

Bill as Introduced

SB 102 - AS AMENDED BY THE SENATE

02/23/11 0296s

2011 SESSION

11-0974
09/04

SENATE BILL **102**

AN ACT establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

SPONSORS: Sen. Carson, Dist 14; Sen. Barnes, Jr., Dist 17; Sen. Lambert, Dist 13; Rep. Baldasaro, Rock 3; Rep. Lundgren, Rock 3; Rep. Tamburello, Rock 3; Rep. Theberge, Coos 4

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill establishes a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

Explanation: Matter added to current law appears in *bold italics*.
Matter removed from current law appears [~~in brackets and struck through.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eleven

AN ACT establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Commission Established. There is established a commission to study the effects of service-
2 connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by
3 members of the armed forces and veterans.

4 2 Membership and Compensation.

5 I. The members of the commission shall be as follows:

6 (a) One member of the senate, who is a member of the health and human services
7 committee, appointed by the president of the senate.

8 (b) Two members of the house of representatives, one of whom is a member of the health,
9 human services and elderly affairs committee and one of whom is a member of the state-federal
10 relations and veterans affairs committee, appointed by the speaker of the house of representatives.

11 (c) One representative of the Veterans Administration Hospital who has expertise with
12 post-traumatic stress disorder and traumatic brain injury, appointed by the governor.

13 (d) One member representing the mental health profession, appointed by the governor.

14 (e) One member who specializes in neurology, appointed by the governor.

15 (f) One member representing the law enforcement profession, appointed by the governor.

16 (g) The commissioner of the department of health and human services, or designee.

17 (h) The director of the state veterans council, or designee.

18 (i) One representative of the New Hampshire Psychological Association, appointed by
19 the executive director of the association.

20 (j) One representative of the Brain Injury Association of New Hampshire, appointed by
21 such association.

22 (k) One representative of the governor's commission on disabilities, appointed by the
23 governor.

24 (l) One representative of the Disabilities Rights Center, appointed by the executive
25 director of the center.

26 (m) Two representatives of veterans organizations who serve on the state veterans'
27 advisory committee, appointed by the chairman of the state veterans' advisory committee.

28 II. Legislative members of the commission shall receive mileage at the legislative rate when
29 attending to the duties of the commission.

1 III. In appointing members to the commission, the appointing authorities shall give priority
2 to persons who served on the commission established by 2008, 257 (HB 1335 of the 2008 legislative
3 session).

4 3 Duties. The commission shall study the effects of service-connected post-traumatic stress
5 disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and
6 veterans.

7 4 Chairperson; Quorum. The members of the commission shall elect a chairperson from among
8 the members. The first meeting of the commission shall be called by the first-named senate member.
9 The first meeting of the commission shall be held within 45 days of the effective date of this section.
10 Seven members of the commission shall constitute a quorum.

11 5 Report. The commission shall report its findings and any recommendations for proposed
12 legislation to the president of the senate, the speaker of the house of representatives, the senate
13 clerk, the house clerk, the governor, and the state library on or before December 1, 2011.

14 6 Effective Date. This act shall take effect upon its passage.

Amendments

Rep. Baldasaro, Rock. 3
April 7, 2011
2011-1363h
09/01



Amendment to SB 102

not adopted.

1 Amend paragraph I of section 2 of the bill by inserting after subparagraph (m) the following new
2 subparagraph:

3

4 (n) One representative of the New Hampshire veterans' home, appointed by the
5 chairman of the board of managers of the veterans' home.

Amendment to SB 102

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 New Chapter; Commission on the Effects of Service-Connected Post-Traumatic Stress
4 Disorder and Traumatic Brain Injury. Amend RSA by inserting after chapter 115-C the following
5 new chapter:

6

CHAPTER 115-D

7

COMMISSION ON THE EFFECTS OF SERVICE-CONNECTED

8

POST-TRAUMATIC STRESS DISORDER AND TRAUMATIC BRAIN INJURY

9 115-D:1 Commission Established. There is established a commission to study the effects of
10 service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of
11 duty by members of the armed forces and veterans.

12 115-D:2 Membership and Compensation.

13 I. The members of the commission shall be as follows:

14 (a) One member of the senate, who is a member of the health and human services
15 committee, appointed by the president of the senate.

16 (b) Two members of the house of representatives, one of whom is a member of the health,
17 human services and elderly affairs committee and one of whom is a member of the state-federal
18 relations and veterans affairs committee, appointed by the speaker of the house of representatives.

19 (c) One representative of the Veterans Administration Hospital who has expertise with
20 post-traumatic stress disorder and traumatic brain injury, appointed by the governor.

