efforts cannot stop. We know we are going to be facing a significant uptick in homelessness as COVID related programming ends and certainly the pressure on housing here in all of our major Metropolitan areas in North Carolina continues to increase. So we are going to continue to increase our efforts.

14:52:30 There's no reason that men and women who raised their hand for this country should have to sleep out in the woods or under bridges. Next slide, please. One of the things that we're going to be very proud of to show y'all later in the summer will be our welcome home video series. We continue to look for new ways to help transitioning Veterans get the information they need when they need it and are looking for it. And everyone knows that transition period is difficult and folks may not be pay

14:52:34 paying attention to everything that they need because there's

so much going on.

14:52:56 This series with all of the partners with the Governor's Working Group will allow us to continue to be at the cutting edge of delivering Veterans services, when and where it's needed. And so we look forward to reLeeing that and we thank all of our partners for their help as we film and script these activities.

14:53:28 Great. And if there's anything else that I can be helpful with, or if there's something that you need to share with us, please don't hesitate to reach out, here's my e-mail address. And thank you very much. Next, it's my pleasure to introduce Dave Roddenberry from the North Carolina governor's institute and he's going to talk about our ongoing NC serves activities and upcoming news regarding the NC care 360, Dave?

14:53:31 >>DAVE RODDENBERRY: Yeah so, good afternoon, everybody.

14:53:33 Thank you, Jeff.

14:53:56 We'll go to the next slide, please. Let's start with the a look at NC serves outcop comes all time, this is our running counter, we're up to about 18,000 unique client, 36,000 service requests. And over 400 participating organizations in the network.

14:54:18 Next slide, please. March was right on track in terms of new clients and service requests. Right now, we're typically seeing somewhere around 300 clients and 1,000 services per month. There was a slight downtick in housing, and food assistance requests.

14:54:28 As employment remains a steadily requested service at number 2. Next slide, please.

14:54:47 So doctor Sam -- and her team at NC State have been trying to take a deep dive into the NC serves data for the past year, calendar year to uncover trends and issues that we haven't seen or thought about before.

14:55:34 Lately, one thread that they've been pulling is on the effect of being in a rural area, on a client's out comes and services. And their requests for service. We started to see some really interesting data that told us that rural clients are requesting fewer services than our big clients, which, you know, obviously, leads us to a lot of questions about transportation, and service availability. But the doctor is in the unenvyable position of teaching me and our army infantryman, the suppression

14:56:16 So far, I'd say the results are mixed. But for those like me, that have never heard the term, this is to say that some other variables like the relationship between race and resolution of needs change significantly when we add in morality. So we indicated back in February that there are some differences in outcomes for clients of different races. So what this signifies is that not only race and ruralty have a strong association with one another, but there is some other factor contributin

14:56:29 That is not available in the data and is likely associated with resolution rates and is affected by living in rural versus urban areas.

14:56:46 That unknown factor could be comparative socioeconomic status, a cost of living, access to reliable transportation. Or some

other variable that we don't have access to, again, within this dataset.

14:57:07 All of that is to say that, you know, we have got a really good start into the way we're looking at this. And we're really interested in working with folks that have rural versus urban, you know, population data to start to make these linkages.

14:57:09 Next slide, please.

14:57:41 So everyone else has mentioned this and I'll be no different. I do want to take a moment to acknowledge the Memorial Day holiday this weekend. I hope that everybody has a safe and happy Memorial Day weekend. And I hope that we all devote a little bit of time on Monday, thinking about the sacrifice of the men and women who have fallen in the defense of our country. As J.F.K. said, the best way to honor these folks is to live up to the ideas that they fought to protect.

14:58:05 Next slide, please. That's it for me. As always, if you want to talk, we want to talk, so reach out to me, reach out to your local NC serves coordination center and we will be happy to talk more about NC serves so thank you very much.

14:58:19 >>JEFF SMITH: Next up, we are delighted to welcome Noah grant from the North Carolina board of elections who's going to talk about the vote for a Veteran program that they sponsor. Noah, welcome to the North Carolina Governor's Working Group.

14:58:34 >>SPEAKER: Thank you, Jeff, and thank you all for having me. The vote in honor of a Veteran program was started in 2008. And what it does essentially is we have a pin, which is shown on this slide.

14:59:02 And people can list the name of a Veteran, their rank and the branch they served in and they'll get a pin with that name on it. As shown on the slide. And then they'll just get to wear that on election day. Just in a way to honor that person, whether it be a friend, family member, or anybody for that matter. And this is a current design we have right now. And I'm not sure how long that has been the design but for several years.

14:59:07 Anyone can request it at no cost. We get the pins made.

14:59:29 The state board. We slap the names on there and then get them shipped out to the people in time for the election can you can learn more at this website. NNCSBE.gov/person-pin. Next slide, please. This is an example, I found this earlier, somebody that wear these and that's what it looks like.

14:59:44 And along with your voted sticker, you can wear that as well and it's just a good way, especially especially, just if you have a family member or somebody that served, to honor them in their service. Next slide, please.

15:00:11 So the main reason why I wanted to come and speak on this is to get people to know about the program. But also, to let you know that we're working on redesigning the pin. It's a very popular program. We're getting kind of to the limit of how much we have left. So it's getting to that time where we need to order more. And we are thinking about freshening this up. And an idea that the communications team and the state board had was to involve Veterans

and Veterans groups.

15:00:44 So any Veteran or active military personnel is eligible to design a pin for the contest. And entries can be submitted to the design.contest.NCSB.gov, the artwork must be submitted as an attachment. Next slide, please. And the deadline is Sunday, June 13th, 2021. I won't go into the full contest rule, because it gets into the mentions and the size and what it should be like.

