

# **Commission on Veterans Affairs**



## **MEETING AGENDA**

Tuesday, March 21, 2023 6 p.m. – 7:30 p.m.

Wayne Miller, Chair – Bob Koffman, Vice-Chair

Join the meeting via Zoom

https://us06web.zoom.us/j/89690298672

# March 27 - National Vietnam War Veterans Day

If you want to call into the meeting, call 301-715-8592, use Meeting ID 896 9029 8672 followed by #. If an attendee would like to speak during the meeting, you can raise their hand if on video and Chair will recognize you or you can use the "hand raise" function under the reactions tab at bottom of page. If connecting via a smart phone, tablet or computer, please click on the middle of the page and the functions will be at the bottom of the page. Use the Zoom app to be able to access all functions, including raising your hand. If you are calling by phone, press \*9 to raise your hand. Those calling into the meeting can press \*6 to mute or unmute their phone.

- 6:00 Welcome, Pledge of Allegiance, Moment of Silence & POW/MIA Remembrance, Approval of February 2023 Meeting Minutes Introduction of Sam Korper, Liaison from the Commission on People with Disabilities Wayne Miller, Chair
- **6:05** "Reconsolidation of Traumatic Memories" Protocol Dr. Michael Roy, Walter Reed, and Dr. Greg Jolissaint, MD MS CPE, US Army Veteran (Infantry and Medical Corps)

PTSD is a long standing issue with Viet Nam Era Veterans, and it is also an issue with many Iraq and Afghanistan Veterans. There is a new, non-pharmacologic therapy being studied called the "Reconsolidation of Traumatic Memories" Protocol, and it is looking very favorable. 90% of patients were "cured" with 3 sessions and 5 hours of "talk therapy" during early research.

- 7:00 Updates from Commissioners
- 7:20 Commission Planning for Next Meeting Wayne Miller
- 7:30 Adjourn

**ADA Reasonable Accommodation:** If you need a sign language interpreter or any other reasonable accommodation to participate in this meeting, please contact betsy.luecking@montgomerycountymd.gov or 240-418-4865.

<sup>\*\*</sup>See duties on next page

# **Duties of the Commission on Veterans Affairs**

The Commission duties include:

- research, assemble, analyze and disseminate information and educational materials relating to activities and programs that will assist in meeting the needs of veterans and their families;
- 2. institute and conduct educational and other programs, meetings, and conferences to promote the rights and opportunities for veterans;
- 3. advise the Executive and the Council on the status of programs and services in the State and County related to the needs of veterans and their families; and
- 4. assist in planning appropriate public acknowledgement of the contributions made by veterans and assist in planning commemoration activities recognizing the contributions made by veterans.



# Montgomery County Commission on Veterans Affairs Meeting Summary Minutes March 21, 2023

## \*\*MEETING WAS HELD VIRTUALLY VIA ZOOM\*\*

#### Call to Order

Bob Koffman, Vice-Chair, welcomed everyone to the meeting of the Commission on Veterans Affairs (CVA). Dr. Koffman asked for all present to say the Pledge of Allegiance. He recognized prisoners of war and asked for a moment of silence for all of those who have given their lives and those who have been wounded for our country in the different conflicts in which our country has been engaged.

## **Approval of Minutes**

A motion was made to approve the February 2023 Meeting Summary Minutes. The motion was seconded. A vote was taken and the February 2023 Meeting Summary Minutes were unanimously approved. Approved minutes are available online at <a href="https://www.montgomerycountymd.gov/cva">www.montgomerycountymd.gov/cva</a>.

**Introduction of Sam Korper** – Betsy Luecking, Staff, introduced Sam as the new liaison from the Commission on People with Disabilities (CPWD). Sam is also a Vietnam veteran.

"RECONsolidation of Traumatic Memories to Resolve Posttraumatic Stress Disorder Study (RECON)" Protocol – Dr. Michael Roy, M.D., M.P.H., Director, Division of Military Internal Medicine, Uniformed Services University of the Health Sciences and U.S. Army Veteran, and Dr. Greg Jolissaint, M.D., MS CPE, U.S. Army Veteran (Infantry and Medical Corps)

**PowerPoint:** <a href="https://montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/CVA/RTMPPTMCCVA2023.pdf">https://montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/CVA/RTMPPTMCCVA2023.pdf</a>

Clinical Trial Information: https://clinicaltrials.gov/ct2/show/NCT03827057

Please review slides for presentation.

