2013 HOUSE GOVERNMENT AND VETERANS AFFAIRS

HB 1424

2013 HOUSE STANDING COMMITTEE MINUTES

House Government and Veterans Affairs Committee
Fort Union Room, State Capitol

HB 1424
January 31, 2013
18088

☐ Conference Committee

Committee Clerk Signature Carmen Hart

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of veterans' affairs for veterans' programs; and to provide for a report to the legislative management.

Minutes: You may make reference to "attached testimony."

Chairman Jim Kasper opened the hearing on HB 1424.

Vice Chair Randy Boehning appeared in support of the bill. I introduced this bill on behalf of HeartSprings. He read some information about what they do. We need alternative therapy for our veterans. They served us well, and we need to do whatever we can to help them after they come back from Iraq and all the other conflicts they have been in.

Rep. Guggisberg appeared in support of the bill. In August 2011 I met the folks of HeartSprings. One of the master's classes at the University of Mary did their thesis on a therapeutic farm program for disabled veterans. It was a very good program, well put together using science and statistics to prove that not only does this type of therapy work, but they had a business plan to go with it. Unfortunately, the farm fell through and so we couldn't bring that bill forward. That doesn't mean that this isn't good therapy for our veterans. They have been working on this for years.

Rep. Karen Rohr Have the results of that master's thesis been published so that we can have access to that information?

Rep. Guggisberg I can get you all the information I have on it.

Lonnie Wangen, Commissioner of Veterans' Affairs for North Dakota, appeared in support. There are few options for our veterans with PTSD and traumatic brain injuries. Medication and counseling are not always effective. Veterans not wanting to take medication is a big issue. Some of the medications taken are for helping to sleep, anxiety, depression, and concentration. Many of these medications have side effects and then more medication is taken for the side effects. It does take sometimes months if not a year or two before you can find a combination of pills that can help balance your body out to where you are feeling normal again. Having an alternative and or complimentary treatments are real and crucial. Since 2001 in North Dakota there has been over 200

suicides from veterans. I believe anything we can do will help for at least one of these people is worth it. I think this organization can help a lot more than that.

Jan Nelson, founder of HeartSprings and an occupational therapist, appeared in support. **Attachment 1.** These quick fact sheets summarized what she stated. (End 17:12)

Rep. Gail Mooney Is there intention to move from Fargo?

Jan Nelson No, all of our therapists are in Fargo, but what we plan to do with part of the money is to travel throughout the state of North Dakota at least one weekend a month.

Rep. Gail Mooney Outreach type?

Jan Nelson Yes.

Rep. Karen Rohr I am the first to realize that alternative and complimentary therapies can work in instances when pharmacology things don't work, but I notice it is appropriated $50,000 for a specific needs assessment. You indicated that you don't need a diagnosis to prescribe these kinds of alternative or complimentary therapies. You have to come up with some kind of a care plan to make sure you are appropriately treating the individual. Could you talk a little about that because I am concerned about the safety piece?

Jan Nelson We would go through a personal interview and come up with a care plan that would be comprehensive. When we work, we look at the person holistically. In terms of the needs assessment, we are looking at a statewide survey to say as a veteran, would you come in for yoga therapy? Would you come in for laughter yoga for chronic pain management? I can offer everything in the world, but if they don't use it is my concern. That is what we want to do with it. Then can we find the funding for it outside the government?

Rep. Karen Rohr Tell me a little bit more about the care of the individual.

Jan Nelson We would do pre and post testing with them. That would not need to be turned into an insurance company or given to any other entity so they can remain essentially anonymous. Once they are done with that particular therapy or have gone through eight to ten weeks of yoga, we would reassess them. We would interview them again and see if they would like to try another form of therapy. People need to move in and out of therapies because things work for a while and then they might need to try something else.

Rep. Gail Mooney Do you have veterans being served right now and do you have an estimate of the number of them?

Jan Nelson We are small. We only work two days a week so our percentage is maybe one percent. Well, I shouldn't say one percent of veterans. Actually, probably half of them are veterans of our clientele right now.

Rep. Gail Mooney Could you give me a number?

Jan Nelson We work with about 1,000 people a year.

Rep. Marie Strinden What is your annual operating budget right now?

Jan Nelson We are at $70,000.

Amy Wieser Willson from West Fargo appeared in support. I serve on the board of directors and as a practitioner there but I first came to HeartSprings as a client. My journey from there to here isn't one I have ever talked about publicly, but I feel I need to share that today as part of the testimony and the importance of this bill. I was deployed on a 15-month mission to Iraq which ended in 2005. By that fall I was drinking a lot, at home alone, would stare at the walls at home, and did the same thing at work. I rarely slept and could barely function. I finally realized I needed help and called the local hospital for an appointment and waited for two months before getting in. I was told it was not PTSD if nobody was shot in front of you and that I was probably depressed. A slew of medications were given which masked some of the symptoms, but things continued to get worse. Over the course of the next two years, I was diagnosed a series of chronic illnesses including PTSD. When I found HeartSprings, things started to change. In the subsequent years I have embraced more of these complimentary therapies and received training to provide them myself including as a registered yoga teacher for HeartSprings. I also became certified in trauma sensitive yoga therapy. Through the use of these complimentary therapies, I am now managing all of my chronic conditions without any medications.

Chairman Jim Kasper On the budget in the bill I am concerned about the $300,000 for leased capital cost. What is your plan on your leased capital cost as far as what would you be spending those dollars on?

Jan Nelson The place we are looking at renting is in north Fargo. It is called Cardinal Muench which has been sitting vacant for about three years. We are negotiating with Cardinal Muench right now so this may not even be this particular place. If we would get the funding from the state, we can then apply for different grants and then we can go to different private businesses within Fargo and ask for support.

Chairman Jim Kasper If this bill were to pass, how long would this funding last?

Jan Nelson That is a difficult one because complimentary medicine is not covered by any type of insurance. Anything that would be done would be covered out of pocket. Amy's out of pocket expenses were expensive so I think at some level we will always need some government undergirding for what we do.

Chairman Jim Kasper I understand that but how long would these funds last, the $1.49 million?

Jan Nelson We are looking at a two year budget.

Rep. Marie Strinden Do you have this type of fund raising experience? Does your staff have training in fund raising?

Jan Nelson We don't have a professional fundraiser on our board, but that will be something that we will be looking for.

No opposition.

Hearing was closed.

Rep. Marie Strinden made a motion for a **Do Pass.**

Vice Chair Randy Boehning seconded the motion.

Chairman Jim Kasper It is a lot of money, but it seems to be a big hole in what the treatment is available for veterans and being we have a lot of money, I sort of like to spend money where we help the people that need the help the most.

A roll call vote was taken and resulted in **DO PASS, 12-0, 2 ABSENT. Rep. Gail Mooney** is the carrier.

2013 HOUSE STANDING COMMITTEE MINUTES

House Government and Veterans Affairs Committee
Fort Union Room, State Capitol

HB 1424
February 1, 2013
18184

☐ Conference Committee

Committee Clerk Signature Carmen Hart

Explanation or reason for introduction of bill/resolution:

Provide an appropriation to the department of veterans' affairs for veterans' programs; and provide for a report to the legislative management

Minutes: You may make reference to "attached testimony."

Chairman Jim Kasper opened up the meeting to take up HB 1424.

Vice Chair Randy Boehning I would like the committee to reconsider our actions on 1424.

There was a second.

Rep. Marie Strinden withdrew her original motion at a later time.

Vice Chair Randy Boehning withdrew his original second motion at a later time.

Vice Chair Randy Boehning During the committee we acted fast and we need to get some more safeguards. Currently the way the bill is structured, the money goes to the commissioner of veterans' affairs without really any oversight. We need to get an amendment on that.

A voice vote was taken and **motion carried for reconsideration.**

Chairman Jim Kasper We have the bill before us for reconsideration. Vice Chair Randy Boehning, the bill is back to committee but you want it held. We have to make a motion that we would reconsider our vote and keep the bill before the committee and will not move forward to the speaker of the house.

Rep. Gail Mooney made that motion.

Rep. Jason Dockter seconded that motion.

Chairman Jim Kasper Now we are going to hold for reconsideration and have the bill back in the committee. In the emotion of what we heard, we didn't do our job as thoroughly as we should have.

2013 HOUSE STANDING COMMITTEE MINUTES

House Government and Veterans Affairs Committee
Fort Union Room, State Capitol

HB 1424
February 7, 2013
Job # 18561

☐ Conference Committee

Committee Clerk Signature

Minutes: Attachment 1

Chairman Jim Kasper: reopened the committee meeting on HB 1424. We took fast action on this bill and it has a big fiscal note. Rep. Boehning had asked for reconsideration. Now we are going to reconsider out action.

Rep. Boehning: We had some concerns about the accountability with this. I worked with Legislative Council and I just got the proposed amendment. On page 1, line 14 insert any contract entered or grant awarded by the department of veterans' affairs under this section must include provisions allowing oversight and monitoring and accountability measures and outcome reporting regarding the use of the funds. Went over the rest of the amendment changes. Basically there will have to be reporting and they will have to set up a system with Heart Springs to figure out a way to monitor this.

Motion to move the amendment made by Rep. Boehning; Seconded by Rep. Steiner

Rep. Rohr: So that at the end of 2015 we will be reviewing all of these outcomes that would be reported to the legislative management group, correct?

Rep. Boehning: Yes.

Chairman Jim Kasper: They would have to make these reports quarterly during that period. It is always good to have some oversight on anyone who is handling new money. I think they like it to so if they have to change how they are handling the funds they can.

Rep. Karls: I have an issue with this whole concept. There was no one here to testify from the VA. We don't know what kind of connection. Are they totally separate from the VA?

Rep. Boehning: Jan Nelson does do some work with the VA with some of the teachings. The program that she is working with in Fargo is being offered only at two or three VA hospitals in the US. The closest one is in St. Paul and one out east.

Chairman Jim Kasper: This is a pilot project and if you recall the testimony we heard some veterans are not reacting to medications; they withdraw and get into alcoholic situations because the medications work against each other. This is a new type of therapy. It is new to our area.

Rep. Karls: Referring to Jan Nelson. I don't know what her qualifications are. It says CR/L,Masters. As she spoke I thought she was a physician or a nurse or occupational therapist?

Rep. Rohr: It is evidence based using these types of confidentially methods and so NIH has even done studies on these kinds of interventions. It is now getting down to the grass roots.

Rep. Strinden: Lonnie Wangen had testified on this and he is the state guy that works with the veterans at Fargo. It seems like he really understands this program and works with the VA all the time and seemed to think this program wasn't just throwing money away. I trust him.

Rep. Rohr: I think where the confusion came is when she couldn't address when she couldn't address the care plans for these people she was treating. If she would have given us more detail on how they actually take a veteran and assess them and diagnosis them and how do they come about with the intervention and how long do they follow them?

Rep. Boehning: In 2011 there we 24 veterans that committed suicide in ND and we don't have the new ones for last year yet. If we can help a few of them it is well worth the money.

Rep. Mooney: With it being a pilot program then that would be the benefit of the quarterly reports is not just the money, but also the ability to learn from the evidence that is brought forward.

Chairman Jim Kasper: This will go to appropriations and there will be a hard look at the budget.

Voice vote carried.

Do Pass as Amended Motion Made by Rep. Rohr; Seconded by Rep. Mooney and rerefer to Appropriations.

Vote: 14 Yes 0 No 0 Absent Carrier: Rep. Mooney

Closed.

Attachment 2 was provided prior to the meeting.

13.0705.01001
Title.02000

Prepared by the Legislative Council staff for
Representative Boehning
February 7, 2013

2/6/13
3 DNE

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1424

Page 1, after line 14, insert:

"Any contract entered or grant awarded by the department of veterans' affairs under this section must include provisions allowing oversight and monitoring and accountability measures and outcome reporting regarding the use of the funds."

Page 1, line 16, after "report" insert "quarterly"

Page 1, line 17, remove "by September 1, 2014,"

Page 1, line 18, after "provided" insert ", including related accountability measures and outcomes,"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment requires the Department of Veterans' Affairs to include accountability measures, oversight, monitoring, and outcome reporting in the contracts and grants awarded to provide services. This amendment also requires the Department of Veterans' Affairs to report quarterly to the Legislative Management regarding outcomes and its monitoring of the contracts and grants.