15:01:02 But I will say is the main things, vote in honor of a Veteran, work that in there somehow. And that it does incorporate the themes in North Carolina. So we wanted to honor Veterans and the North Carolina aspect.

15:01:33 And we partnered with several organizations and we're still working, you can find the contest rules at the link, partner with a local wake forest, North Carolina based Veteran group that you'll find, they have been helping us and we're trying to partner with other arts groups. So if you can, feel free to reach out to me. I would like to get this out to as many as possible and just to kind of spread our reach. And get some more submissions. Once again, thank you for having me.

15:01:40 >>JEFF SMITH: Noah, thank you so very much, and thank you for your work to honor Veterans.

15:01:55 Next up, we are very happy to welcome back our old friend and partner, Ms. Susan Watkins from the Durham V.A. medical center talking to us about the mental health awareness month.

15:02:29 >>SPEAKER: Thanks, Jeff, I'm glad to be here, glad to hear everything that's come before me, because it all relates to what we're going to talk about now. We talked about focusing on the post-9/11 Veteran population because that's where I worked for the last 15 years. So I do want to say that I'm the lead in the new name for our program, post-9/11 military case management program, previously known as OEF, OIF, OND and transition care management.

15:02:41 So as you know, I work for the V.A. I have for many years. But anything that I say in my opinion is mine, so I do do want to make sure that the V.A. understands that.

15:02:49 The purpose of my talk is just to reiterate everything that you have heard from our excellent speakers, so far.

15:03:15 And making sure that we begin to break down the stigma as Dr. Laws said, and start talking about mental health, resiliency, recovery and quality of life. The Governor's Working Group is really an instrumental communication tool for this state of North Carolina. And I'm really pleased to see how far we've come and I hope as Jeff said, we continue to grow and expand.

15:03:17 Next slide, please.

15:03:44 We started in this endeavor because of 9/11. And WO would have thought at that day -- at that time, that we would still be having these conversations about a war that continues to go forward. I do want to acknowledge, though, that America had global war on terrorism service members as early as 1998 serving across the nation. -- across nations.

15:03:51 And making sure that we were addressing that threat before

9/11.

15:04:29 Next slide, please. The purpose of this slide is, my friend and fellow employee, Dr. Bruce -- made this slide years ago, it really is to show the North Carolina, Virginia, South Carolina, are surrounded by military, and as colonel Martin falls said at the beginning, so everything that has been said, really is important to this presentation, we're one of the largest military presence in the nation. And the big blue dot is Durham, where we are, Durham Raleigh area. So you can see we're

15:04:56 surrounded by military individuals, and many do come to go to school here, and retire here. So it's really important that we keep this map visually in our minds. So that we know why we're all so busy. Next slide, please. In the beginning of all of this effort, with the Governor's Working Group, we really developed a statewide plan.

15:05:15 The language sometimes was no wrong door, you've heard Veterans centered, bring it across the state, focus on recovery, and making sure that we have the relationships in North Carolina to provide a Veteran a warm hand TAUFoff to the very service he needs.

15:05:24 And that's the thing that the Governor's Working Group has really strengthened and built is the relationships we all have now. We're all friends.

15:05:29 Even though we're virtual and not in the big room at joint forces headquarters.

15:05:35 But it's made a difference in our ability to help Veterans.

15:06:16 Next slide. One of the things that has happened in this war, these last 20 years, is mechanism to look at data in a different way and to track data. And so this slide shows you only combat Veterans serving in OEF, OIF, OND and the subsequent operations, it is from 2002-2015. And it's only looking at combat. So I know I've said post-9/11 but this gives you a slide and I love this longitudinal data that we keep seeing out of public health, even though they're no longer keeping it, it kept us

15:06:26 seeing that we were making a difference, but I do want you to note in the very middle of the slide, is that 62% are --

15:06:45 of all of the Veterans who have served, have come in to the V.A. That's why the mission and the purpose of this discussion is for all of us to join because mental health is across the spectrum and the V.A. has tried but we are still not touching all of the population.

15:06:49 I want you to look at the very bottom demographics.

15:07:11 Women have served in this conflict as well and we can't forget that, and overall, 12.3% but when you look at the overall population of women in the V.A. system, it's a little lower than that. But we do want to recognize our female Veteran population. Next slide, please.

15:07:53 We've talked about this in multiple seminars, services, presentations, Veterans come home from war and come home from service experiences with life changes. Things changed at home while Veterans were deployed or served, even if it wasn't in a imminent Hoss tail pay area, Veterans experienced many things. And also, struggled with the

issues of exhaustion and trying to find their own resiliency and the ability to talk about it.

15:08:39 This slide is a snapshot of what might have occurred from a service member. I know we're going to hear something about hearing impairment, that is not on this slide, but my father, as many Veterans suffered from a lot of hearing impairment, and that is tinnitustinnitus, and I look forward to hearing that presentation next. From a clinical perspective. We're always trying to make sure that we're addressing all of the injuries, whether it is a psychosocial issue, a clinical issue, whether it's

15:08:52 Some of our stressors are no longer combat related today, it may be a loss of a job. It may be depression. It could be a marriage falling apart.

15:09:15 So when we're thinking on about our Veteran population, and all of us, we need to think about a cluster of health concerns that impacts everyone. I also put in environmental exposures, because we learn so much from our Vietnam family. And we have not fully concerned yet the exposures for this war.

15:09:19 So that is something that we always need to keep in mind.

15:09:29 Especially burn pits, and other issues that our Veterans were exposed to if they did serve in the Sandbox. Next slide, please.

15:09:35 So this is actually real data real time, the last two years.

15:09:42 We have developed a tool to start tracking all new Veterans coming in to our V.A.

15:09:54 systems of care. So this is my population. Post-9/11, fiscal year 20 and part of this fiscal year and looking at who's coming through the door.