Posttraumatic Stress Disorder (PTSD) is a common cause of morbidity in combat veterans, but current treatments are often inadequate. Reconsolidation of Traumatic Memories (RTM) is a novel treatment that seeks to alter key aspects of the target memory (e.g., color, clarity, speed, distance, perspective) to make it less impactful, and reduce nightmares, flashbacks, and other features of PTSD. The memory is reviewed in the context of an imaginal movie theater, presenting a fast (~45 sec) black and white movie of the trauma memory, with further adjustment as needed so the patient can comfortably watch it. Open and waitlist studies of RTM have reported high response rates and rapid remission, setting the stage for this randomized, controlled, single-blind trial comparing RTM versus prolonged exposure (PE), the PTSD therapy with the strongest current evidence base.

The investigators hypothesize that RTM will be non-inferior to PE in reducing PTSD symptom severity post-treatment and at 1-year follow up; will achieve faster remission, with fewer dropouts; will improve cognitive function; and that epigenetic markers will correlate with treatment response. The investigators will randomize 108 active or retired service members (SMs) with PTSD to  $\leq$ 10 sessions of RTM or PE, affording power to test our hypotheses while allowing for  $\leq$  25% dropouts. The investigators will use an intent to treat analysis, and the Clinician Administered PTSD Scale for the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, or DSM5 (CAPS-5), conducted by blinded assessors, will be the primary outcome

measure. Secondary measures of depression (PHQ-9), anxiety (GAD-7), sleep (PSQI), and functional status (WHOQOL-100), will be assessed pre- and post-treatment, and at 2, 6, and 12 months. ANOVA will compare symptom severity over time within and between groups. The investigators will track comorbid TBI, anticipating it will not adversely impact response. More effective therapies for PTSD, with and without TBI, must be developed and evaluated. RTM is safe and promising but requires testing against evidence-based interventions in well-designed randomized clinical trials (RCTs). The full study can be conducted either in person or via secure video conferencing.

There have been five published studies so far that compare RTM to weightless controls or treatment as usual. These studies have demonstrated rapid responses and impressive response rates over the course of several sessions when resolving the PTSD diagnosis. In comparison, participants in PE or CPT therapies often are doing them for months or years and still have symptoms.

The floor was opened for questions.

Sam Korper, Liaison to CPWD, asked if the study takes into account non-combat related roles including nurses. Dr. Roy said the study absolutely does. He has worked with servicemembers with PTSD since Desert Storm. Some servicemembers such as cooks ended up with PTSD as they were asked to take on combat service supportive roles. Drone pilots can that have PTSD due to the tremendous guilt if civilians die as a result of a drone strike. There is also a lot of military sexual trauma for male and female servicemembers and veterans. Oftentimes, once trust and a rapport are established, the participant will acknowledge that sexual trauma is at the core. Sam also asked what the timeline is for publishing a draft of the final report. Dr. Roy said they hope to publish in 2024, but the time frame will depend on when the study achieves it's intended target of 108 participants.

Anneke Vandenbroek, Commissioner, asked if there will be trials to compare other modalities and if the study includes people on different medications. Dr. Roy said the treatments are randomized and as long as the sample size is large enough there should be a good representation. Many participants are on medications as well as a number of participants who have stopped their medications after treatment. Most of the work so far has been with military and veterans, but it could work equally well in civilians. Dr. Roy is not aware of any current clinical trials involving civilians.

Anneke asked if participants need to be enrolled in TRICARE or VA benefits to be eligible or if the study is open to all regardless of their discharge status. Dr. Roy reported that the study is being conducted by the Uniformed Services University (USU) and Walter Reed National Military Medical Center (WRNMMC). Participants are approved by either the USU or Walter Reed institutional review boards. USU allows veterans that are not eligible for DoD or VA care as long as they have proof of insurance. At WRNMMC, ineligible veterans must be approved by the hospital commander. Greg reported that new passage of rules within the VA that allows any veteran with any discharge status who has a mental health condition can visit any VA for their care may relax the criteria for this study. Some veterans receive a less than honorable discharge due to discipline after deployment that could have been attributed to untreated PTSD. Exclusion criteria is limited to bipolar disorder, active psychosis and suicidal and homicidal ideation.

Jameelah Johnson, Commissioner, asked if results of the therapy are shared with the VA. If a veteran reports as no longer having PTSD it could affect their compensation. Dr. Roy said effects of the therapy are not shared with the VA or added to their medical records. Participants are provided with results and a summary letter which the veteran can put in their records if they want.