Date: 1-31-13
Roll Call Vote #: _____

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

House Government and Veterans Affairs Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☑ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Strinden Seconded By Boehning

Representatives	Yes	No	Representatives	Yes	No
Chairman Jim Kasper	X		Rep. Bill Amerman		
Vice Chairman Randy Boehning	X		Rep. Gail Mooney	X	
Rep. Jason Dockter	X		Rep. Marie Strinden	X	
Rep. Karen Karls	X		Rep. Steven Zaiser		
Rep. Ben Koppelman	X				
Rep. Vernon Laning	X				
Rep. Scott Louser	X				
Rep. Gary Paur	X				
Rep. Karen Rohr	X				
Rep. Vicky Steiner	X				

Total (Yes) 12 No 0

Absent 2

Floor Assignment Mooney

If the vote is on an amendment, briefly indicate intent:

Date: 2-1-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

House Government and Veterans Affairs Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Boehning Seconded By _____

Representatives	Yes	No	Representatives	Yes	No
Chairman Jim Kasper			Rep. Bill Amerman		
Vice Chairman Randy Boehning			Rep. Gail Mooney		
Rep. Jason Dockter			Rep. Marie Strinden		
Rep. Karen Karls			Rep. Steven Zaiser		
Rep. Ben Koppelman					
Rep. Vernon Laning					
Rep. Scott Louser					
Rep. Gary Paur					
Rep. Karen Rohr					
Rep. Vicky Steiner					

Voice vote taken Motion to bring the bill back to committee failed

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-1-13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

House Government and Veterans Affairs Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Withdrew Strinden Seconded By Withdrew Boehning

Representatives	Yes	No	Representatives	Yes	No
Chairman Jim Kasper			Rep. Bill Amerman		
Vice Chairman Randy Boehning			Rep. Gail Mooney		
Rep. Jason Dockter			Rep. Marie Strinden		
Rep. Karen Karls			Rep. Steven Zaiser		
Rep. Ben Koppelman					
Rep. Vernon Laning					
Rep. Scott Louser					
Rep. Gary Paur					
Rep. Karen Rohr					
Rep. Vicky Steiner					

Withdrew the original second motions from the 1-31-13 hearing

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-1-13
Roll Call Vote #: 3

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

House Government and Veterans Affairs Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Mooney Seconded By Dockter

Representatives	Yes	No	Representatives	Yes	No
Chairman Jim Kasper			Rep. Bill Amerman		
Vice Chairman Randy Boehning			Rep. Gail Mooney		
Rep. Jason Dockter			Rep. Marie Strinden		
Rep. Karen Karls			Rep. Steven Zaiser		
Rep. Ben Koppelman					
Rep. Vernon Laning					
Rep. Scott Louser					
Rep. Gary Paur					
Rep. Karen Rohr					
Rep. Vicky Steiner					

To Reconsider our vote & Keep the bill before the Committee

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-7-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

House Government and Veterans Affairs Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 13.0705.01001

Action Taken: ☐ Do Pass ☐ Do Not Pass ☑ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Boehning Seconded By Rep. Steiner

Representatives	Yes	No	Representatives	Yes	No
Chairman Jim Kasper			Rep. Bill Amerman		
Vice Chairman Randy Boehning			Rep. Gail Mooney		
Rep. Jason Dockter			Rep. Marie Strinden		
Rep. Karen Karls			Rep. Steven Zaiser		
Rep. Ben Koppelman					
Rep. Vernon Laning					
Rep. Scott Louser					
Rep. Gary Paur					
Rep. Karen Rohr					
Rep. Vicky Steiner					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

.01001

Voice Vote. carried.

Date: 2-7-13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

House Government and Veterans Affairs Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☒ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rohr Seconded By Mooney

Representatives	Yes	No	Representatives	Yes	No
Chairman Jim Kasper	X		Rep. Bill Amerman	X	
Vice Chairman Randy Boehning	X		Rep. Gail Mooney	X	
Rep. Jason Dockter	X		Rep. Marie Strinden	X	
Rep. Karen Karls	X		Rep. Steven Zaiser	X	
Rep. Ben Koppelman	X				
Rep. Vernon Laning	X				
Rep. Scott Louser	X				
Rep. Gary Paur	X				
Rep. Karen Rohr	X				
Rep. Vicky Steiner	X				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Mooney

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1424: Government and Veterans Affairs Committee (Rep. Kasper, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1424 was placed on the Sixth order on the calendar.

Page 1, after line 14, insert:

"Any contract entered or grant awarded by the department of veterans' affairs under this section must include provisions allowing oversight and monitoring and accountability measures and outcome reporting regarding the use of the funds."

Page 1, line 16, after "report" insert "quarterly"

Page 1, line 17, remove "by September 1, 2014,"

Page 1, line 18, after "provided" insert ", including related accountability measures and outcomes,"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment requires the Department of Veterans' Affairs to include accountability measures, oversight, monitoring, and outcome reporting in the contracts and grants awarded to provide services. This amendment also requires the Department of Veterans' Affairs to report quarterly to the Legislative Management regarding outcomes and its monitoring of the contracts and grants.

2013 HOUSE APPROPRIATIONS

HB 1424

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1424
2/14/13
Job 18990

☐ Conference Committee

Committee Clerk Signature Meredith Trachsler

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the department of veterans' affairs for veterans' programs; and to provide for a report to the legislative management.

Minutes: You may make reference to "attached testimony."

Rep. Jim Kasper, District 46: Introduced the bill.

02:35
Chairman Delzer: Did you ask for any kind of identification of the moneys, what they'll be used for, how many clients, etc.?

Rep. Randy Boehning, District 27: Presented information from Attachment 1.

05:25
Chairman Delzer: This would be a grant to just one person, and they would serve veterans for two years?

Rep. **Boehning**: There would be some checks and balances; she would put a monthly bill into Department of Veterans' Affairs. Some larger lump sums may be required for capital expenditures.

Chairman Delzer: I don't see that language in the bill.

Rep. **Boehning**: I thought we had put that on here. The intent was to have a quarterly report to the budget section.

Chairman Delzer: It doesn't say what happens, who makes the decision whether it's actually getting a return on investment. Is it strictly up to Veterans' Affairs?

Rep. **Boehning**: Currently that's how we have it set up; a committee could be set up to monitor it if so desired.

Chairman Delzer: Does this fit under the gifting and granting provision that we can't do with state tax dollars?

Rep. Boehning: I don't believe this would be gifting and granting. Currently, this treatment is not offered in ND. This is an optional treatment for PTSD; currently the individual is operating out of a church in Fargo.

Chairman Delzer: Questions by the committee? Thank you.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1424
2/23/13
19416

☐ Conference Committee

Committee Clerk Signature Carmen Hart

Explanation or reason for introduction of bill/resolution:

Provide an appropriation to the department of veterans' affairs for veterans' programs; and to provide for a report to the legislative management

Minutes: You may make reference to "attached testimony."

Chairman Delzer: We'll take up 1424. The policy committee provided a copy of testimony. See **attachment 1**. This bill would give $1.49 million to HeartSprings.

Rep. Guggisberg: He gave a little history on this. Last spring Senator Flakoll and I sat in on a University of Mary MBA class that put a proposal together. A farmer was going to donate his farm for this group to have disabled veterans live on the farm and do some work with farming and also the other healing services they mentioned here. That farm fell through. Since then they have been looking at Cardinal Muench in north Fargo to see if they could lease or purchase that for healing services. This is the plan they are onto now. I know the fiscal note is kind of scary. It is broad because it does include family members, because they are affected too. He mentioned about a young lady who had PTSD and was a part of this program.

(04:45)
Chairman Delzer: Does that young lady stay on this all the time?

Rep. Guggisberg: I wasn't there for the testimony, but she now teaches at HeartSprings.

Chairman Delzer: She would be full time doing it and being part of it by sharing that with others.

Rep. Grande: I attended a seminar dealing with women veterans and their issues. The first time was talking about programs nationwide. The next time was bringing back people that were involved in those programs. If you could see the before and after pictures of when people come off of these pages of medication, it is miraculous. It gets them out of a drug state and into a nutritional state. This is not ongoing per se. You get yourselves cleansed and they get back on track and are fulltime employed and back in society. If we could even move this to a pilot program, it could be very beneficial for PTS and TBI.

(08:00)
Rep. Skarphol: I get the impression this is already being done, at least in Fargo. Is this intended to be a more adequate facility and is that our responsibility?

Chairman Delzer: When you read the bill, it is basically buying the thing and when you do the information, there is really nothing about where they are going or whatever.

Rep. Grande: It is a very small program currently being run out of a church basement. They would like to expand it because she is seeing good results. The VA is interested in this, but there is not the coordination needed at this point because the national VA is not recognizing the issue.

Rep. Pollert: In the Fargo area, there is a SE human service center. Don't they offer these services?

Chairman Delzer: I know there is money in the human service budget for that. Whether these people are trying to take any advantage of that or whether they could ask for financial help to pay a fee to this, I'm not sure it's proper for us to get in the middle of this.

Rep. Monson: To me it starts off talking about the military personnel and their families, and then it says anybody.

Chairman Delzer: That's what it says.

Rep. Brandenburg: I see the note that HeartSprings would work with the department of veterans' affairs. What happens if she decides she want to do something else?

Chairman Delzer: I don't believe this came from the VA.

Rep. Guggisberg: I do know the ACOVA are supportive of it.

Rep. Brandenburg: I'm concerned where it will go without some agency in charge of it.

Chairman Delzer: One of the problems is the history of the VA handling things has not been good.

Rep. Kempenich: This is a business model. We are funding a business. I don't think we can start the business of it.

Rep. Wieland: I too visited with this lady in the testimony, and she is a very sincere individual, and now that I have read the bill a little closer, I am disappointed. I thought that there would at least be some matching requirements in here. We are talking about a building that they want to purchase. I am thinking that the asking price is somewhere between $3-$5 million. That is a huge piece of property that will require a lot of remodeling and maintenance. I had advised her to try to get a fundraising thing going, and I don't see anything in here about any kind of participation.

Rep. Streyle: These might be all good programs, but we can't be all things to all people.

Rep. Skarphol: I'm not saying it's not a good program, but it seems if we want to do something about this as government, we should be directing the department of human services to take on these types of therapies within their centers that we already have located across the state. If we want to move forward with this one, we better plan on an appropriation seven times as large and put one in each of the other seven regional centers out there.

Rep. Grande: I agree with Rep. Wieland on this. My name is on this, but this is not the bill I had intended to see, and this is not the dollar amount I had. I think Rep. Guggisberg would agree with me. Is this something that could be studied and worked on? I don't want to see the ideas going away for the alternatives.

Chairman Delzer: We could change the bill to a management study of alternative methods and better ways of delivering them.

Rep. Kempenich: I think it would be nontraditional medicine.

Rep. Glassheim: I was going to propose an amendment to keep some money in it.

Chairman Delzer: We'll have legislative council work up the language on a study.

Rep. Hawken: As more women are in the military, there are the alternative kinds of things that may work better, not that this wouldn't work for a man as well. We haven't addressed that and that is a national problem. Looking at it would certainly be timely.

Chairman Delzer: We'll break for today. The committee is adjourned.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

HB 1424
2/25/13
19429

☐ Conference Committee

Committee Clerk Signature Carmen Hart

Explanation or reason for introduction of bill/resolution:

Provide an appropriation to the department of veterans' affairs for veterans' programs; and provide for a report to the legislative management.

Minutes: You may make reference to "attached testimony."

Chairman Delzer We have an amendment .02001 which was handed out. The other day we dealt with this bill and pretty much said what we wanted to do was to turn it into a study. They went over the amendment.

Rep. Grande made a motion to adopt the amendment.

Rep. Brandenburg seconded the motion.

Voice vote was taken and motion carried to adopt the amendment.

Rep. Guggisberg offered an additional amendment. They have studied this. To go along with this study, they also need to do a pilot project just to see how it works. He made a motion to further amend to add $200,000 for a pilot project through the department of veterans' affairs.

Rep. Glassheim seconded.

Rep. Bellew Who is "they?"

Rep. Guggisberg It is the HeartSprings organization. They worked through University of Mary and did a comprehensive master's project on this. I know we are hesitant enough not to spend $1.5 million on it. In their testimony they said it cost about $10,000 a year for treatment. Over two years they could try it on 20 veterans, and if it works, then they can come back next session.

Chairman Delzer They are already doing this, are they not, so what does a pilot program do other than fund?

Rep. Guggisberg They are only doing it with a few, with a lot of volunteers, and to get to the point they want to get to, they need some funds.

Chairman Delzer The legislative assembly knows very little about it.

Rep. Skarphol How long have they been doing this? I realize that we are to deal with the money, so we didn't hear the policy aspect of it and you wonder how much was made available in the policy committees to substantiate the positive effects of it.

Rep. Guggisberg I think they have been working with PTSD veterans for about a year or so.

Chairman Delzer This is open to everyone but we are calling it a veterans' bill.

Rep. Wieland Are there any other organizations doing this work that might qualify?

Chairman Delzer I'm sure they'd have to do an RFP. They would have to do the normal procurement procedures, and I couldn't tell you whether anybody else put in for it or not.

A voice vote was taken and the motion fails to further amend.

Rep. Skarphol made a motion for a Do Pass as amended.

Rep. Grande seconded.

A roll call vote was taken and resulted in **DO PASS AS AMENDED, 15-5, 2 ABSENT. Rep. Wieland** is the carrier.