15:10:16 Now, remember, we said that the female population was about 12%? But twice as many of our women are coming through the door in this population. And that tells me that they may be more economically hit by hardship, unemployment, they may be struggling more with muscular skeletal overall pain issues.

15:10:42 Our women population really is coming in faster than our men so we still haven't reached everyone out there. But I did want to show you that slide because that's a pretty profound to me that our women are coming in at double their rate as our men. What they're asking for is help with benefits, that has improved markedly in the state of North Carolina. And I do know that North Carolina has a lot of the

15:11:27 Veterans service and things that really has helped our Veterans. So that's a positive. Managing complex care is a concern. Many of these individuals coming in to our system of care, are struggling with multiple issues, it could be depression, it could be muscular-skeletal, it could be a TBI, it could be some really serious chronic health issues, because this population, remember, age-wise, they are both young and older middle age, we actually have had Veterans serve in Vietnam that served in

15:11:49 have and I wanted to show you this because when I -- as a clinical social worker, as I go and I talk and as I work here, at the V.A., everybody says it's PTSD is the biggest issue. It is one of the

issues. I want you to know our Veterans really are struggling with a lot of chronic pain.

15:11:56 They carry a lot of weight, they're jumping off of vehicle, they're in conditions that are tight and cramped.

15:12:19 Their body takes a big toll, serving their country. Also, the one thing that I've learned as we've gone across the nation, and the nation as a whole, and also, our own local data, because this is VISN6 data, anxiety and depression are really high and they are up there, higher than our PTSD.

15:12:43 So this is mental health awareness. Chronic pain impacts everything on this list. Chronic pain can also be with neuropathy. I don't want you to forget that our Veterans are more likely to evidence to you their anxiety and depression and as we know, PTSD has anxiety and depression in it.

15:13:33 TBI is still out there, we can't forget, and of course, as DHHS Dr. Laws said, substance use is still a concern. So I share with you these current stats for the last couple of years, just so you know what our population is dealing with. Next slide, please. This is a new tool we just got and it is coming out of a system of data in the V.A. system to let you know what is coming into the charting, what are our Veterans reporting? Again, top of the list is muscular-skeletal, second on the list i

15:13:46 And these are what we call ICD10 and 9 codes, in our system of care, so if we were charting, this is what our doctors are charting about our Veterans.

15:13:49 Next slide, please.

15:14:07 The reason I placed this slide in here, is because of COVID and its impact on access to care. You can note the big drop in March and note the big peak over at the other end in March.

15:14:40 The big drop was when we all went in to lockdown. Many of us stayed at the V.A. and were working, many of you stayed at your office, but many people went home and so people stopped accessing care, its was a significant drop and then, again, this is VISN6 data and now what we see as a big spike because they're coming in and getting vaccines and we're opening that door to make sure all of these Veterans are screened for healthcare issues and mental health care issues.

15:14:41 Next slide, please.

15:15:34 This is the safety net. I think that we all are the safety net. If we weren't working collaboratively, if we didn't know each other, if we weren't partnering, if we weren't sharing, we really wouldn't have built a very nice safety net for North Carolina at all, but we have, we have worked hard to partner and build new things and share warm handoffs, One of the things we built was NC strive. And it's part of that safety net and itca imto be about 7 years ago, at a Governor's Working Group, FLO

15:15:50 in higher education, what we were seeing is many academias were using GI bills but not helping to foster our success.

15:16:10 To help build Veterans success, Veterans centric and how the Veteran succeed as well as our family. Many our Veterans kids and

wives, and husbands, use the GI bill because that has been an earned benefit.

15:16:19 So NC STRIVE has been born out of the need for success for our population. Next slide.

15:16:50 I brought this slide out because if you remember when America serves in Syracuse university was doing a lot of research in to our Veteran population. They began telling us why it was important that we collaborate with our schools. And I think it's really important that we realize that at community colleges, our Veteran population was twice as likely as the nonVeteran students to be using a psychotherapy resource.

15:17:08 It was generally a Department of Veteran affairs, but it could have also been community. So it's important that you know that they don't have health services at community colleges. And that's again part of why the partnership of NC STRIVE is important. Next slide, please.

15:17:35 We wanted to compare and learn about our population and again, this slide tells us our population in schooling is dealing mostly with anxiety and depression. PTSD is there. But it is important for us to see that depression is at a higher rate in our higher academia atmosphere for our Veteran population and we do want to help them succeed.

15:17:37 Next slide, please.

15:18:01 These are some resources within the V.A. system. And again, they'll be in your slides but there's a Veteran health library that is open to all and there's a web page that are going to be coming up. Certainly, depression is big on my mind because I know across the state, it's high at this time. So I do want to point that out. Next slide.

15:18:24 These are the mobile apps that are out there. And you can use this, there's some of our Veterans are using them for a daily help with their coping skills and it's a tool in their tool box, but again, all of the resources across the state are important so that we all know what is out there for our Veteran population. Next slide.

15:18:28 This is a workbook, a stress workbook, I might need it.

15:18:33 (Laughs) today, I was trying to make sure I got prepared and was able to get online.

15:18:51 And learning to -- we had a presentation on whole health and learning to be holistically healthy. Again, these are just resources to help keep us up to date on how to better help ourselves.

15:18:52 Next slide, please.

15:19:28 The V.A. and the vet centers have really surpassed in developing evidence-based treatment opportunities for our Veteran population. For our Veterans, for families and for couples. It is important for Veterans to feel safe wherever they're going, so these services are within the V.A. and vet centers but they're also clinicians across the state and other service providing very similar a plethora of tools in the tool box for our Veterans but it is important for us to know that these have all been

15:19:37 and proven effective and they are able to be utilized. Next

slide, please.