21 (d) One member representing the mental health profession, appointed by the governor.

22 (e) One member who specializes in neurology, appointed by the governor.

23 (f) One member representing the law enforcement profession, appointed by the governor.

24 (g) The commissioner of the department of health and human services, or designee.

25 (h) The director of the state veterans council, or designee.

26 (i) One representative of the New Hampshire Psychological Association, appointed by
27 the executive director of the association.

28 (j) One representative of the Brain Injury Association of New Hampshire, appointed by
29 such association.

30 (k) One representative of the governor's commission on disabilities, appointed by the
31 governor.

32 (l) One representative of the Disabilities Rights Center, appointed by the executive

Amendment to SB 102

- Page 2 -

1 director of the center.

2 (m) Two representatives of veterans-organizations who serve on the state veterans'
3 advisory committee, appointed by the chairman of the state veterans' advisory committee.

4 (n) One representative of the New Hampshire veterans' home, appointed by the
5 chairman of the board of managers of the veterans' home.

6 (o) One representative of the army national guard, appointed by the adjutant general.

7 (p) One representative of the army reserve, appointed by the adjutant general.

8 II. Legislative members of the commission shall receive mileage at the legislative rate when
9 attending to the duties of the commission.

10 III. In appointing members to the commission, the appointing authorities shall give priority
11 to persons who served on the commission established by 2008, 257 (HB 1335 of the 2008 legislative
12 session).

13 115-D:3 Duties. The commission shall study the effects of service-connected post-traumatic
14 stress disorder and traumatic brain injury suffered in the line of duty by members of the armed
15 forces and veterans.

16 115-D:4 Chairperson; Quorum. The members of the commission shall elect a chairperson from
17 among the members. The first meeting of the commission shall be called by the first-named senate
18 member. The first meeting of the commission shall be held within 45 days of the effective date of
19 this section. Nine members of the commission shall constitute a quorum.

20 115-D:5 Report. The commission shall report its findings and any recommendations for
21 proposed legislation to the president of the senate, the speaker of the house of representatives, the
22 senate clerk, the house clerk, the governor, and the state library on or before December 1, 2011.

23 2 Repeal. RSA 115-D, relative to a commission to study the effects of service-connected post-
24 traumatic stress disorder and traumatic brain injury, is repealed.

25 3 Effective Date.

26 I. Section 2 of this act shall take effect May 1, 2012.

27 II. The remainder of this act shall take effect upon its passage.

Speakers

Hearing Minutes

HOUSE COMMITTEE ON STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

PUBLIC HEARING ON SB 102

BILL TITLE: (New Title) establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

DATE: April 7, 2011

LOB ROOM: 203 **Time Public Hearing Called to Order:** 10:30 a.m.

Time Adjourned: 11:27 a.m.

(please circle if present)

Committee Members: Reps. Baldasaro, Blankenbaker, L. Christiansen, T. Smith, Cunningham, Kingsbury, Larsen, Lundgren, McCarthy, Notter, Tamburello, Vital, Rokas, Domingo, Hofemann, Theberge and Spainhower.

Bill Sponsors: Sen. Carson, Dist 14; Sen. Barnes, Jr., Dist 17; Sen. Lambert, Dist 13; Rep. Baldasaro, Rock 3; Rep. Lundgren, Rock 3; Rep. Tamburello, Rock 3; Rep. Theberge, Coos 4

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Senator Sharon Carson, SD 14 - Introduced bill. First introduced a few years ago as a result of seminar attended on post-traumatic stress disorder. Bill never got off ground; reintroduced this year. Imperative to have an established plan in place to treat / help these soldiers when they return to NH.

In response to committee questions, proposed commission consists of members from different organizations comprised of various areas of knowledge.

Senator Jack Barnes, Jr., SD 17 - In support of bill. Have never been a fan of commissions, but feel good about this commission. One of members to be appointed by Speaker of the House. Commission will be kept on task. Would like to see bill in place for December 1 to help very important people. This is an issue that should be addressed, needs to be addressed for our veterans.

Representative Baldasaro, Rockingham 3 - Was a good bill to establish commission but ball got dropped and never moved forward. Intent not for state legislation: intent is to identify issues in state of NH so we avoid similar mistakes in how Vietnam and Gulf War vets with PTSD were treated. Must identify State's problem, where we need help so we can take care of our veterans. Need to get our message out there.