11-
2/25/13

13.0705.02001
Title.03000

Prepared by the Legislative Council staff for
House Appropriations Committee
February 25, 2013

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1424

Page 1, line 1, remove "an appropriation to the department of veterans' affairs for veterans"'

Page 1, line 2, replace "programs; and to provide for a report to the legislative management" with "for a legislative management study of the feasibility and desirability of participating in the provision of nontraditional healing therapies for posttraumatic stress, traumatic brain injury, and other neurological conditions for North Dakota veterans and their families"

Page 1, replace lines 4 through 21 with:

"**SECTION 1. LEGISLATIVE MANAGEMENT STUDY - NONTRADITIONAL THERAPIES FOR POSTTRAUMATIC STRESS, TRAUMATIC BRAIN INJURY, AND OTHER NEUROLOGICAL CONDITIONS.** During the 2013-14 interim, the legislative management shall consider studying the feasibility and desirability of participating in the provision of nontraditional healing therapies, including massage, healing touch, reflexology, stress management, yoga, and hyperbaric chamber treatments, for North Dakota veterans, military personnel, and their families. If conducted, the study must also gather information regarding the needs of women veterans. The legislative management shall report its findings and recommendations, together with any legislation to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

Date: 2/25/13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 15.0200.01

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Grande Seconded By Rep. Brandenburg

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Rep. Streyle		
Vice Chairman Kempenich			Rep. Thoreson		
Rep. Bellew			Rep. Wieland		
Rep. Brandenburg					
Rep. Dosch					
Rep. Grande			Rep. Boe		
Rep. Hawken			Rep. Glassheim		
Rep. Kreidt			Rep. Guggisberg		
Rep. Martinson			Rep. Holman		
Rep. Monson			Rep. Williams		
Rep. Nelson					
Rep. Pollert					
Rep. Sanford					
Rep. Skarphol					

Total Yes _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

voice vote carries

Date: 2/25/13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Guggisberg Seconded By Rep. Glassheim

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Rep. Streyle		
Vice Chairman Kempenich			Rep. Thoreson		
Rep. Bellew			Rep. Wieland		
Rep. Brandenburg					
Rep. Dosch					
Rep. Grande			Rep. Boe		
Rep. Hawken			Rep. Glassheim		
Rep. Kreidt			Rep. Guggisberg		
Rep. Martinson			Rep. Holman		
Rep. Monson			Rep. Williams		
Rep. Nelson					
Rep. Pollert					
Rep. Sanford					
Rep. Skarphol					

Total Yes _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

add $200,000 for pilot project thru dept. of veterans affairs

voice vote fails

Date: 2/25/13
Roll Call Vote #: 3

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 13.0705.02001

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Skarphol Seconded By Rep. Grande

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Rep. Streyle		X
Vice Chairman Kempenich	X		Rep. Thoreson	X	
Rep. Bellew		X	Rep. Wieland	X	
Rep. Brandenburg	X				
Rep. Dosch					
Rep. Grande	X		Rep. Boe		
Rep. Hawken	X		Rep. Glassheim	X	
Rep. Kreidt	X		Rep. Guggisberg	X	
Rep. Martinson		X	Rep. Holman		X
Rep. Monson		X	Rep. Williams	X	
Rep. Nelson	X				
Rep. Pollert	X				
Rep. Sanford	X				
Rep. Skarphol	X				

Total Yes 15 No 5

Absent 2

Floor Assignment Rep. Wieland

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1424, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (15 YEAS, 5 NAYS, 2 ABSENT AND NOT VOTING). Engrossed HB 1424 was placed on the Sixth order on the calendar.

Page 1, line 1, remove "an appropriation to the department of veterans' affairs for veterans'"

Page 1, line 2, replace "programs; and to provide for a report to the legislative management" with "for a legislative management study of the feasibility and desirability of participating in the provision of nontraditional healing therapies for posttraumatic stress, traumatic brain injury, and other neurological conditions for North Dakota veterans and their families"

Page 1, replace lines 4 through 21 with:

"**SECTION 1. LEGISLATIVE MANAGEMENT STUDY - NONTRADITIONAL THERAPIES FOR POSTTRAUMATIC STRESS, TRAUMATIC BRAIN INJURY, AND OTHER NEUROLOGICAL CONDITIONS.** During the 2013-14 interim, the legislative management shall consider studying the feasibility and desirability of participating in the provision of nontraditional healing therapies, including massage, healing touch, reflexology, stress management, yoga, and hyperbaric chamber treatments, for North Dakota veterans, military personnel, and their families. If conducted, the study must also gather information regarding the needs of women veterans. The legislative management shall report its findings and recommendations, together with any legislation to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

2013 SENATE HUMAN SERVICES

HB 1424

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1424
4/3/2013
20813

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study of the feasibility and desirability or participating in the provision of nontraditional healing therapies of posttraumatic stress; traumatic brain injury; and other neurological conditions for North Dakota veterans and their families.

Minutes: "Attached testimony."

Vice Chairman Larsen opens the public hearing.

Rep. Boehning introduces HB 1424 a bill for alternative therapies for veterans. Discusses about Veteran Administration Hospitals and alternative therapies for veterans**. Senator Dever** asks about HB 1424 amendments and versions of HB 1424. **Senator Dever** asks if there is federal funding for the alternative therapies.

Rep. Guggisberg. Explains to the committee why HB 1424 was introduced this session. **Senator Axness** asks about what happened in House Appropriations. **Senator Anderson** asks about previous amendments. **Vice Chairman Larsen** asks about NDSU and teaming up. **Senator Dever** asks for clarification on previous amendments. **Vice Chairman Larsen** asks if this FDA approved program.

Jan Nelson Executive Director with Heart Springs. Ms. Nelson explains Heart Springs center and the programs they provide for veterans with PTSD. **See attachment #1. Vice Chairman Larsen** asks the percentage of veterans coming home from Iraq and Afghanistan have PTSD. **Senator Axness** asks about the Suicide rate for veterans in North Dakota that have returned from Iraq and Afghanistan, and discusses the success rate of the program. **Senator Dever** asks about the VA in Fargo, ND, and asks about hyperbaric chamber. **Senator Anderson** discusses about case studies and controlled studies. **Senator Dever** asks about other services of Heart Springs and insurance reimbursement. **Jan Nelson** provided additional information. **See attachment #3, #4,#5**

John Jacobsen a member of the legislative Committee of the North Dakota Veterans Coordinating Council. Testifies in favor of HB 1424, as originally introduced. **See attachment #2**

Lt. Col. French behalf of the Nation Guard, testifies neutral for HB 1424. **Lt. Col. French** explains what happened to those that came home for Operation Iraq Freedom, and the VA systems. **Lt. Col. French** share's personal experiences that happened with her while serving Operation Iraq Freedom. **Senator Axness** asks about the regional outreach services. **Senator Dever** asks about services that are available and are they enough. **Senator Dever** asks if we are reaching active duty members through the military services centers.

There is no other testimony

Vice Chairman Larsen closes the public hearing.

Senator Anderson Talks about HB 1424 not being just for a specific program. Not opposed to the study.

There is a discussion how to study the treatments.

Senator Axness discusses outreach programs.

Senator Dever discusses other programs for veterans around the state. Discuses deployments on the Service Member and their Spouse.

There is a discussion about Veterans Affairs and Heart Springs working together.

Senator Anderson motions for a do pass

Senator Axness seconds

Senator Axness shares that he hopes get some attention, supports the sturdy.

Senator Dever talks about another study of veteran's benefits and possibly these can be combined.

Do Pass 4-0-1 (**Chairwoman J. Iee** absent)

Senator Dever will carry

/

Date: 4-3-13
Roll Call Vote #:

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1424

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☑ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Anderson Seconded By Axness

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee			Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 4 No 0

Absent 1 Sen J Lee

Floor Assignment Sen Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1424, as reengrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (4 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Reengrossed HB 1424 was placed on the Fourteenth order on the calendar.

2013 TESTIMONY

HB 1424

Attachment 1
1-24

Quick Fact Sheet 2013:
HeartSprings Community Healing Center

Mission:	A Center for Health, Hope, and Healing for ALL.
Organization Type:	HeartSprings, LLC is a 501 (c) 3 Public Charity
Location:	2010 N Elm St., Fargo, ND 58102 Phone: #701-261-3142 www.heartspringscenter.com www.facebook.com/HeartSpringsCenter
Founded:	2007 within the state of ND, official start-up February 2008, Public Charity January 2010
Funding:	Grants, private pay, and donations
Vision:	Our vision is to create a space where individuals can come to be re-newed, re-connected, and re-balanced.
Philosophy:	We believe healing is a process and that the Spirit of Love provides life-giving practices, nurturing people and experiences, so that individuals on their journey can develop wholistically in body, soul, and spirit.
Board of Directors:	Cheryl Biller, Realtor, President Cindy Larson-Casselton, PhD Communications Professor Concordia College, Vice-President Jean Blonigan, PhD, CPA, assistant vice president for

	Information Technology (IT) Services at North Dakota State University, Treasurer Amy Wieser-Willson, NG Communications specialist & yoga therapist, Secretary Dennis Seeb, CPA, member Penny Rippinger, Systems Redesign Coordinator—VA Healthcare System, member Angie Christianson, NG social worker, consulting Member
Service Area:	Fargo/Moorhead Metropolitan Area and State of ND
Staff:	Jan Nelson, OTR/L, MA, Executive Director, Sheila Leier, bookkeeper, Gwen Fraase, RN, Barbara Edin, PT and 7 contractors
Specialize in:	Regional chronic illnesses such as Parkinson's disease, multiple sclerosis, alzheimer's and stroke. And, conditions of our time such as, depression, anxiety, traumatic brain injuries (signature wound of our latest wars) and post-traumatic stress disorder
Therapies:	Evidenced-based medicine and Complementary and Alternative Medicine (CAM) or Integrative Medicine
Research Based:	Continually seek to provide the best care to our clients through active research (two current pilot studies starting in March 2013)
Joint Programming & Networking	Fargo Veterans Healthcare System, National MS Society, National PD Foundation, Struther's PD, Sanford Neurology Center, Roger Maris & Essentia Cancer Centers, Alzheimer's Assoc……

Quick Fact Sheet 2013:
HeartSprings Community Healing Center: Veterans

Mission: A Center for Health, Hope, and Healing for ALL.

Vision: To create a place for ALL service members who have served in any war, in any branch of the service who are finding it difficult to cope AND travel to points across the state to bring wellness tools to re-new, re-connect, and re-balance.

Why Veterans?

Rates of service members returning home with PTSD and TBI are at an all-time high and are projected to increase.

ND has the highest percentage of Veterans per capita.

Twenty percent of these Veterans have diagnosable issues after one tour of duty and this figure triples after a second tour.

From the ND National Guard alone, more than 5,600 have mobilized in the past decade, having served on at least one to as many as 15 missions.

ND has the highest suicide rate among veterans than any other state in the nation, with 174 suicides since 2001

Studies have estimated as many as 30 percent of Vietnam War Veterans and 10 percent of Gulf War Veterans developed PTSD at some point after the war. Some Vietnam Veterans are re-experiencing their PTSD symptoms as they retire and chronic illnesses such as Parkinson's disease have been linked to Agent Orange.

Combat veterans suffer a more severe form of PTSD than civilian's.

Sleep disturbances are a common complaint in 9 out of 10 soldiers

Substance abuse and divorce are common among the veteran population.

Exposures to blasts are a leading cause of TBI among active duty military personnel in war zones.

Veterans' advocates believe that between 10 and 20%

of Iraq veterans, or 150,000 and 300,000 service members have some level of TBI.

30% of soldiers admitted to Walter Reed Army Medical Center have been diagnosed as having had a TBI.

Why HeartSprings?

We are professionally trained in our fields of physical, occupational, massage, music, and yoga therapies; nursing, counseling, and chaplaincy

We use science as our core: neuro-protection, neuroplasticity, psychoneuroimmunology, psychophysiology and nutrition science in particular

We use evidenced-based medicine

We understand that the mind affects the body and the body affects the mind. The whole human being needs to be taken into consideration

We offer alternatives to talk therapy & pills because not everyone is created the same. We believe each person is an individual and needs to be treated as such!

Not everyone wants a diagnosis. We don't need a diagnosis to work with someone

We use cutting edge therapies; meaning the newest and best in brain science

Why 1.5?

$900,000 includes seeing 40 people the first year and 60 people the second year for therapies; purchase of therapy equipment, supplies, and training

$240,000 includes outreach into veteran dense populations such as Minot, Valley City, Bismarck, and Devil's Lake (though Grafton would like us to use their space); includes sending two therapists one weekend a month

$50,000 includes an assessment of veteran's needs, best delivery system, survey of duplication of other services, funding atmosphere, and community leader support

$300,000 includes lease of building & insurance

Quick Fact Sheet 2013:
HeartSprings Community Healing Center:
Future Veterans Wellness Center & Transitional Site

Mission:	A Center for Health, Hope, and Healing for ALL.
Vision:	To create a center for ALL veterans, active duty service members, **their families**, and community members to engage in healing and wellness.
Location:	To be determined
Service Area:	Fargo/Moorhead Metropolitan Area, State of ND and western MN
Why a Wellness Center?	Young Veterans are often reluctant to go into the VA for professional services A place is needed for service members and their families to learn wellness tools TOGETHER!
Seven Keys To Healing:	Exercise~Nutrition~Stress Management ~Psychological/Emotional Work~ Meaningful Work Spirituality~ Community
Why Residential?	A place for families to stay while visiting the VA A place for families to use for re-creational purposes A place for weekend, weekly or monthly learning and wellness programs A place for garden programming to teach families how to garden & cook to take care of their brains A place for those who need a transitional residence to heal before they can move into functional employment especially after a traumatic head injury/concussion or PTSD

Attachment 1

13.0705.01001
Title.

Prepared by the Legislative Council staff for
Representative Boehning
February 7, 2013

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1424

Page 1, after line 14, insert:

"Any contract entered or grant awarded by the department of veterans' affairs under this section must include provisions allowing oversight and monitoring and accountability measures and outcome reporting regarding the use of the funds."

Page 1, line 16, after "report" insert "quarterly"

Page 1, line 17, remove "by September 1, 2014,"

Page 1, line 18, after "provided" insert ", including related accountability measures and outcomes,"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment requires the Department of Veterans' Affairs to include accountability measures, oversight, monitoring, and outcome reporting in the contracts and grants awarded to provide services. This amendment also requires the Department of Veterans' Affairs to report quarterly to the Legislative Management regarding outcomes and its monitoring of the contracts and grants.

Attachment 2

We have pulled the bill back into committee for some further work, this is not unusual, we had some accountability concerns with it and how the bills would be processed and how the rental agreement would need to be handled.

HeartSprings is currently pursuing a lease agreement for the Cardinal Muench Seminary space in North Fargo for $100,000 per year to develop a *Veterans' Family Wellness Center*, which we are hopeful, would include some necessary lease holder improvements. The additional $50,000 per year would be used for other leased capital costs including day-to-day maintenance of the facility. Plan B: If Cardinal Muench does not work, for some reason, we are working with a realtor who will help us find the space we need to work with our clients. Again, we would keep within the budget.