15:20:08 I don't want to undercommunicate how important it is for us to pay attention to our female Veterans. With this war, we have our women serving more than ever. And of course, at every V.A. site, like there is, you know, different sections and different silos of care, this is a very important one. We have a women's program manager at every V.A. site. We help pay for the birth of a child.

15:20:29 The mother's care post-birth and also, the baby's care. We are doing a lot of things that we never did before can we're doing it well. So again, I think in 2010, when the brigade came back, the women population really didn't know their eligibility, so all of that outreach, all of us did.

15:20:41 Has really made a difference in reaching our females out there. And making sure that they feel welcomed into the V.A. and can access the care that they need. Next slide.

15:20:43 Of course our suicide hotline is out there.

15:20:50 And it has been an ongoing resource. Next slide.

15:21:17 And this is another mental health V.A.Gov website that give a lot of tools, tips, and information. So I wanted you to have resources today. And remember, I'm specifically talking about post-9/11. But, you know, as we know, our population is aging. And there are other illnesses across the spectrum, so we want to make sure that we're touching on all. Next slide.

15:21:35 We have said it today, North Carolina has done an awesome job of really trying to build an embracing, comprehensive spectrum of services across the state. It is one of the things that I feel very proudly that we are doing.

15:22:11 And I mentioned coaching into care, because if you would need to talk to somebody about getting your loved one into care, that would be a tool in your tool box. The other thing that I want to say and highlight is make the connections. Is personal testimonies from Veterans talking to Veterans. This is a tool anybody can use and be in the privacy of your home and encouraging you to get help, get assistance, and to bring the silence, and to talk to someone.

15:22:15 And of course, us, the Governor's Working Group.

15:23:12 Next slide, please. The resource manual to me is still an amazing tool. I can't say enough about it. I use it almost every day. And referring Veterans to it. And again, North Carolina is very lucky state to have such combined resources. This information is about the me at every VISN6 North Carolina location, so we have all of the program managers, and the transition patient advocacy, and as you know, they go out and do a tremendous amount of our outreach. Next slide, please. I do want to

15:23:33 And we had the VBA earlier and they're a tremendous resource and that's their number as well. Next slide, please. Don't forget our mobile vet centers, we're not out there as much, but you can call and reserve this and anyone can have this, we have two in the state of North Carolina. Next slide, please.

15:23:55 And I think that the thing that I want to say to all of you is that North Carolina is better for each of you. We have made a

difference in suicide reduction. We are making a difference in breaking down the stigma because most of us have jobs that we are tremendously passionate about. And it's our relationships that are making the difference.

15:24:02 And I want to thank each of you for this opportunity and to thank you for all you do.

15:24:05 Thank you.

15:24:13 >>JEFF SMITH: Thank you very much, Susan, always a pleasure and I always learn so much any time we spend time together.

15:24:21 I would like to point out that we are having a Memorial Day sale on resource guides. I will load up your vehicles with as many as you can carry.

15:24:24 Just give me a call.

15:24:52 Next up, I would very, very pleased to introduce Mr. Joe Hazel from North Carolina Veterans life center. I've known Joe for over a dozen years, and his patient insightful guidance means a lot and I hope you'll find his presentation as insightful and meaningful as I do. Thank you so very much, Joe, for joining us.

15:25:02 >>JOE HAZEL: Thanks a lot, Jeff, I want to thank Susan, I don't think we have met yet but I want to, I think we have a lot to talk about in these areas.

15:25:12 So about moral injury, what is it? And I've been so many articles written about this, and so many things, but it always starts out with this question.

15:25:26 What is moral injury? And the response to that, it's a deep soul wound. That pierces a person's identity, sense of morality and relationship to society.

15:25:45 Next slide, please. So moral injury is the damage that's done to one's conscious or moral compass, when the person perpetrates or -- that's just some inspections of that.

15:25:57 So moral injury is not the same as PTSD but they certainly do have a lot in common, they cross over a lot and there's some differences with it, however, you can have a moral injury without PTSD.

15:26:00 And so I'm looking at some of that.

15:26:19 And it's also not classified as a mental disorder as some people might think, but it is a dimensional problem that can have profound effects on critical domains, emotional, psychological, behavioral, social, and in my instance, spiritual functioning.

15:26:46 The core indicators and this is just a couple, trust issues in self and others and the spiritual and exten SHL issues, both types of moral injury, where this individual or other responsibility are very much associated with a spiritual and exten SHL issues. The next slide is a very good example of that and I'll pause, a clarity is not that great. Go ahead, next slide, please. I think that we can all list the

15:27:04 events that might happen to bring on a transgression of moral code. The killing and violence to others. Witness of violence. All of those things that can happen to cause a transmission of a moral code.

15:27:15 Then we look at the religious, loss of religious faith, and I would like to add to that, spirituality and in a different and distinct difference from religion.

15:27:32 Spirituality is crushed sometimes to the depth which would have nothing to do with religion in some cases. And then the moral injury of psychology, of course, we all know the guilt, the shame that happens in PTSD and moral injury.

15:27:37 But the outcomes are the same. It can bring on PTSD, if it's not already there.

15:27:42 The same as we talked about PTSD, depression, and anxiety.

15:27:46 Substance use, all of those things that can be a clinical outcome.

15:27:55 And so that's just a very general idea of what moral injury is. Next slide, please.

15:28:28 So I consider moral injury as the piercing of the heart. In preparing this short presentation, I read a lot of articles and research. And I looked at modalities of the treatments, some of which I had read before. And then I read the moral injury workbook, if you have seen that, on the acceptance and commitment therapy skills. At that point, I thought, due to so much information out there available to you to find and look and see the ramifications of moral injury, I decided

15:28:39 to provide my own personal experiences and working with moral injuries when I didn't know what exactly what it was.

15:28:41 Of course, I do now.