Dr. Koffman asked about the durability of RTM therapy and how it affects moral injury. Dr. Roy reported they have been following participants out to 12 months after receiving therapy and it has shown to be quite durable. Moral injury is common and can be effectively addressed through the RTM approach.

Dr. Cynthia Macri, Commissioner, suggested that doctors in the VA's vocational rehabilitation program may be able to become trained to assist disabled veterans in the program.

Mike Subin, Commissioner, reported that he was given a service animal as a non-medicine treatment which has worked wonderful for his PTSD issues. He asked if servicemembers serving overseas in support of the war against Russia would be eligible to receive treatment. Dr. Roy said they are absolutely interested in making sure those servicemembers receive they care that they need. Very few RTM participants require medication after completing the therapy. He added that virtual reality therapy has also been shown to have good results with improvements in symptoms and with less dropouts as participants are very engaged.

Stan Seidel, Maryland Veterans Commission, suggested connecting with the Maryland Military Coalition as they can advocate at the Maryland General Assembly and seek funding. He also suggested giving a presentation to ServingTogether as it could be an opportunity to meet with other providers throughout the state.

Anneke asked about training. Dr. Roy explained the two and a half day training consists of a half day orientation and participants will go through the protocol at least three times. Certification is given after completion and it is expected that participants will promptly begin treating patients. It is required that participants treat at minimum two patients using the RTM protocl to become an RTM certified therapist. The R&R project provides a lot of support through once-a-week lunchtime sessions and chat sessions. Anneke suggested reaching out to Star Behavioral Health to have RTM added to their training program.

Referrals and interested participants can

## **Chair and Vice Chair Report**

Next Commission meeting is April 18 from 6pm to 7:30pm. Betsy reported a representative from the U.S. Census Bureau will be attending to have a discussion on the census, which does not include U.S. Public Health Services (USPHS) or the National Oceanic and Atmospheric Administration (NOAA) Commissioned Corps as veterans.

## **Updates / Announcements**

Wayne reported that the Silver Spring Vet Center (SSVC) will be hosting an event to honor Vietnam War and Vietnam-era veterans on March 27 from 11am to 1pm at the Knights of Columbus. Dale Tibbitts, Special Assistant to County Executive March Elrich, will be presenting a proclamation. Mission BBQ will be providing the food.

Wayne will be singing the National Anthem and God Bless the USA at the Gilchrist's Welcome Home Vietnam Veterans Day event held March 25 at Martin's West, 6817 Dogwood Road, Baltimore, MD 21244. The celebration honors the veterans in our care as well as all of the veterans in our community.

A National Vietnam Veterans War Day event will be held downtown at the Vietnam Wall on March 29.

Dr. Elwood Gray, Commissioner, reported Montgomery County Public Libraries will be hosting a book signing for Dog Tag, a community play by Dr. Gray, on March 29 at the Brigadier General Charles E. McGee Library in Silver Spring from 12pm to 1pm. Free food will also be available during the event.

Adjournment: 7:30pm

**Respectfully submitted:** Carly Clem, Administrative Specialist I; Betsy Luecking, Community Outreach Manager

Attendance on next page.

#### **Attendance**

Commissioners Present: Elwood Gray; Jameelah Johnson; Robert Koffman, Vice-Chair; Cynthia Macri;

Wayne Miller, Chair; Reggie Mitchell; Scott Schlesinger; Joanna Starling; Michael Subin; Anneke

Vandenbroek; Michael Wilson

Commissioners Absent: Josephine Bahn; Susan Webman

Non-Voting Congressional Representatives Present: Joseph Eyong (Congressman Jamie Raskin);

Austin Morris (Senator Chris Van Hollen); Ken Reichard (Senator Ben Cardin)

Non-Voting Congressional Representatives Absent: Vikki Garcia (Congressman John Sarbanes);

County Staff Present: Odile Brunetto, Chief, Aging & Disability Services, Department of Health and Human

Services (DHHS); Jen Hodge, Local Behavioral Health Authority, DHHS; Alexandra Zilcoski, DHHS

Commission Liaison: Sam Korper, Commission on People with Disabilities

Commission Staff Present: Betsy Luecking, Staff Liaison; Carly Clem, Program Specialist II

Public Present: Stan Seidel, Maryland Veterans Commission; Greg Jolissaint; Destiny Nettles,

ServingTogether; Michael Roy; Bill Gray; Niki Falzone; Cindy Buddington; Janet Ammerman; Anna Towns;

Norvell Van Coots; Charles Roe