The bills would be processed by HeartSprings. HeartSprings would work with the Department of Veterans' Affairs to develop a reimbursement structure that best meets the needs of both entities; in this manner, the appropriation to the Department of Veterans' Affairs would be fully tracked.

Another request is we have a request to as how many clients you will be serving, basically we would like a number break down as to how your reached your numbers and how it will be all implemented this will be also needed for when it goes to the appropriation committee. Is there meals and lodging in the bill as well? I would need this information as soon as possible, because I need to get amendments drafted and passed back out of committee.

Our initial planning calls for a $5,000 per year allotment for each person served. In the first year, HeartSprings estimates that 60 individuals would be served, which equates to $300,000 ($5,000/person multiplied by 60 people). In the second year, HeartSprings estimates that 120 individuals would be served, which equates to $600,000 ($5,000/person multiplied by 120 people). The moneys are to develop *individually designed programming* for each person up to $5,000 each as well as to purchase the therapy equipment, supplies, and training necessary to deliver those therapeutic programs.

Our initial planning for regional outreach services would include the travel expenses of the HeartSprings practitioners (meals and lodging are included in this estimate).

Related to other meal and lodging expenses, the moneys may be used to cover some meals (for example, a noon lunch for each person may be served), but does not include lodging expenses.

HB 1424
2/14/13
Attachment 1

We have pulled the bill back into committee for some further work, this is not unusual, we had some accountability concerns with it and how the bills would be processed and how the rental agreement would need to be handled.

HeartSprings is currently pursuing a lease agreement for the Cardinal Muench Seminary space in North Fargo for $100,000 per year to develop a *Veterans' Family Wellness Center*, which we are hopeful, would include some necessary lease holder improvements. The additional $50,000 per year would be used for other leased capital costs including day-to-day maintenance of the facility. Plan B: If Cardinal Muench does not work, for some reason, we are working with a realtor who will help us find the space we need to work with our clients. Again, we would keep within the budget.

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HeartSprings Quick Fact Sheet 2013:
HeartSprings Community Healing Center

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Organization Type:	HeartSprings, LLC is a 501 (c) 3 Public Charity
Location:	2010 N Elm St., Fargo, ND 58102 Phone: #701-261-3142 www.heartspringscenter.com www.facebook.com/HeartSpringsCenter
Founded:	2007 within the state of ND, official start-up February 2008, Public Charity January 2010
Funding:	Grants, private pay, and donations
Vision:	Our vision is to create a space where individuals can come to be re-newed, re-connected, and re-balanced.
Philosophy:	We believe healing is a process and that the Spirit of Love provides life-giving practices, nurturing people and experiences, so that individuals on their journey can develop wholistically in body, soul, and spirit.
Board of Directors:	Cheryl Biller, Realtor, President Cindy Larson-Casselton,PhD Communications Professor Concordia College, Vice-President Jean Ostrom Blonigen,PhD, CPA, assistant vice president for Information Technology (IT) Services at North Dakota State University, Treasurer Amy Wieser-Willson, NG Communications specialist & yoga therapist, Secretary

	Dennis Seeb, CPA, member Penny Rippinger, Systems Redesign Coordinator—VA Healthcare System, member Gail Benson, M.Ed, member Angie Christianson, NG social worker, consulting Member
Service Area:	Fargo/Moorhead Metropolitan Area and State of ND
Staff:	Jan Nelson, OTR/L, MA, Executive Director, Sheila Leier, bookkeeper, Barbara Edin, PT and 8 contractors
Specialize in:	Regional chronic illnesses such as Parkinson's disease, multiple sclerosis, alzheimer's and stroke. And, conditions of our time such as, depression, anxiety, traumatic brain injuries (signature wound of our latest wars) and post-traumatic stress disorder
Therapies:	Evidenced-based medicine utilizing Complementary Medicine or Integrative Medicine [You can find research on CAM studies at the National Institute of Health]
Research Based:	Continually seek to provide the best care to our clients through active research (one current pilot study on women with PTSD and trauma-sensitive yoga and an individual case study on traumatic brain injuries and use of the Integrated Listening System or iLs); both started in March 2013
Joint Programming & Networking	Fargo Veterans Healthcare System, ND Division of Mental Health and Substance Abuse Services, National MS Society, National PD Foundation, Struther's Parkinson's Center, Sanford Neurology Center, Roger Maris & Essentia Cancer Centers, Alzheimer's Assoc...

HeartSprings **Quick Fact Sheet 2013:**

HeartSprings Community Healing Center: Veterans/Community Members

Mission: A Center for Health, Hope, and Healing for ALL.

Vision: To create a place for ALL service members who have served in any war, in any branch of the service who are finding it difficult to cope bringing wellness tools to re-new, re-connect, and re-balance.

Why Veterans?

Rates of service members returning home with PTSD and TBI are at an all-time high and are projected to increase.

ND has the highest percentage of Veterans per capita.

Twenty percent of these Veterans have diagnosable issues after one tour of duty and this figure triples after a second tour.

From the ND National Guard alone, more than 5,600 have mobilized in the past decade, having served on at least one to as many as 15 missions.

ND has the highest suicide rate among veterans than any other state in the nation, over 200 suicides since 2001

Studies have estimated as many as 30 percent of Vietnam War Veterans and 10 percent of Gulf War Veterans developed PTSD at some point after the war. Some Vietnam Veterans are re-experiencing their PTSD symptoms as they retire and chronic illnesses such as Parkinson's disease have been linked to Agent Orange.

10% of veterans getting mental health care at the VA are veterans of Iraq or Afghanistan.

40% who go through traditional treatment of cognitive processing therapy or exposure therapy get better but their drop out rate is at 20%.

There is virtually a 0% drop out rate with complementary medicine such as yoga and other techniques. The Mpls. VA found an 80%improvement after using 10-weeks of

mind body medicine.

PTSD treatment is not broad enough because there are issues of sleep disorders, substance abuse or chronic pain that are not addressed with PTSD therapy alone.

Combat veterans suffer a more severe form of PTSD than civilian's.

Sleep disturbances are a common complaint in 9 out of 10 soldiers

Substance abuse and divorce are common among the veteran population.

Exposures to blasts are a leading cause of TBI among active duty military personnel in war zones. And, TBI's complicate PTSD.

Veterans' advocates believe that between 10-20% of Iraq veterans, or 150,000 and 300,000 service members have some level of TBI.

30% of soldiers admitted to Walter Reed Army Medical Center have been diagnosed as having had a TBI.

Why HeartSprings?

We are professionally trained in our fields of physical, occupational, massage, music, and yoga therapies; nursing, counseling, and chaplaincy

We use science as our core: neuro-protection, neuroplasticity, psychoneuroimmunology, psychophysiology and nutrition science in particular

We use evidenced-based medicine

We understand that the mind affects the body and the body affects the mind. The whole human being needs to be taken into consideration

We offer alternatives to talk therapy & pills because not everyone is created the same. We believe each person is an individual and needs to be treated as such!

Not everyone wants a diagnosis. We don't need a diagnosis to work with someone

We use cutting edge therapies; meaning the newest and best in brain science

Why a paid study?

$100,000 state-wide veteran/family survey

$42,000 for a TBI pilot study [See attached sheets]

Quick Fact Sheet 2013:

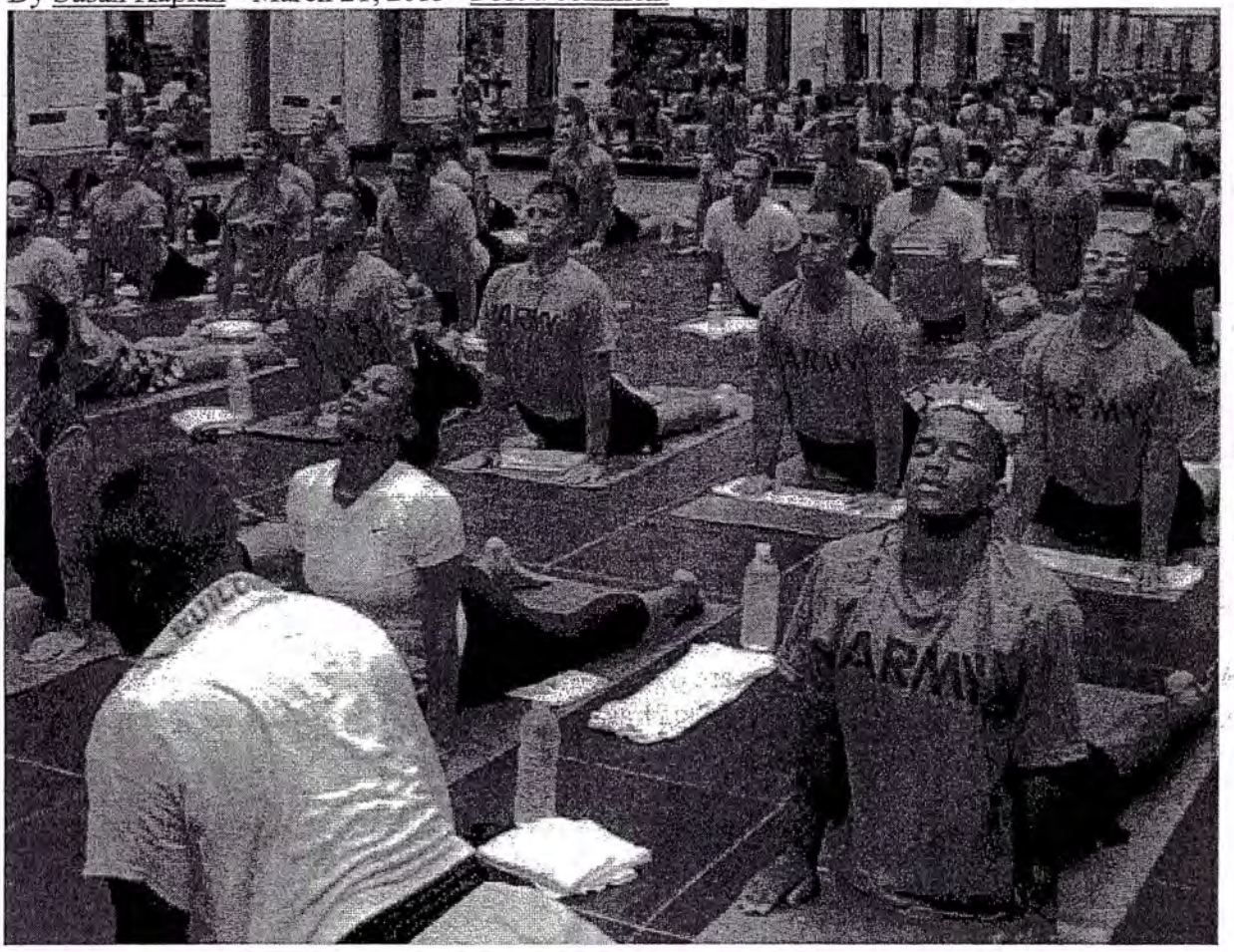
HeartSprings Community Healing Center:

Future Veterans Family Wellness Center, and Community Day Program & Transitional Residence

Mission:	A Center for Health, Hope, and Healing for ALL.
Vision:	To create a center for ALL veterans, active duty service members, **their families**, and community members to engage in healing and wellness.
Location:	To be determined
Service Area:	Fargo/Moorhead Metropolitan Area, State of ND, western MN and northeastern SD (same service area as VA)
Why a Wellness Center?	Young Veterans are often reluctant to go into the VA for professional services A place is needed for service members and their families to learn wellness tools TOGETHER!
Eight Keys To Healing:	Exercise/Movement~Nutrition~Stress Management ~Psychological/Emotional Work~ Meaningful Work Spirituality~ Community~Beliefs
Why Residential?	A place for families to stay while visiting the VA A place for families to use for re-creational purposes A place for weekend, weekly or monthly learning and wellness programs A place for garden programming to teach families how to garden & cook to take care of their brains A place for those who need a transitional residence to heal before they can move into functional employment especially after a traumatic head injury/concussion or PTSD

Yoga Now Standard Treatment for Vets with PTSD

By Susan Kaplan · March 21, 2013 · Post a comment



US soldiers participating in the Yoga For Veterans program. (Photo: Give Back Yoga Foundation)

Yoga's not usually the first thing that springs to mind when thinking about treatment for post traumatic stress disorder in veterans. But from the Veterans Administration to the Pentagon, yoga classes are becoming not just commonplace, but in some rehabilitation programs mandatory.

One of the places in the forefront of change is the Newington Yoga Center, in Newington, Connecticut.

About 20 veterans train to become yoga teachers. Suzanne Manafort of the Veterans Yoga Project, said what began as a small project has burgeoned into programs across the country. Manafort taught yoga for years before using it as a treatment for PTSD. She said she had no idea she might need to make adjustments to her teaching, until she made mistakes.

"Touching is a mistake. In yoga classes we touch all the time. But to somebody whose been sexually assaulted that's a huge violation. Walking behind them is a huge mistake because it feels like they have to pay attention to what's going on in the room instead of just practicing their yoga practice," Manafort said.

She said ultimately it was veterans themselves that guided her, in some cases just by the courage it took simply to stay in class.

"Some of the men and women that I work with are Vietnam Veterans so they've been at home suffering for 40 years," said Manafort. "And when they come into this treatment program and they're told they have to do yoga, 'they're like are you kidding me?'"

"I thought it was a joke," said Vietnam veteran Paul Gryzwinski. "And I remembered actually laughing out loud and they said no we're really not kidding you're going to be going to yoga."

Gryzwinski is training to teach yoga to veterans. Many years after returning from the war, PTSD hit him hard. He ended up turning to the VA. Where he first encountered yoga.