15:28:55 In my 43 years of the mental health field, and the ministry I have heard and seen many things, but here, I will discuss two cases that have affected me the most.

15:29:01 Some of this can be troubling to some people. And I don't want to trouble anyone too much.

15:29:05 But these are my experiences.

15:29:24 I was asked by a Vietnam Veteran to counsel him for an anger management referral from the Court system. He reached out to me because he want a counselor that was another Vietnam Veteran. I learned he was diagnosed with PTSD which was no surprise to anybody.

15:29:29 And however, on many occasion, he talked about his loss of faith.

15:29:55 He talked about no more confidence in America that he once knew, he talked about he doesn't feel himself. He talked about he feels like it's something else walking around in his shoes. Eventually as we went forward, he shared this second. As the NCO second in command, he was certain his lieutenant was leading his platoon into an ambush for certain death.

15:30:01 And in the heat of the moment, he shared with me that he shot and killed the officer.

15:30:11 He explained that he had tried to make amends to myself, and that he could not make amends to anybody else, he didn't know how to do it, he didn't know what to do.

15:30:39 So I continued with therapy on a spiritual nature, a spiritual guidance, and he began to change some, eventually, after

about eight months, he began to reclaim his values, become involved in some positive religious activities. That helped him become grounded. I didn't go into any detail of his story, only from what he -- that little bit that's he shared with me, I shared with you.

15:30:59 I didn't know the term moral injury at the time. But I know now that's what he was experiencing. But I hope he continued to get the necessary help he might need, now that we know more about that and what it is. It also shook me to hear that story. But not to the extent of the next case.

15:31:34 A woman who was in the National Guard. This has been many years ago also, my counseling partner and I took a pro bono case of a mother whose daughter was kidnapped and over a ten day period was terrorized, child sexual abuse, and eventually murdered by blunt force trauma. The mother was away in another state for a National Guard duty at the time. And when she was called home, she was soon charged with felony child neglect as evidence had appeared that 15:32:04 showed him being somewhat abusive in the videos and movies they had when they were together. That he was probably going to be an abusive person. So my partner and I sat through the entire trial of the perpetrator, and every moment of it, I began to ask my own questions, where is God in this? Everything really happen for a reason?

15:32:15 And I couldn't find it. I could not get out of my mind what I was hearing, in those court proceedings, even most of the jury was in tears.

15:32:35 After the trial, one jury member said this will affect me the rest of my life. So I take this opportunity here to say, moral injury is not just completely centered on a one-person or two-person thing. This is affected many people which I feel would be moral injury within those other persons.

15:32:54 So two things happened, the hardest thing that I had to do, or we had to do. The autopsy showed other injuries that were -- with the child, and they wanted the mother to explain those, if they were before or after the relationship with this person.

15:33:09 So me and my partner, along with her attorney, had to view over 104 autopsy pictures of a child of 5 years old, to pick out the injuries that the mother was to explain.

15:33:28 However, at one attempt, she could not look on those pictures. The little girl was tortured, beyond extremes. So I forgo the details of all of that and the pictures and testimonies, due to the horrendous nature of the physical damage. But they still remain in my memory.

15:33:49 The man was charged with first-degree murder, felony child abuse, kidnapping, and sexual offense of a child. He was found guilty on all counts and received the death penalty. And upon sentencing, the perpetrator sat emotionless as he had throughout the whole trial.

15:33:51 Next.

15:33:57 In the second problem was the mother's case of felony child neglect, was sent to the attorney general's office.

15:34:05 Where it sat there for 8 years. It was found in the drawer one day and was decided to try the case immediately.

15:34:33 In this cases no matter how much therapy had been provided, no matter that she testified against the perpetrator, without any kind of deal, no matter how much maturity she gained, no matter, she had become productive in society and her and her husband and two other girls, who were healthy and happy. And no matter that she received an honorable discharge from the army National Guard, no matter that she was still under bond all of those year, no matter, she was still found guilty

15:34:46 and sentenced to 18-24 months in prison. There were two things that played here in my mind, justice and the law, and sometimes they just don't match.

15:34:57 So justice delayed is justice denied, can work in two different ways. Next.

15:35:20 Next slide, please. My personal experience working with the mother in this case, was not nearly the depth of moral injuries that of the mother herself. Her guilt was overwhelming. Her disgust with the physical injuries she witnessed and almost unbearable for her, she was judged very harshly in the media. And over the Internet.

15:35:47 She was called out by others for crucifixion, her faith was shattered, and her spirit was crushed. Her moral injury was much deeper than any PTSD symptoms. So when in discussing these issues with her, and talking about these issues with her, certainly, the moral injury was at play again that one sure at that time exactly what we were looking at.

15:36:19 However, today, she is a free person, and living with her family in another state. My desire for her is the same as the Vietnam Veteran, that she and he continue to find the help that they may need. As a minister and a therapist, WO witnessed the transgressions, inside of the courtroom testimony, and in the autopsy pictures, stand objective and on task in this case with difficult at best.

15:36:25 We counsel with the MOUR mother, my counsel and I counselled with each other.

15:36:48 We began to have a new spirituality out look, but the mother was thrown into a whirlwind of emotion when the trial of the perpetrator came up two years later. We continued periodic therapy for eight year, not every week, or every year but continuously, monthly, bimonthly, whatever, for the whole eight years up to and including her trial.

15:36:56 My partner used her training in cognitive processing therapy for military PTSD which did help a lot.

15:37:27 A significant part of the healing for the family and for me, and my partner, was when I wrote and facilitated a memorial service at the grave side of the little girl WO would have been her 10th birthday. So in conclusion, from this, I want to thank you for bearing with me. I know how boring written slides can be. But I knew no other way to express myself but really, I wanted to share how difficult it can be

15:37:34 to work with moral injury, when it may also question your own

personal faith and morals.

15:38:06 As a Christian minister, I know about good and evil. I witnessed a lot of bad in Vietnam. But never thought I would meet evil up close and personal. I know more about moral injury now. As a minister, I pay close attention to the spiritual and religious aspects, I'm more intentional in assessing moral you're in my position in the Veterans life center. Next.

15:38:30 So in moving forward, I sincerely appreciate all of those who are addressing, researching, and working on the frontlines of this really challenging issue. As we move forward, the hope is that more Veterans and civilians, be made aware that they are deserving of healing in the soul Pearcing of moral injury.

15:38:45 In moving forward, in conclusion, that a good evaluation of good assessment, if you listen carefully, over a period of time, you will hear moral injury being talked about.

15:39:10 There are many, many, many assessment tools that are coming out to assess moral injury. But I think that the idea of motivational interview anding the idea of listening -- interviewing and the idea of listening between the lines that you will hear prospects of moral injury and now, we're looking at the treatment going forward of moral injury, very difficult at best.

15:39:30 To get to the bottom and get to the end, to get to where we need to be with that. To that day, I remember this case, I'll always remember that case, so today, I'm doing okay. Thank you very much and I appreciate the time.

15:39:37 >>JEFF SMITH: Joe, thank you so very much, sir. Doing all of us a lot to think about.

15:39:54 Next up, for our Governor's Working Group, this month, we are delighted to welcome director Jan Withers and Sean Baker, from the North Carolina Division of Services for the Deaf and Hard of Hearing.

15:40:02 Thank you very much, director withers, Sean, good to see you back again as well.

15:40:10 >>SEAN BAKER: Thank you, as well.

15:40:25 >>JEFF SMITH: Hello, everyone, I'm Jan withers and I want to thank you all for this opportunity, before we begin, I want to make sure that it is okay for me to continue my presentation until 4:00?

15:40:26 >>ALEX: Absolutely.

15:40:31 >>JEFF SMITH:

15:40:33 >>JAN WITHERS: Okay, the previous slide, the cover slide, please? Thank you.

15:40:37 All right. Wonderful.

15:41:02 Okay. Well, thank you to all of the co-chairs. And all of the members of the Governor's Working Group, for this wonderful opportunity to raise your awareness on a topic that tends to be overlooked or is misunderstood. And you have probably noticed that I am communicating to you in American Sign Language and I do have to give you a heads up, that people with hearing loss

15:41:34 , the number of people with hearing loss are a wide variety of people, so you do have people in the hearing loss community that may have grown up with a hearing loss and communicate using American

Sign Language. All the way to a degree of people that have lost their hearing over time, maybe lost their vision over time. We also have member of our community that have suffered from adult on set hearing loss, that means they have grown up with the ability to hear and then lose their hearing later

15:41:44 The Veterans that we're going to be talking about today are most likely to fit in that group of people who have late on set hearing loss.

15:42:03 Now, first of all, the goal is -- the goal for us is clear communication. And we want to talk about that today. The goal of clear communication is a simple one, but how we achieve that goal can be very complicated and you'll see why I say that as we go forward.

15:42:05 Next slide, please.

15:42:16 All right. Now, you may notice, and let me just let you know, you may notice that the interpreter will finish saying what I've said just a slight moment bind me and that's pretty normal in the interpret TRAGS process.

15:42:48 Okay, so let's first of all, start talking about the prevalence of hearing loss, as you see from this slide, about 16% of the people that are age 18 and above have a hearing loss. The rate will be increasing between the years 2017 to 2030. The rate of growth of people that have a hearing loss will increase by 33%. While the growth rate of the general population will only increase by 21%.

15:43:11 Now, you probably are already aware, that the elderly suffer from hearing loss at a greater degree, I want to point out something specifically, though, that 45% of Veterans hear in North Carolina are age 65 and older, so that's a very high percentage of the Veteran population that's likely to have a hearing loss.

15:43:23 Those who have been in combat zones are 63% more likely to experience a hearing loss than their non-combat partners.

15:43:41 Now, North Carolina has over 700,000 Veterans. And about 420 more than half of those Veterans are at risk for hearing loss.

15:43:47 Now, I do want to make the point also, that it's not just Veterans who are affected --

15:44:18 who are affected, it's also their family member, their coworkers, and the people with whom they have a relationship. They are all affected by the hearing loss of that Veteran. Now, this next slide, please. All right. So to add to that, there is a concern because the average person with adult on set hearing loss waits seven years before they start seeking services for their hearing loss.

15:44:50 Typically, during that 7-year period, they don't realize that they're also other conditions that can arise. So there are links between hearing loss and other medical conditions that can be exacerbated during that period of denial. Evidence shows that most of the people that have called in to our agency tend to be the adult children calling in for their elderly parents. Who have a hearing loss.

15:45:12 And it's because there's so many of the adults with hearing loss who do not realize themselves that they have a problem, or do not recognize how severe their problem is. -- severe their problem is.

Now, as I've mentioned, it usually takes people 7 years from the onset of their hearing loss to start seeking services. With Veterans, that tends to be a little bit longer because the Veteran culture emphasizes

15:45:51 strength and helping others putting others before yourselves, so they're less likely to admit any type of weakness. Or that they need help. And with that, I also want to mention the frog analogy. If you've ever heard of the analogy of a frog in a pot of boiling water, if you slowly bring the water to a boil, the frog for a long time does not realize that the water is getting hotter because it becomes hotter so slowly, by the time it's reached the boiling point, it's too late for the frog to

15:46:22 So it's similar to -- that is similar to what happens with the people with a hearing loss, the hearing loss is progressive and painless and starts out slow, and they don't know how much they're missing until the delay has gone on so long, there have been other factors that have been exacerbated by that hearing loss. Usually, it's people around that person who realizes they're missing and they have a hearing loss before that person who with the hearing loss realizes how much they are missing.