"And I just thought of myself in like, tights with you know a bunch of women. And I know that sounds sexist – and I'm not, so forgive me – but it was such an alien concept to me," Gryzwinski said with a chuckle.

And Gryswinski's early misperceptions are one reason that Dan libby, a co-founder of the Veterans Yoga Project, said the 12 week yoga training for treating vets with PTSD tries to strip all the new-agey stuff out.

"We really emphasize, 'leave all the Sanskrit names at home, right. Leave the candles at home, don't talk about you know moonbeams and chakras and all these things,'" he said. "It's really just about learning about your body and your experience; learning to breathe."

Lt. Col Melinda Morgan deployed right after 9-11 and started teaching yoga to those who had served and those who were preparing to go to Afghanistan.

"So I started teaching veterans 10 years ago and one of those veterans that I taught became an instructor himself. And so in 2007 when he was in Iraq and I was in another location, he writes me a note that said, 'I have to teach yoga and I don't think I can.' So I'm like, 'yes you can.' I wrote it down all of the poses, emailed it to him and helped him on his way to become a certified teacher," Morgan said.

Today, Morgan teaches at the Pentagon, and she said classes once sparsely attended are now full every day. But despite an increased demand for yoga paired with a growing number of alternative treatment programs in the military and the VA, there's scant hard science about why yoga or most of the other alternative programs work.

Yoga instructor Dan Libby hopes the government does some studies soon, because without more data, returning troops won't take the programs seriously.

HeartSprings spoke with Carol Schlossman, owner of "Insight into Action". Mrs. Schlossman has an MBA and works with Doris Hertsgaard and Karen Robinson both of whom have their PhD's. Karen Robinson will not be available for our project due to her current work with Essentia and Sanford.

An initial conversation with Carol Schlossman indicates the following costs involved in doing a state-wide survey:

The research would consist of compiling and reporting the secondary research supporting our vision and administrating along with two separate questionnaires, one targeting families and the other targeting the veterans. Each questionnaire would not be more than 20 questions, with a mix of demographics and need-based questions.

Cost:
$125/hour
150 hours per each 20 question
100 hours to write up research if it is already documented
40 hours of design
20 hours of administrative of delivery including post cards, on-line and hard copy questionnaires
40 hours analysis
40 hours of write up
10 hours for presentation (speech/powerpoint)
100 hours secondary research write up
Total hours $62,500

Additional costs: $800 survey tool; money for postcards, printing, letterhead, stamps, etc. ~$4,000; HeartSprings staff time in working on survey team and with veterans families ~250 hours X $75/hr. ($18,750); money for website for HeartSprings for veterans and families to reference ~$2,000; other outreach marketing/awareness collateral development and printing ~$6,000; travel costs and meeting time across the state as need be ~$6,000

Total estimated cost ~100,000

Pilot Study for Traumatic Brain Injuries 2013

Income		
ND legislature		$42,000
Expenses		
Pre-testing		
Speech Therapists (2) X 10 participants	$125/hr.	$2,500
Physical therapist (2) X 10 particpants	$90/hr.	$1,800
Posting-testing		
Speech Therapists (2) X 10 participants	$125/hr.	$2,500
Physical therapist (2) X 10 particpants	$90/hr.	$1,800
3-month testing		
Speech Therapists (2) X 10 participants	$125/hr.	$2,500
Physical therapist (2) X 10 particpants	$90/hr.	$1,800
Therapeutic interventions		
Physical therapist (1) X group (of 5) 3X/week X 10 weeks	$75/hr.	$2,250
Occupational therapist (1) X group (of 5) 3X/week X 10 weeks	$75/hr.	$2,250
iLs equipment $1,400/person X 5		$7,000
Planning and development of study		
Physical therapist, occupational therapist, research coordinator (3) X 40 hours	$75/hr.	$9,000
Advertising		
Letters (s)		$200
Flyers		$200
Mailings (2)		$200
Research Analysis of results X 80 hours X $100/hour		$8,000
Total		$42,000

What is "integrated" listening and how can it help?
Integrated listening programs combine the therapeutic value of listening therapy with specific visual and balance activities. This combination trains the brain to process and manage multi-sensory input. It is fun, it feels good, and it should help those of any age to unlock their hidden physical and mental abilities. May people are unable to process sensory information in an efficient manner. These programs improve learning and life performance by helping to normalize the way you process and integrate sensory information.

Who is the program suitable for?
The program should benefit people of all ages who want to improve their concentration, cognitive skills such as movement/coordination, balance, activities of daily living, cognition, reading and writing, and visual and auditory processing. It is also very common for the program to improve processing speed, energy, self-confidence, mood, behavior and reduce anxiety and stress. While the vast majority of users benefit from its programs, ILs makes no claims of cures or guarantees of any kind.

Can we really change brain function?
Yes, the ability of the brain to change or adapt is called "neuroplasticity" (also called brain plasticity, or brain malleability). It is the brain's ability to recognize itself by forming new neural connections throughout life. For example, if one hemisphere of the brain is damaged, the intact hemisphere may take over some of its functions. The brain compensates for damage in effect by reorganizing and forming new connections between intact neurons. In order to reconnect, the neurons need to be stimulated through activity. The same is true for parts of the brain compensating for injury or disease.

Is there an age limit to neuroplasticity?
Neuroplasticity (also called brain plasticity, or brain malleability) is the brain's ability to reorganize itself by forming new neural connections, and it continues throughout life. For example, if one hemisphere of the brain is damaged, the intact hemisphere may take over some of its functions. The brain compensates for damage in effect by reorganizing and forming new connections between intact neurons. In order to reconnect, the neurons need to be stimulated through activity. The same is true for parts of the brain compensating for injury or disease.

When can I expect to see benefits of the program?
Benefits can begin to emerge as quickly as the first few weeks. However, the complete benefits of the program may take many months to become established. This is because the improvements in auditory processing are constrained by the very slow rate at which new neural pathways (dendritic branching) develop. It is likely you will see results related to your physical and mental abilities quite soon (within weeks or months) with performance results in school or workplace following soon hereafter.

Why combine movement, listening, and visual stimulation?
The three systems are vital to our ability to learn, pay attention, process information, and coordinate movement. As these systems are so interrelated, "exercising" them simultaneously is a holistic approach which requires the brain to become better at integrating multi-sensory information. We are essentially re-training the brain to become more efficient and effective, and in the process strengthening neural connections to improve performance.

About the music
Many years of clinical research comparing the effects of different types of music, such as Classical, African, Modern and Asian, have shown that the music of Mozart is among the most beneficial for both alertness and relaxation. Mozart's music also has a universal appeal and has been accepted by people of all nations and backgrounds. In additional, we believe the perfection of form and structure (confirmed by composers, conductors, musicians and mathematicians) in Mozart's composition play an integral role in helping brain organization.

Generally speaking, the music choices are based on criteria established by ILs and tested through years of application. We have personally selected music – much from Mozart's repertoire, especially his late symphonies, the violin concerti and number of serenades and divertimenti. Because of the high frequency content and dynamic range in much of Mozart's music, his compositions lend themselves well to the special processing for our purposes (esp. frequency filtration and gating).

ILs also uses various selections from Vivaldi, Bach, Srauss, and Beethoven. We include a number of very rhythmic Strauss waltzes in the music selection and programs for their effectiveness in resonating with the body (created by the strong rhythm of the "one, two three"), either as full spectrum or filtered to pre-determined band width.

The selected music is processed in our sound studio through a highly sophisticated audio software device and later through audio software using combinations of parametric equalizers and filters (high-pass, low-pass and band-pass). Using a variety of filers allows ILs to create a library of music where certain frequencies are removed, while other frequencies are left in to enhance the listening and perception of those frequencies.

In addition, a complicated process of "gating" is achieved by boosting low frequencies and cutting the high frequencies on one channel, while doing the opposite in a second channel, namely cutting the low frequencies and boosting the high frequencies. A threshold is then set for each setting for each piece of music to trigger the switching from one channel to another, which is called gating (note: this is a different use of the term than that commonly used by audio engineers).

(2)

NORTH DAKOTA VETERANS COORDINATING COUNCIL

My name is John Jacobsen. I am a member of the Legislative Committee of the North Dakota Veterans Coordinating Council. The Coordinating Council is made up of 15 members, 3 from each of the five veterans' organizations in North Dakota.

American Legion
AMVETS
Disabled American Veterans
Veterans of Foreign Wars
Vietnam Veterans of America

It is the policy of the Coordinating Council to support legislation that will benefit the welfare of the members of the Armed Forces. The committee MUST concur totally, that is all 15 members must agree on the legislation to be supported or else it does not get the support.

In this case, I have been instructed to recommend to this legislative committee that a "DO PASS" on HB 1424 is supported by the Veterans Coordinating Council.

original format

"Over ½ the general population report having at least one traumatic event occur in their lifetime, with 5% of men and 10.4% of women developing PTSD."

"Research has shown that yoga practices, including meditation, relaxation, and physical postures, can reduce autonomic sympathetic activation, muscle tension, and blood pressure, improve neuroendocrine and hormonal activity, decrease physical symptoms and emotional distress, and increase quality of life."

"After 8 weeks, the yoga participants showed improvements in all dimensions of PTSD, an increase in positive affect and decrease in negative affect, and an increase in their physical vitality and body atonement."

"Yoga has been offered as a practice that helps one calm the mind and body."
Emerson, D., Sharma, R., Chaudhry, S., & Turner, J. (2009). Yoga therapy in practice. *International Journal of Yoga Therapy, 19,* 123.

"Yoga specifically encourages mindfulness, which fortifies the body- brain connection and helps soldiers rebuild their sense of control and safety after a traumatic experience."

"While yoga is not a cure for PTSD in and of itself, it has already become an important part of the toolkit used to treat PTSD effectively and efficiently."

Breene, S. Why the military uses yoga to treat PTSD. Retrieved from http://greatist.com/military-uses-yoga-cure

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"The authors will summarize some noteworthy preliminary studies suggesting that continuous, deficit targeted, intensive training may confer neuroprotection and thereby, slow, stop or reverse the progression of the disease or promote neurorestoration through adaption of compromised signaling pathways."

Hirsch, M. A., & Farley, B.G. (2009). Exercise and neuroplasticity in persons living with parkinson's disease. *European Journal of Physical and Rehabilitation Medicine, 45,* 235-29.

"The results of the studies as well as the case reports demonstrate patients' improvement in the domains of self-acceptance, anxiety, and depression. The results of the studies as well as the case reports define a sufficient basis for further music therapy work as they show a variety of psychosocial and emotional benefits for MS patients."

Ostermann, T. & Schmid, W. (2006). Music therapy in the treatment of Multiple Sclerosis: a comprehensive literature review. *PubMed, 6(4),* 469-77.

"In a study published last year in the Annals of the New York Academy of Sciences, a prominent PTSD expert found that a group of female patients who completed 8 hatha yoga classes significantly more improvement in symptoms including the frequency of intrusive thoughts and the severity of jangled nerves than a single group that had 8 sessions of group therapy. The study also reported that yoga can improve heart rate variability, a key indicator of a person's ability to calm herself."
Wills, D.K. (2012). Healing life's traumas, *Yoga Journal.*

"The evidence is growing that yoga practice is a relatively low-risk, high yield approach to improving overall health."
(2012). Yoga for anxiety and depression. *Harvard Health Publications.*

"The earlier a participant initiates physical exercise after sustaining a mild TBI, the better the Stroop interference T-score, indicating a better ability to attend to competing stimuli. In addition, it appears that the type and duration of physical exercise are also contributed to this effect."

Kreber, L., Hernandez, T., Keatley, M.A., Lemmon, J., May, P., Falconer, L., Ward, S., Salam, J., & Merriam, T. Physical exercise after traumatic brain injury: Does the timing and type of exercise influence cognitive improvements?.

"Existing research showed that inactivity has negative effects on everyone, but the effects appear to be worse for people with TBI than for other who have not had a brain injury. Studies also suggested that exercisers with TBI were less depressed and showed improved physical capacity compared to nonexercisers."

(2012). Aerobic exercise following TBI. *Mount Sinai School of Medicine.*

"People with TBI who exercised had fewer physical, emotional, and cognitive complaints and symptoms, such as sleep problems, irritability, forgetting, and being disorganized."

Department of Rehabilitation Medicine. Aerobic exercise following TBI. *TBI Consumer Report.*

"A recent study shows that massage therapy lessens the symptoms associated with migraine headaches, including pain and sleep disturbances; and increase serotonin."

Touch Research Institute. "Massage Therapy Reduces Migraine Headaches." *Massage Magazine.* October 1999.

"Healing gardens focus on life rather than illness and fulfills a human's need and desire for comfort when suffering. They have been shown to encourage positive thoughts, reduce hospital stays, increase physical activity, eliminate stress, and foster a sense of community."

Detweiler, M., Detweiler, J., & Lane, S. The salem VA therapeutic garden project: exploring the role of nature in psychiatric and medical disorders.

"Gardens allow users the ability to facilitate stress reduction, find inner healing resources, come to terms with illness, provide areas of horticultural and recreational therapy, and relax."

Kirk, P.A. & Parkins, M. (2012). Necessity of restorative gardens for veterans and families.

"The ACE study published in the American Journal of Preventive Medicine found that both the prevalence and risk increased for severe obesity, physical inactivity, depressed mood and suicide attempts as the number of childhood exposures to trauma increased."

Mercola. (2008). Scientific proof that your childhood traumas are a major factor in all your illnesses.

"T'ai chi has been tested in dozens of studies, and the findings suggest that it can help people with conditions ranging from heart failure to osteoporosis to fibromyalgia. Now it seems that Parkinson's disease can be added to that list."

"After six months, the patients who did t'ai chi performed better on tests designed to measure balance and the ability to control movement than the patients in the other two groups."

"T'ai chi would have special therapeutic value for people with the disease. T'ai chi movements involve subtle shifts in weight, maintaining a relaxed but upright posture, and rotating the trunk, all of which can help with balance. Practicing controlled movement would seem to help the tremors and other extraneous movement."

Tai chi helps Parkinson's patients with balance, movement. (2012). *Harvard Health Letter*, *37*(6), 3.

"Nordic walking training, had a better posture and postural stability, showed less freezing, and were faster in alternating movements. NW was superior to walking and the flexibility and relaxation program in improving postural instability, gait pattern, stride length, and stride length variability."

"As long as the patients are cognitively intact and do not have marked postural instability, they are immediately able to walk faster and with long steps…Another positive effect was the reduction of pain, especially of musculoskeletal pain (in PD patients)."

"Patients participated in **a** 6-month study with 3 exercise sessions per week, each lasting 70 min. Assessment after completion of the training showed that pain was reduced in all groups, and balance and health-related quality of life were improved. Furthermore, **walking**, and **Nordic walking** improved stride length, gait variability, maximal **walking** speed, exercise capacity at submaximal level, and PD **disease**-specific disability on the UPDRS in addition. **Nordic walking** was superior to the **flexibility** and **relaxation programme** and **walking** in improving postural stability, stride length, gait pattern and gait variability."

Reuter, I., Mehnert, S., Leone, P., Kaps, M., Oechsner, M., & Engelhardt, M. (2011). Effects of a flexibility and relaxation programme, walking, and nordic walking on Parkinson's disease. *Journal Of Aging Research*, *2011*232473. doi:10.4061/2011/232473

The first randomized controlled trial (RCT) of any intervention with war-traumatized children and the first RCT of a successful, comprehensive mind-body approach with any traumatized population

Gordon, James S., Staples, Julie K., Blyta, Afrim, Bytyqi, Murat and Wilson, Amy T. **Treatment of Posttraumatic Stress Disorder in Postwar Kosovar Adolescents Using Mind-Body Skills Groups: A Randomized Controlled Trial.** Journal of Clinical Psychiatry, 2008 Sep;69 (9):1469-76.

This study demonstrates that the Center's groundbreaking model can be used to produce **highly significant and lasting changes** in levels of posttraumatic stress symptoms including flashbacks, nightmares, withdrawal and numbing in highly traumatized children, who lived in an area of Kosovo where in 1999 90% of the homes were burned and bombed and 20% of the children lost one or both parents.

A study showing mind-body skills groups reduced symptoms of PTSD, depression and feelings of hopelessness in Palestinian children and adolescents

Staples JK, Abdel Attai JA, Gordon JS. **Mind-body skills groups for posttraumatic stress disorder and depression symptoms in Palestinian children and adolescents in Gaza.** *International Journal of Stress Management*, Vol 18(3), Aug 2011, 246-262. doi: 10.1037/a0024015

It is noteworthy that improvements were maintained at a 7 month follow-up despite ongoing economic hardship and conflict.

Studies by Dr. Bessel van der Kolk, along with David Emerson and others, at The Trauma Center at Joint Research Institute, show that there are ways to not only bring yoga to those who have endured complex trauma, but that the results are quite incredible. Results of heart-rate variability, CAPS measurements and even fMRI brain scans show the dramatic improvement of those with PTSD after just ten 30- to 60-minute weekly yoga sessions.

Bessell A van der Kolk, MD is Professor of Psychiatry at the Boston University School of Medicine; Medical Director at the Trauma Center at JRI; past president of the International Society for Traumatic Stress Studies; Director of the Complex Child Trauma Treatment Network; author of *Psychological Trauma*; editor of *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society.*

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*Added February 22, 2013

"North Dakota's public mental health system provides services to only 29% of adults who live with serious mental illnesses in the state."

National Institute of Mental Health. "Suicide in the U.S.: Statistics and Prevention." 2009.

Meditation practices have various health benefits including the possibility of preserving cognition and prevention dementia. While the mechanisms remain investigational, studies show that meditation may affect multiple pathways that could play a role in brain aging and mental fitness."

Xiong, G.L. & Doraiswamy, P.M. "Does meditation enhance cognition and brain plasticity?" *Department of Psychology & Behavioral Sciences,* University of California.

"The primary outcome measure recorded pain using aVisual Analogue Scale (VAS). A significant ($p<0.0001$) and clinically important decrease in pain intensity was observed in both groups compared with baseline. Median VAS scores were reduced by 50% following treatment, and maintained for up to 12 weeks. Significant decreases were also observed for fatigue,

depression, disability, spasm, and quality of life. In conclusion, precision reflexology was not superior to sham, however both treatments offer clinically significant improvements for MS symptoms via a possible placebo effect or stimulation of reflex point in the feet using non-specific massage."

Hughes, C. M., Smyth, S. S., & Lowe-Strong, A. S. (2009). Reflexology for the treatment of pain in people with multiple sclerosis: a double-blind randomised sham-controlled clinical trial. *Multiple Sclerosis (13524585)*, *15*(11), 1329-1338. doi:10.1177/1352458509345916

"There was a significant improvement in family members' assessment of participant social interactions in the music therapy group relative to the control group. The staff rated participants in the music therapy group as more actively involved and cooperative in therapy than those in the control group. There was a trend suggesting that self-rating and family ratings of mood showed greater improvement in the music group than in the control group."

Nayak, S., Wheeler, B.L., Shiflett, S.C, and Agostinelli, S. (2000). Effect of music therapy on mood and social interaction among individuals with acute traumatic brain injury and stroke. *Rehabilitation Psychology, 45(3),* 274-283.

"Singing is a motivating therapeutic medium for patients in neurorehabilitation. Singing exercises may bypass the conscious thought processes involved in more cognitive, traditional speech therapy interventions often used in dysarthria rehabilitation. Clinicians may also expect greater fluency and enhanced spontaneity in speech production when using musical exercises."

Tamplin, J. and Grocke, D. (2008). A music therapy treatment protocol for acquired dysarthria rehabilitation. *ProQuest Psychology Journals, 26(1),* 23.

"Apathy commonly occurs after acquired brain impairment. It is characterized by impaired initiative, diminished activity, and lack of concern."

"This systematic review identifies and assesses the efficacy of non-pharmacological treatments for apathy following four types of acquired brain impairment (TBI, demetia, cerebrovascular accident, and encephalitis.)"

"For those with severe impairments, the strongest evidence suggested music therapy and for milder impairment, the strongest evidence was for cognitive rehabilitation."

Lane-Brown, A.T and Tate, R.L. (2009). Apathy after acquired brain impairment: a systematic review of non-pharmacological interventions. *Psychology Press, 19(4),* 481-516.

"The results suggest that rhythmic stimulation (RAS) may be beneficial for improving gait velocity, cadence, stride length, and gait symmetry. Their results were based on two studies that received a low risk of bias score. There were insufficient data to examine the effect of music therapy on other outcomes."

Bradt, J., Magee, W.L., Dileo, C., Wheeler, B.L., & McGilloway, E. (2010). Music therapy for acquired brain injury (review). *The Cochrane Collaboration, 7.*

"Important implication (from this study) might be that activities which promote relaxation and enjoyment should be included in the rehabilitation of people with stress-related disorders since experiences from these activities seemed to facilitate occupational balance in everyday life."

Eriksson, T., Karlström, E., Jonsson, H., & Tham, K. (2010). An exploratory study of the rehabilitation process of people with stress-related disorders. *Scandinavian Journal of Occupational Therapy, 17,* 29-39.

"TBI exercisers reported fewer symptoms, and their self-reported health status was better than the non-exercising individuals with TBI."

(1998). The benefits of exercise in individuals with traumatic brain injury: a retrospective study. *J Head Trauma Rehabil, 13(4),* 58-67.

"In the presence of a limb injury, patients who suffered a TBI had a 6.4 greater risk of psychiatric disorders at 1 year, and a 4-fold greater risk of depression in particular, compared to patients without a limb injury."

Gould, K.R., Ponsford, J.L., Johnston, L., & Schönberger, M. (2011). Predictive and associated factors of psychiatric disorders after traumatic brain injury: a prospective study. *Journal of Neurotrauma (110613150039035),* DOI: 10.1089/neu.2010.1528

"People with brain injury made significant gains in walking and running after participation in a 3-month high level exercise program. The program ran twice weekly and consisted of strengthening and agility exercises, pre-running and running drills in addition to a home gym or exercise plan."

Williams, G.P. and Morris, M.E. (2009). *Brain Injury, 23(4),* 307-312.

"The most important thing to know about people who have experienced a brain injury is that each person is different (just as each was, prior to the injury)."

Person-Centered Planning, Dr. Wayne A. Gordon

"Survivors of a severe brain injury are likely to experience prolonged anxiety and depression, and are at high risk for loss of friendships and social support."

Morton, M.V. and Wehman, P. (1995). Psychology and emotional sequaelae of individuals with traumatic brain injury: a literature review and recommendations. *Brain Injury, 9(1),* 81-92.

"An estimated of medical and non-medical (e.g. home modifications, vocational rehabilitation, health insurance) per TBI survivor averages $151,587."

Lewin-ICF. (1992). The cost of disorders of the brain, Washington D.C,: The national foundation for brain research [updated figures based on $44 billion in 1988 dollars as estimated by: W. Max, E.J. Mackenzie, & D.P. Rice (1991), Head injuries: cost and consequences. *Journal of Head Trauma Rehabilitation, 6,* 76-917.

4

Brain Injuries Remain Undiagnosed in Thousands of Soldiers

by T. Christian Miller, ProPublica, and Daniel Zwerdling, NPR, June 7, 2010, 8 p.m

STARS STRIPES.

William Fraas during occupational therapy at Mentis Neuro Rehabilitation Center in El Paso, Texas. Fraas survived several roadside blasts in Iraq, but suffered brain damage. (Blake Gordon/Aurora Photos)

WASHINGTON, D.C.--The military medical system is failing to diagnose brain injuries in troops who served in Iraq and Afghanistan, many of whom receive little or no treatment for lingering health problems, an investigation by ProPublica and NPR has found.

So-called mild traumatic brain injury has been called one of the wars' signature wounds. Shock waves from roadside bombs can ripple through soldiers' brains, causing damage that sometimes leaves no visible scars but may cause lasting mental and physical harm.

Officially, military figures say about 115,000 troops have suffered mild traumatic brain injuries since the wars began. But top Army officials acknowledged in interviews that those statistics likely understate the true toll. Tens of thousands of troops with such wounds have gone uncounted, according to unpublished military research obtained by ProPublica and NPR.

"When someone's missing a limb, you can see that," said Sgt. William Fraas, a Bronze Star recipient who survived several roadside blasts in Iraq. He can no longer drive, or remember simple lists of jobs to do around the house. "When someone has a brain injury, you can't see it, but it's still serious."

In 2007, under enormous public pressure, military leaders pledged to fix problems in diagnosing and treating brain injuries. Yet despite the hundreds of millions of dollars pumped into the effort since then, critical parts of this promise remain unfulfilled.

Over four months, we examined government records, previously undisclosed studies, and private correspondence between senior medical officials. We conducted interviews with scores of soldiers, experts and military leaders.

Among our findings:

- From the battlefield to the home front, the military's doctors and screening systems routinely miss brain trauma in soldiers. One of its tests fails to catch as many as 40 percent of concussions, a recent unpublished study concluded. A second exam, on which the Pentagon has spent millions, yields results that top medical officials call about as reliable as a coin flip.
- Even when military doctors diagnose head injuries, that information often doesn't make it into soldiers' permanent medical files. Handheld medical devices designed to tra smit data have failed in the austere terrain of the war zones. Paper records from Iraq a d Afghanistan have been lost, burned or abandoned in warehouses, officials say, when no one k ew where to ship them.
- Without diagnosis and official documentation, soldiers with head wounds have had to battle for appropriate treatment. Some received psychotropic drugs instead of rehabilitative therapy that could help retrain their brains. Others say they have received no treatment at all, or have been branded as malingerers.

In the civilian world, there is growing consensus about the danger of ignoring head trauma: Athletes and car accident victims are routinely tested for brain injuries and are restricted from activities that could result in further blows to the head.

But the military continues to overlook similarly wounded soldiers, a reflection of ambivalence about these wounds at the highest levels, our reporting shows. Some senior Army medical officers remain skeptical that mild traumatic brain injuries are responsible for soldiers' troubles with memory, concentration and mental focus.

Civilian research shows that an estimated 5 percent to 15 percent of people with mild traumatic brain injury have persistent difficulty with such cognitive problems.

"It's obvious that we are significantly underestimating and underreporting the true burden of traumatic brain injury," said Maj. Remington Nevin, an Army epidemiologist who served in Afghanistan and has worked to improve documentation of TBIs and other brain injuries. "This is an issue which is causing real harm. And the senior levels of leadership that should be responsible for this issue either don't care, can't u derstand the problem due to lack of experience, or are so disengaged that they haven't fixed it."

When Lt. Gen. Eric Schoomaker, the Army's most se ior medical officer, learned that NPR and ProPublica were asking questions about the military's handling of traumatic brain injuries, he initially instructed local medical commanders not to speak to us.

"We have some obvious vulnerabilities here as we have worked to better understand the nature of our soldiers' injuries and to manage them in a standardized fashion," he wrote in an e-mail sent to bases across the country. "I do not want any more interviews at a local level."

When confronted with the findings later, however, he acknowledged shortcomings in the military's diagnosing and documenting of head traumas.