15:46:36 Now, of the people, 90% of the people that can benefit from a hearing loss do not have them, only 16% of those people that can benefit from a hearing loss actually use them. Okay.

15:46:41 Let's go to the next slide, please.

15:47:14 Okay. You're all familiar with an iceberg. What most people know about hearing loss is that little tip of an iceberg to you can see above the water line. I just mentioned as an example that hearing loss can be perceived as being painless, but that's not the case. If you look down at the bottom, under the surface of the water, you see all of the other causes of --

15:47:31 all of the other issues that can come along with a hearing loss, so if a person has put off seeking services for that number of years during that time, they can develop a lot of problems. Problems with employment. They might lose their job because of their inability to hear on the job, they lose their independence.

15:47:44 They will start experiencing social isolation as they withdraw from people that they cannot hear, their relationships suffer. Quality of life is reduced.

15:47:59 And healthcare costs is increased because of misunderstandings between the healthcare providers and missed diagnosis, put off seeking care and hearing loss can also contribute to other healthcare causes.

15:48:04 And we also see people suffering from depression and anxiety as well.

15:48:09 So all of those things will also affect your employment.

15:48:18 Your ability to relate with other people, your social relationships. Now, we've all talked about today the importance of relationships.

15:48:30 The key to relationships is the ability to have communication. Helen Keller, who is a famous Deaf-Blind woman, has a

famous quote.

15:48:34 She said that blindness separates people from things.

15:48:49 But Deafness separates people from people. Next slide.

15:49:00 There are proven health comorbidities, there's a strong correlation between hearing loss and dementia.

15:49:38 Diabetes, depression, anxiety, and falls. And as you can see, from this slide here, the more severe the hearing loss, the more likely a person is to experience dementia and/or suffer from a fall. And it's interesting that one study showed that when a hearing loss is diagnosed, and a person receives a hearing aide, if it is done early enough it depends on the type of dementia, but they will see a reduction in the symptoms of dementia and a reduction in the number of falls. So think about all

15:49:49 savings in terms of just treating hearing loss appropriately, you save so many problems down the road.

15:50:19 Now, with depression, depression is increased because of social isolation as a result of the lack of communication. In addition, one thing that we've noticed from our experience, is that many providers will tend to make the problem worse because they overlook the possibility of a hearing loss. They don't understand how to work with a person with a hearing loss.

15:50:28 And so they're not able to treat them successfully. Next slide, please.

15:51:02 I want to thank and commend our former governor, Pat McCrory, for establishing the executive order number 49, back in 2014. And I will comment on some things that you already know, and I want to mention them because I'm making a point about what I'm going to say in our next slide in a moment. But the mission as stated in this governor's executive order is that the Governor's Working Group will include

15:51:06 employment assistance.

15:51:17 Workforce enrichment, financial services, Veterans benefits, navigation, and health and wellness. Which of course is part of our focus.

15:51:24 That's what we do. And it can have an impact on all of these other things as well.

15:51:41 The entire end state of all of this work of this executive order is to enhance Veteran interaction with the state in his or her community. Next slide.

15:52:16 Okay. When I read the executive order, I was very surprised to see that hearing loss and tinnitus were not mentioned at all. Since the Vietnam war, the military world has known very well that hearing loss and tinnitus are two of the top issues, they're the top two combat related disabilities.

15:52:27 So it concerns me that this information is not included in the order. But at the same time, I'm not surprised.

15:53:15 Because I know that the team that developed the draft of this executive order were aware of the issues, but as I mentioned earlier, hearing loss tends to be overlooked or not completely understood. Or people don't understand the significance of these two conditions

hearing loss and tinnitus. So when you're thinking about the desired end state, which is to enhance a Veterans interaction with the state and with their community, that interaction requires communication. Which includes the ability

15:53:37 services under all of those areas that are mentioned in the Governor's order, employment, financial services, etcetera. If we do not address hearing loss effectively, then all of the services are closed to that Veteran. Because they cannot access those services because of a lack of communication.

15:53:56 Now, other issues also include a possible violation of the federal accessible legislation. Next slide.

15:54:26 There are solutions, I'm happy to say. Hearing healthcare is what most hearing people -- most people are aware of, are hearing aids, cochlear implant, and different assistive technology. But most audiologists WO who provide hearing healthcare do not talk with their consumers about all of the assistive technology that's available to them.

15:54:41 There are so many different types of assistive technology that are designed to supplement the use of a hearing aid or a cochlear implant and hearing aids and cochlear implants are devices that are not perfect.

15:55:01 There are many situations where a supplemental support is needed but unfortunately, many audiologists don't understand enough about those technological devices to effectively guide their consumers about how to make the best use of those options to supplement the hearing aid or the cochlear implant that they have.

15:55:37 In addition to that, we can provide tips on that tech neck, -- technology, to help them with their psychosocial needs to help them more effectively communicate. You would be amazed at how many times we've had to tell a person with a hearing loss, just to turn off their TV to be able to communicate with us better on the phone. Or to instruct them to avoid -- instruct them to avoid, another tip that we would use is to help them know that it's best for them not to stand

15:56:01 in front of a window where a light is going to be behind their face because then their face is going to be in shadow and in particular, if someone is trying to lip read you, and your face is in shadow, it is harder to lip read you. We have a lot of coping tips to guide them to achieve more effective communication.

15:56:24 There are support groups available as well, the hearing loss association of America does have local chapters in North Carolina, there are state chapters and there's smaller local regional chapters that get together on a regular basis. And we have noticed that many of those hearing loss support groups don't fully meet the needs of Veterans because most of their members are not Veterans.