"We still have a big problem and I readily admit it," said Schoomaker, the Army's surgeon general. "That is a black hole of information that we need to have closed."

Brig. Gen. Loree Sutton, who oversees brain injury issues for the Pentagon, said the military had made great strides in improving attitudes towards the detection and treatment of traumatic brain injury.

The military is considering implementing a new policy to mandate the temporary removal from the battlefield of soldiers exposed to nearby blasts. Later this year, the Pentagon expects to open a cutting-edge center for brain and psychological injuries, which will treat about 500 soldiers annually.

"This journey of cultural transformation, it is a journey not for the faint of heart," Sutton said. "At the end of our journeys, at the end of our travels, what we must ensure is, we must ensure that we have consistent standards of excellence across the board. Are we there yet? Of course we're not there yet."

Soldiers like Michelle Dyarman wonder what's taking so long. Dyarman, a former major in the Army reserves, was involved in two roadside bomb attacks and a Humvee accident in Iraq in 2005.

Today, the former dean's list student struggles to read a newspaper article. She has pounding headaches. She has trouble remembering the address of the farmhouse where she grew up in the hills of central Pennsylvania.

For years, Dyarman fought with Army doctors who did not believe that she was suffering lasting effects from the blows to her head. Instead, they diagnosed her with an array of maladies from a headache syndrome to a mood disorder.

"One of the first things you learn as a soldier is that you never leave a man behind," said Dyarman, 45. "I was left behind."

In 2008, after Dyarman retired from the Army, Veterans Affairs doctors linked her cognitive problems to her head traumas.

Dyarman has returned to her civilian job inspecting radiological devices for the state, but colleagues say she turns in reports with lots of blanks; they cover for her.

Dyarman's 67-year-old father, John, looks after her at home, balancing her checkbook, reminding her to turn the oven on before cooking. The joyful, bright child he raised, the first in the family to attend college, is gone, forever gone.

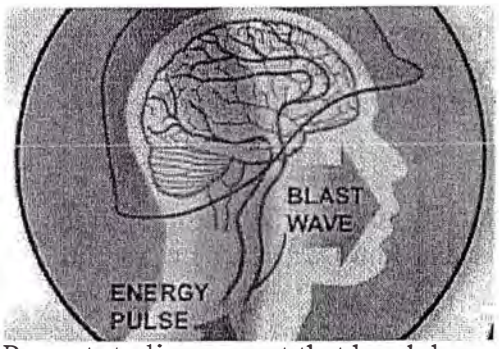
"It hurts me, too," he said, growing upset as he spoke. "That's my daughter sitting there, all screwed up. She's not the kid she was."

Walkie Talkies

Better armor and battlefield medicine mean troops survive explosions that would have killed an earlier generation. But blast waves from roadside bombs, insurgents' most common weapon, can still damage the brain.

The shock waves can pass through helmets, skulls and through the brain, damaging its cells and circuits in ways that are still not fully understood. Secondary trauma can follow, such as sending a soldier tumbling inside a vehicle or hurling into a wall, shaking the brain against the skull.

Not all brain injuries are alike; Doctors classify them as moderate or severe if patients are knocked unconscious for more than 30 minutes. The signs of trauma are obvious in these cases and medical scanning devices, like MRIs, can detect internal damage.



Click to see how war blasts damage the brain. (Al Granberg for ProPublica)

But the most common head injuries in Iraq and Afghanistan are so-called mild traumatic brain injuries. These are harder to detect. Scanning devices available on the battlefield typically don't show any damage. Recent studies suggest that breakdowns occur at the cellular level, with cell walls deteriorating and impeding normal chemical reactions.

Doctors debate how best to categorize and describe such injuries. Some say the term mild traumatic brain injury best describes what happens to the brain. Others prefer to use concussion, insisting the word carries less stigma than brain injury.

Whatever the description, most soldiers recover fully within weeks, military studies show. Headaches fade, mental fogs clear and they are back on the battlefield.

For a minority, however, mental and physical problems can persist for months or years. Nobody is sure how many soldiers who suffer mild traumatic brain injury will have long-term repercussions. Researchers call the 5 percent to 15 percent of civilians who endure persistent symptoms the "miserable minority."

A study published last year in the Journal of Head Trauma Rehabilitation found that, of the 900 soldiers in one battle-hardened Army brigade who suffered brain injuries, most of them mild, almost 40 percent reported having at least one symptom weeks or months later.

The long-term effects of mild traumatic brain injuries can be devastating, belying their name. Soldiers can endure a range of symptoms, from headaches, dizziness and vertigo to problems with memory and reasoning. Soldiers in the field may react more slowly. Once they go home, some commanders who led units across battlefields can no longer drive a car down the street. They can't understand a paragraph they have just read, or comprehend their children's homework. Fundamentally, they tell spouses and loved ones, they no longer think straight.

Such soldiers are sometimes called "walkie talkies" -- unlike comrades with missing limbs or severe head wounds, they can walk and talk. But the cognitive impairments they face can be severe.

"These are people who go on to live" with "a lifelong chronic disability," said Keith Cicerone, a leading researcher in the field. "It is going to be terrifically disruptive to their functioning."

An increasing number of brain-injury specialists say the best way to treat patients with lasting symptoms is to get them into cognitive rehabilitation therapy as soon as possible. That was the consensus recommendation of 50 civilian and military experts gathered by the Pentagon in 2009 to discuss how to treat soldiers.

Such therapy can retrain the brain to compensate for deficits in memory, decision-making and multitasking.

A soldier whose injuries are not diagnosed or documented misses out on the chance to get this level of care -- and the hope for recovery it offers, say veterans advocates, soldiers and their families.

"Talk is cheap. It is easy to say we honor our servicemen," said Cicerone, who has helped the military develop recommendations for appropriate treatments for soldiers with brain injuries. "I don't think the services that we are giving to those servicemen honors those servicemen."

Missing Records

The military's handling of traumatic brain injuries has drawn heated criticism before.

ABC News reporter Bob Woodruff is carried on a stretcher from a bus to a medical evacuation plane at Ramstein airbase, southern Germany, on Jan. 31, 2006. (Michael Probst/AP Photo)

ABC News reporter Bob Woodruff chronicled the difficulties soldiers faced in getting treatment for head traumas after recovering from one himself, suffered in a 2006 roadside bombing in Iraq. The following year, a Washington Post series about substandard conditions at Walter Reed Army Medical Hospital described the plight of several soldiers with brain injuries.

Members of Congress responded by dedicating more than $1.7 billion to research and treatment of traumatic brain injury and post-traumatic stress, a psychological disorder common among soldiers returning from war. They passed a law requiring the military to test soldiers' cognitive functions before and after deployment so brain injuries wouldn't go undetected.

But leaders' zeal to improve care quickly encountered a host of obstacles. There was no agreement within the military on how to diagnose concussions, or even a standardized way to code such incidents on soldiers' medical records.

Good intentions banged up against the military's gung ho culture. To remain with comrades, soldiers often shake off blasts and ignore symptoms. Commanders sometimes ignore them, too, under pressure to keep soldiers in the field. Medics, overwhelmed with treating life-threatening injuries, may lack the time or training to recognize a concussion.

The NPR and ProPublica investigation, however, indicates that the military did little to overcome those battlefield hurdles. They waited for soldiers to seek medical attention, rather than actively seeking to evaluate those in blasts.

The military also has repeatedly bungled efforts to improve documentation of brain injuries, the investigation found.

Several senior medical officers said soldiers' paper records were often lost or destroyed, especially early in the wars. Some were archived in storage containers, then abandoned as medical units rotated out of the war zones.

Lt. Col. Mike Russell, the Army's senior neuropsychologist, said fellow medical officers told him stories of burning soldiers' records rather th n leaving them in Iraq where anyone might find them.

"The reality is that for the first several years in Iraq everything was burned. If you were trying to dispose of something, you took it out and you put it in a burn pan and you burned it," said Russell, who served two tours in Iraq. "That's how things were done."

To improve recordkeeping, medics began using pricey handheld devices to track injuries electronically. But they often broke or were unable to connect with the military's stateside databases because of a lack of adequate Internet bandwidth, said Nevin, the Army epidemiologist.

"These systems simply were not designed for war the way we fight it," he said.

In 2007, Nevin began to warn higher-ups that information was being lost. His concerns were ignored, he said. While communications have improved in Iraq, Afghanistan remains a concern.

That same year, clinicians interviewed soldiers about whether they had suffered concussions for an unpublished Army analysis, which was reviewed by NPR and ProPublica. They found that the military files showed no record of concussions in more than 75 percent of soldiers who reported such injuries to the clinicians.

Nevin said that without documentation of wounds, soldiers could have trouble obtaining treatment, even when they report they can't think, or read, or comprehend instructions normally anymore.

Doctors might say, "there's no evidence you were in a blast," Nevin said. "I don't see it in your medical records. So stop complaining."

Problems documenting brain injuries continue.

Russell said that during a tour of Iraq last year, he examined five soldiers the day after they were injured in a January 2009 rocket attack. The medical staff had noted shrapnel injuries, but Russell said they failed to diagnose the soldiers' concussions.

The symptoms were "classic," Russell said. The soldiers had "dazed" expressions, and were slow to respond to questions.

"I found out several of them had significant gaps in their memory," Russell said. "It wasn't clear how long they were unconscious for, but the last thing they remember is they were playing video games. The next hing they remember, they are outside the trailer."

Another doctor told NPR and ProPublica of finding soldiers with undocumented mild traumatic brain injuries in Afghanistan as recently as February 2010.

"It's still happening, there's no doubt," said the military doctor, who did not want to be named for fear of retribution

Screened Out

After the Walter Reed scandal, the military instituted a series of screens to better identify service members with brain injuries. Soldiers take an exam before deploying to a war zone, another after a possible concussion in theater, and a third after returning home.

But each of these screens has proved to have criticalfl aws.

The military uses an exam called the Automated Neuropsychological Assessment Metrics, or ANAM, to establish a baseline for soldiers' cognitive abilities. The ANAM is composed of 29 separate tests that measure reaction times and reasoning capabilities. But the military, looking to streamline the process, decided to use only six of those tests.

Doubts immediately arose about the exam, which had never been scientifically validated. Schoomaker, the Army surgeon general, recently told Congress that the ANAM was "fraught with problems" and that "as a screening tool," it was "basically a coin flip."

Military clinicians have administered the exam to more than 580,000 soldiers, costing the military millions of dollars per year, but have accessed the results for diagnostic purposes only about 1,500 times.

Rep. Bill Pascrell Jr., D-N.J., who has led efforts to improve the treatment and study of brain injuries, accused the military of ignoring the Congressional directive.

"We are not doing service to our bravest," Pascrell said. "There needs to be a sense of urgency on this issue. We are not doing justice."

Once in theater, soldiers are supposed to take the Military Acute Concussion Evaluation, or MACE, to check for cognitive problems after blasts or other blows to the head.

Sgt. Victor Medina uses the hand cycle during his occupational therapy session. (Blake Gordon/Aurora Photos)

But in interviews, soldiers said they frequently gamed the test, memorizing answers beforehand or getting tips from the medics who administer it.

Just last summer, Sgt. Victor Medina was leading a convoy in southern Iraq when a roadside bomb exploded. He was knocked unconscious for 20 minutes.

Afterwards, Medina had trouble following what other soldiers were saying. He began slurring his words. But he said the medic helped him to pass his MACE test, repeating questions until he answered them correctly.

"I wanted to be back with my soldiers," he said. "I didn't argue about it.".

Senior military officials said problems with the MACE were common knowledge.

"There's considerable evidence that people were being coached or just practicing," said Russell, the senior neuropsychologist. "They don't want to be sidelined for a concussion. They don't want to be taken out of play."

If cases of brain trauma get past the battlefield screen, a third test -- the post-deployment health assessment, or PDHA -- is supposed to catch them when soldiers return home.

But a recent study, as yet unpublished, shows this safety net may be failing, too.

When soldiers at Fort Carson, Colo., were given a more thorough exam bolstered by clinical interviews, researchers found that as many as 40 percent of them had mild traumatic brain injuries that the PDHA had missed.

In a 2007 e-mail, a senior military official bluntly acknowledged the shortcomings of PDHA exams, describing them as "coarse, high-level screening tools that are often applied in a suboptimal assembly line manner with little privacy" and "huge time constraints."

Col. Heidi Terrio, who carried out the Fort Carson study, said the military's screens must be improved.

"It's our belief that we need to document everyone who sustained a concussion," she said. "It's for the benefit of the Army and the benefit of the family and the soldier to get treatment right away."

Gen. Peter Chiarelli, the Army's second in command, acknowledged that the military has not made the progress it promised in diagnosing brain injuries.

"I have frustration about where we are on this particular problem," Chiarelli said.

Fundamentally, he said, soldiers, military officers and the public needed to take concussions seriously.

"We've got to change the culture of the Army. We've got to change the culture of society," he said, adding later, "We don't want to recognize things we can't see."

Skeptics

The shift Chiarelli envisions may be impossible without buy-in from senior military medical officials, some of whom are skeptical about the long-term harm caused by mild traumatic brain injuries.

One of Schoomaker's chief scientific advisors, retired Army psychiatrist Charles Hoge, has been openly critical of those who are predisposed to attribute symptoms like memory loss and concentration problems to mild traumatic brain injury.

In 2009, he wrote a opinion piece in the New England Journal of Medicine that said the "illusory demands of mild TBI" might wind up hobbling the military with high costs for unnecessary treatment. Recently, Hoge questioned the importance of even identifying mild traumatic brain injury accurately.

"What's the harm in missing the diagnosis of mTBI?" he wrote to a colleague in an April 2010 e-mail obtained by NPR and ProPublica. He said doctors could treat patients' symptoms regardless of their underlying cause.

In an interview, Hoge said, "I've been concerned about the potential for misdiagnosis, that symptoms are being attributed to mild traumatic brain injury when in fact they're caused by other" conditions. He noted that a study he conducted, published in the New England Journal of Medicine, "found that PTSD really was the driver of symptoms. That doesn't mean that mTBI isn't important. It is important. It's very important."

Other experts called Hoge's posture toward mild TBI troubling.

To be sure, brain injuries and PTSD sometimes share common symptoms and co-exist in soldiers, brought on by the same terrifying events. But treatments for the conditions differ, they said. A typical PTSD program, for instance, doesn't provide cognitive rehabilitation therapy or

treat balance issues. Sleep medication given to someone with nightmares associated with PTSD might leave a brain-injured patient overly sedated, without having a therapeutic effect.

"I'm always concerned about people trivializing and minimizing concussion," said James Kelly, a leading researcher who now heads a cutting-edge Pentagon treatment center for traumatic brain injury. "You still have to get the diagnosis right. It does matter. If we lump everything together, we're going to miss the opportunity to treat people properly."

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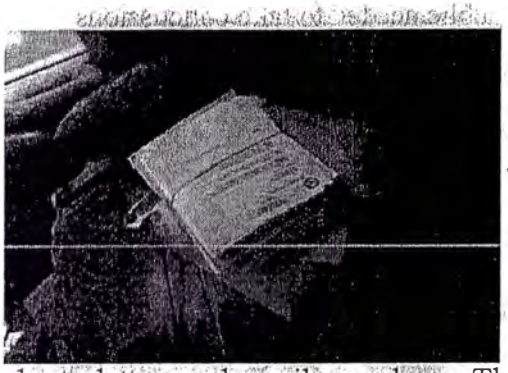

The letters and medical documents Michelle Dyarman has collected over the past five years as she fought to be diagnosed and treated for her traumatic brain injury. (David Gilkey/NPR)

At her family farm outside Hanover, Pa., Michelle Dyarman has a large box overflowing with medical charts, letters and manila envelopes. They are the record of her fight over the past five years to get diagnosis and treatment for her traumatic brain injury.

After her last roadside blast in Baghdad, which killed two colleagues, Dyarman wound up at Walter Reed for treatment of post-traumatic stress.

Over the course of two and a half years, she received drugs for depression and nightmares. She got physical therapy for injuries to her back and neck. A rehabilitation specialist gave her a computer program to help improve her memory.

But it wasn't until she began talking with fellow patients that she heard the term mild traumatic brain injury. As she began to research her symptoms, she asked a neurologist whether the blasts might have damaged her brain.

Records show the neurologist dismissed the notion that Dyarman's "minor head concussions" were the source of her troubles, and said her symptoms were "likely substantially attributable" to PTSD and migraine headaches.

"It was disappointing," she said. "It felt like nobody cared."

When she was later given a diagnosis of traumatic brain injury by Veterans Affairs doctors, she said she felt vindicated, yet cheated all at once.

"I always put the military first, even before my family and friends. Now looking back, I wonder if I did the right thing," she said. "I served my country. Now what's my country doing for me?"

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From The New York Times 9/26/12

For Veterans, a Surge of New Treatments for Trauma

By TINA ROSENBERG

Suicide is now the leading cause of death in the army. More soldiers die by suicide than in combat or vehicle accidents, and rates are rising: July, with 38 suicides among active duty and reserve soldiers, was the worst month since the Army began counting. General Lloyd Austin III, the army's second in command, called suicide "the worst enemy I have faced in my 37 years in the army." This Thursday, the Army is calling a "Suicide Stand-Down." All units will devote the day to suicide prevention.

There are many reasons a soldier will take his own life, but one major factor is post-traumatic stress.

Anyone who undergoes trauma can experience post-traumatic stress disorder — victims of rape and other crimes, family violence, a car accident. It is epidemic, however, among soldiers,

especially those who see combat. People with PTSD re-experience their trauma over and over, with nightmares or flashbacks. They are hyperaroused: the slam of a car door at home can suddenly send their minds back to Iraq. And they limit their lives by avoiding things that can bring on the anxiety — driving, for instance, or being in a crowd.

PTSD has affected soldiers since war began, but the Vietnam War was the first in which the American military started to see it as a brain injury rather than a sign of cowardice or shirking. A study of Vietnam vets 20 years after the conflict found that a quarter of vets who served in Vietnam still had full or partial PTSD.

America's current wars may create even more suffering for those who fought them. In the Afghanistan and Iraq conflicts soldiers have been returned to these wars again and again, and they face a deadly new weapon — improvised explosive devices, or I.E.D.'s — which cause brain injuries that, terrible in themselves, also seem to intensify PTSD. "We surmise PTSD will be worse," said Dr. James Kelly, the director of the National Intrepid Center of Excellence, which studies and treats the intersection of PTSD and traumatic brain injury. "Some people are on their 10th deployment. Previously, people didn't have those doses. And there are multiple blast exposures and other blunt blows to the head. This kind of thing is new to us."

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When we think about treating PTSD, we usually picture a single patient and a psychotherapist. The two treatments in widest use are, in fact, just that: cognitive processing therapy, where patients learn to think about their experiences in a different way, and prolonged exposure, in which the therapist guides the patient through re-experiencing his trauma again and again, to teach the brain to process it differently.

These therapies help a lot of veterans — about 40 percent of those who go through treatment are cured. But there are many, many more suffering veterans who are not helped. It's not just that these treatments don't work for everyone — no therapy does. More important, they are not broad enough. PTSD is often accompanied by and entwined with other serious problems — depression, sleep disorders, chronic pain and substance abuse. Sometimes these resolve if the PTSD does, but often they require specific attention — which the standard PTSD therapies don't provide.

There is another way these treatments need broadening — they need to reach more people. The military and Veterans Affairs hospitals do not have enough psychotherapists to offer them on the necessary scale. And many soldiers are wary of psychotherapy and afraid of the stigma it carries.

Today, the military is fighting that stigma. The V.A. is trying to integrate mental health care into primary health care; soldiers are now routinely screened for issues like PTSD, depression or substance abuse. A public awareness campaign called AboutFace features dozens of vets talking about their PTSD and how they got better — the point is: they are people just like you. A new program called Comprehensive Soldier and Family Fitness builds in resilience training for all soldiers at every phase — pre-deployment, in theater, upon return. It seeks to make regular mental health exercises as routine for soldiers as physical training.
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According to a recent report by the National Academy of Sciences' Institute of Medicine, since 2005, the Pentagon and the V.A. have greatly increased funding for PTSD research. The V.A. has added 7,500 full-time mental health staff members and trained 6,600 clinicians to do cognitive processing and prolonged exposure therapies. Starting in 2008, all large V.A. clinics were required to have mental health providers onsite. The V.A. also added more centers that offer free, confidential counseling. Mobile centers bring counselors (themselves combat vets) to rural areas where other counseling is scarce.

All this effort however, is falling short. Only about 10 percent of those getting mental health care in the V.A. system are veterans of Iraq or Afghanistan — a vast majority of those treated are still Vietnam veterans. But some 2.4 million soldiers have been through Iraq and Afghanistan. The RAND Corporation's Center for Military Health Policy Research did a telephone survey of vets from these conflicts and found that one-third were currently affected by PTSD or depression or report exposure to a traumatic brain injury — and about 5 percent had all three. RAND also found that only half of those who reported symptoms of major depression or PTSD had sought any treatment in the past year.

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Individual therapy is not the only way to treat PTSD. In January, a young man with the nickname of Trin (he asked that his real name not be published) sat down in a small, drab, room at a Veterans Affairs clinic in New Orleans with nine other men. All were veterans — of Iraq, Afghanistan, Operation Desert Storm or Vietnam; Trin had served in Iraq. All had PTSD. The men took chairs facing each other around tables pushed into a square, along with two women, who were running the group.

The facilitators asked everyone to do three drawings: of how they felt, where they were and where they wanted to be. Trin drew himself with no facial features. The next week, the facilitators put on some music and everyone stood up, faced a wall, and bounced to it. At other sessions they took large sheets of paper and colored in their family trees, with different colors for divorces, early deaths, conflicted relationships. And at almost every meeting over 10 weeks, they practiced conscious breathing and mindfulness.

"When they asked us to draw and color, people were rolling their eyes," Trin said. "We had older gentlemen, and some people might have thought this is kind of soft — not my lane."

Trin was anxious, cold and short-tempered. He was drinking a lot. Before starting this group, Trin had tried individual therapy, with no success. "My psychiatrist would ask a question and I would answer it," he said. "It was like talking to a wall. He didn't understand what I had gone through." He gave Trin a prescription for an anti-anxiety drug, which helped a little.

When Trin heard about the group, he quickly volunteered. By session five — the midpoint — he was sure it was helping. His sleep improved. The breathing exercises were things he could use to calm down. And having the group itself helped — men who had been through what he had gone through. On the last day, the group passed around stones — one for each participant. When your
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stone was passed around, each group member had to say something nice about you. "We put all that energy and kindness into each stone," said Trin. He carries his in his pocket.

Trin's program is a 10-week course designed by the Washington-based Center for Mind-Body Medicine. It is one of perhaps half a dozen different kinds of alternative therapies being tried for PTSD in military and V.A. hospitals. This is the training I went through.

You name it, and it's being used somewhere in the veterans' health system: The National Intrepid Center in Washington is one of many places using acupuncture to treat stress-related anxiety and sleep disorders; it has been shown to be effective against PTSD. At the New Orleans V.A., the same clinicians who ran Trin's group also did a small study using yoga. They found vets liked it and attendance was excellent. The yoga reduced the veterans' hyperarousal and helped them sleep. There is even a group in the Puget Sound V.A. Hospital in Seattle that treats PTSD — including among Navy Seals — using the Buddhist practice of "loving kindness meditation." ("We had a little bit of debate about changing the name," said Dr. David Kearney, who led the group. "But we decided to keep it, and it worked out just fine.")

One of the most promising techniques is mindfulness, inspired by Buddhist teaching, which emphasizes awareness of the present moment in order to choose how to respond to thoughts, feelings and events. Dr. Amishi Jha at the University of Miami is working with the military to develop mindfulness-based training for soldiers before they deploy, and Dr. Kearney has done a very small study of the effect of mindfulness on PTSD.

The Center for Mind-Body Medicine's program — the one Trin did — is the most comprehensive of all of them, giving participants a variety of different strategies to choose from: breathing, meditation, guided visual imagery, bio-feedback, self-awareness, dance, self-expression, drawing. And it is the one with the strongest evidence that it works to cure PTSD. In a trial in a Kosovo high school, students with PTSD who did the 10-week program had significantly greater reductions in PTSD than a control group of students assigned to wait for the course. Other before-and-after studies (with no control group) in Gaza have found an 80 to 90 percent reduction in PTSD with the technique, and those results still held months later. This is significantly better than any currently used individual therapy.

The Mind-Body program is in use at various V.A. hospitals, military bases, and at the National Intrepid Center. In some places it is studied, as well. At the Minneapolis V.A. Health Care System, for example, the psychologists Beret Skroch and Margaret Gavian found that in a Mind-Body group of patients with numerous problems, about 80 percent showed improvement.

Trin's group in New Orleans is part of the first randomized controlled trial measuring the program's effect on PTSD among U.S. veterans. Researchers are still measuring whether the results lasted two months after the last session, but Dr. James S. Gordon, the founder and director of The Center for Mind-Body Medicine, said that the patients' improvement at the last session was "at least as good" as the individual therapies the V.A. uses, with significantly lower dropout rates.

If those results hold up, then mind-body medicine is a potentially valuable addition to the V.A.'s limited menu of widely used therapies. It is built for large scale: psychotherapists are welcome but not necessary. Some of the groups are run by lay people; in Kosovo, high school teachers ran the groups. In Gaza, Center staff have trained 420 group leaders and worked with 50,000 people. Gordon said the center is currently capable of giving 10-day training and support for 1500 group leaders a year.

Another advantage is that the program is broad-spectrum, showing success not only with PTSD, but depression, pain, sleep disorders and substance abuse. Dr. Barbara Marin, chief of addiction treatment services at Walter Reed National Military Medical Center, uses it there for patients with substance abuse problems. She calls it a "very effective" model. I studied with Dr. Marin!

Mind-body medicine and the other alternative therapies, moreover, may be more attractive to soldiers than the individual treatments, which have a 20 percent dropout rate. Both C.P.T. and prolonged exposure ask the patient to relive his trauma — an upsetting prospect for many soldiers. Some veterans avoid psychotherapy because they do not want to be singled out, judged and labeled deficient.

The alternative medicine groups, by contrast, have a dropout rate of virtually zero. Members can talk about their past trauma if they wish, but there is no pressure to do so. Instead, the groups are centered on the present, helping members to learn practical skills they can employ immediately. The facilitator does not sit in judgment — she's a participant in the group, sharing skills she might use herself for better sleep or stress reduction. Everyone, after all, can use help dealing with the stress of re-entry to civilian life. Going to a skills group instead of psychotherapy could remove much of the stigma of treatment.

Despite the vast increase in research money, studies of these skills groups have been small and isolated. Only randomized controlled trials are persuasive enough to get Washington to adopt a therapy on a wider scale, but these are too few and too slow, and starting new ones now would take years. It is time to take the most promising ideas and try them with thousands of people, not just a few dozen — and if they work, to expand them further. That is not cautious. But to continue with therapy as usual is to condemn hundreds of thousands of soldiers to a tour of duty without end.