15:56:39 But we can work with Veterans and Veterans service providers to establish work groups and support groups, that will meet the needs of Veterans, so Veterans with hearing loss can get together and support one another.

15:57:00 There are representatives out there that are Veterans with hearing loss. And they can be wonderful examples of how you can be a

Veteran living with a hearing loss with that strength and resiliency that you need. Next slide, please.

15:57:50 Okay. We are a division under the Department of Health and human services. What many people do not realize is that we are not a stand-alone service, we are not a stand-alone agency. That duplicates services provided by another agency or organization. We have 7 regional centers that serve all 100 counties in North Carolina. So when you think about numbers, we have approximately 50-60 staff who do field work, which means they go out into the communities to provide trainings and presentations

15:58:11 What we can do as well is we provide services to agencies is and organizations and businesses for example, we provided technical assistance to places to provide training or consultation on policy development, or to consult on individual cases.

15:58:22 To help train staff about best practices that may include people from the high level decision-making part of an organization, all the way down to frontline workers.

15:58:50 What we emphasize is capacity building. We work to try to build an agency or a business's capacity to ensure that there is effective communication when they are providing the services that they provide. We are not going to try to tell you how you need to provide your services or change the way you provide your services because you are the experts in the services that we provide, but we work with agencies and businesses to make sure that you know how to provide your services

15:59:32 while providing effective communication for the consumers that need it. Let me give you a couple of examples. In terms of policy development, we'll be happy to help review policies that you write to include that there's appropriate language there that will support communication access. We can also provide simulations, trainings that will include simulations and sensitivity trainings, for example, we have -- we maybe have a scenario where a person wants to experience what like to read the lip

15:59:56 Or if you're trying to understand a conversation, using a recording that will simulate what it sounds like to have a hearing loss. So you can try to understand what a person with a hearing loss hears and how difficult it is to make out what a person is say, you would be amazed with a mild hearing loss, much of the conversation is missed.

16:00:02 Now, I'm not fond of the word mild hearing loss, because mild can be very misleading.

16:00:24 Even a mild hearing loss can cause lots of misunderstanding in day-to-day interactions and day-to-day communications. We will also work with agency and organizational staff to help them know how to caption videos. For example, so that all of their training videos and such are captioned.

16:00:36 Studies show that even people with normal hearing will understand and retain more information when captioning is presented as well as audio.

16:00:39 You know, video.

16:00:44 And as a state agency, we do not charge for our services.

16:00:50 We are available from 8:00 to 5:00, Monday through Friday.

16:01:13 But also, because of the community we serve, we also try to accommodate their schedules and meet them where they are. For example, we might attend an -- be involved with an organizational meeting at night or weekends as needed. Next slide, please.

16:01:22 Okay. So you can see from our state map here of North Carolina, we have 7 regional centers so you can see where they're base add cross the state. Next slide, please --

16:01:28 based across the state. Next slide, please.

16:01:58 Okay. Great. So the question is, what can we do together? Now, using again, the analogy of a special forces, let's use that analogy of special forces so if you have special operations going in with precision-like work, think of us as like the hearing loss special forces team, we're going to go in and provide that special technical assistance, that specialized knowledge to make sure that we can help you

16:02:05 achieve effective communication with your people that have a hearing loss.

16:02:27 Now, how can you help? We just ask that you open the door for our staff to come in and assist. When you open the door for us, then we can them you to make sure that your door is open to all of the Veterans that you serve that have a hearing loss and that all of your doors are open to all of them.

16:02:44 Now, earlier, I mentioned how many staff we have going out into the field. And we have 50-60 field staff, and we have 1.2 million people and I mentioned we have 420,000 Veterans with a hearing loss.

16:02:47 So how do we serve them all?

16:03:23 We have to take a very strategic approach. We are looking to effect systems change. And we do that by working specifically with the Veterans system and working with the Veterans service officers. Now, by having us all work together, we can help you to build a stronger safety net that Susan had talked about earlier.

16:03:47 Oh, and before I forget, I also want to mention that I did see one of her slides, and she showed people, they were Veterans, that were diagnosed with chronic health conditions. Over the last 12 months. And I'm not surprised to see that hearing loss was not mentioned on that slide.

16:04:00 Studies show that in general, about 13% of physicians only 13% of physicians, actually ask about hearing loss.

16:04:11 When it comes up, physicians are often not well-trained to know how to appropriately deal with a hearing loss or how to make an appropriate referral.

16:04:23 There is a good chance that the Veterans themselves do not feel comfortable going to a doctor and seeking assistance because again, it requires communication with which they're struggling with.

16:04:37 So we have to explore this issue a little bit more to see how we can reach out to people to make sure that we include people in our system and that we are reaching them. Next slide.

16:04:41 All right. And so, here you have our contact information.
16:04:44 Many of you already know Sean.
16:04:49 Sean Baker. We are very, very fortunate to have him with us.
16:04:56 As our Veterans liaison. He is a retired Veteran from U.S.
16:05:00 army with loads of experience.
16:05:16 And he has been a huge asset for us so he will definitely be
your go-to person if you are any questions related to any of your
Veterans or Veterans services and hearing loss. So thank you, again,
for this wonderful opportunity to come speak to you today.
16:05:22 And I look forward to working with all of you. Thank you.
16:05:32 >>JEFF SMITH: Thank you so very much, director Withers, it's
always a pleasure to have your folks with us and we are very happy
that Sean is able to join us as well.
16:05:36 We look forward to being able to get together in-person.
16:05:45 Thank you very much, everyone, and we will look forward to
seeinging and areaing from you next month on June 24th.
16:05:51 Please have a safe and peaceful Memorial Day weekend.
16:05:54 Thank you for all you do for our Veterans and their families.
Good afternoon.
16:05:57 (End of meeting)