Representative Kris Roberts, Keene - Supports bill. Problem with previously proposed legislation, no one from Veterans Affairs committee involved in bill and bill fell through the cracks. This bill fixes that previous problem. Key point is to identify individuals coming back after 12 to 18 months and need to face realities of life, need to identify them, protect them, and get them help.

Major General Bill Reddell and Sue Brown, NH National Guard - Supports bill. Support doesn't stop when our people come back, needs to continue. Guard doing best job taking care of members. Bill will bring all stakeholders together which doesn't always happen. Proposed committee does not include Guard or Reserve representation, ask that this be reconsidered and a Guard member included on commission. National Guard very plugged in, but not plugged in to this particular bill.

In response to committee questions, do not know exact number of NH veterans with PTSD, but know that only about 25% of NH's 130-140,000 veterans get the help that they need. DOD's role not to take care of our warriors but rather to fight wars. Have to have a community based program to take care of our warriors.

***Ellen Edgerly, Brain Injury Association of NH** - Supports bill. Brain injury one of least understood injuries in nation, have a lasting, rippling effect. Bill great start to support our wounded warriors. Many good services available but care system still has gaps places strain on families.

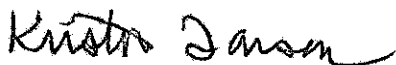
Mary Morin, NH Veterans Services - Supports bill. Was on original commission. Studying PTSD, TBI, and other concerns will be tremendously beneficial in helping our veterans. About 20% veterans in NH are service connected, but only 25% veterans who return are actually enrolled in system. Need to continue study. Want to discover any gaps so we can better help the veterans in our state.

In response to committee questions, commission set up to study what effects military service has on employment.

Edward Johnson, NH State Veterans Advisory Council - Supports bill. Previous study has been good but we don't know, what we don't know - still need to continue study.

Executive session to follow.

Respectfully submitted,



Rep. Kirsten Larsen,

Clerk

HOUSE COMMITTEE ON STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

PUBLIC HEARING ON SB 102

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TESTIMONY

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SB 102 (Sen. Sharon Carson, Sen. John Barnes, Jr., Sen. Gary Lambert, Rep. Alfred Baldasaro, Rep. David Lundgren, Rep. Daniel Tamburello, Rep. Robert Theberge) establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

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Executive session to follow.

Testimony



Brain Injury Association of New Hampshire

109 North State Street, Suite 2, Concord, NH 03301 • (603) 225-8400 • Fax: (603) 228-6749
Help line 1-800-773-8400 • e-mail: mail@bianh.org • www.bianh.org

April 7, 2011

Chairman Alfred Baldasaro and
State-Federal Relations & Veterans Affairs
Legislative Office Building, Room 203
Concord, New Hampshire

RE: SB102 – Establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

Dear Chairman Baldasaro and Committee Members,

My name is Ellen Edgerly and I work as the Community Organizer for the Brain Injury Association of New Hampshire. On the behalf of the Brain Injury Association of New Hampshire I ask that you vote in support of SB 102 to establish a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.


Since October 2001, approximately 1.64 million U.S. troops have deployed to support operations in Afghanistan and Iraq. Many have been exposed for prolonged periods to combat-related stress or traumatic events. Unlike physical wounds, these conditions affect mood, thoughts, and behavior and often remain invisible to our society.

Brain injury remains one of the least understood and recognized healthcare issues in our nation. The establishment of this commission in New Hampshire would be of great value to our wounded warriors and to their families.

If you have any additional questions, please feel free to contact me.

Thank you.

Sincerely,


Ellen M. Edgerly
Community Organizer

Complete Document

Can Be Viewed

In Bill Folder



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 SUBSTANCE ABUSE
 TERRORISM AND HOMELAND SECURITY
 TRANSPORTATION AND INFRASTRUCTURE
 WELL-BEING AND WORKFORCE

Invisible Wounds

Mental Health and Cognitive Care Needs of America's Returning Veterans

Since October 2001, approximately 1.64 million U.S. troops have deployed to support operations in Afghanistan and Iraq. Many have been exposed for prolonged periods to combat-related stress or traumatic events. Safeguarding the mental health of these servicemembers and veterans is an important part of ensuring the future readiness of our military force and compensating and honoring those who have served our nation. In the wake of recent reports and media attention, public concern about the care of the war wounded is high. In response, several task forces, independent review groups, and a Presidential Commission have examined the care of the war wounded and recommended improvements. Policy changes and funding shifts are already under way.

However, the impetus for policy change has outpaced the knowledge needed to inform solutions. Fundamental gaps remain in our understanding of the mental health and cognitive needs of U.S. servicemembers returning from Afghanistan and Iraq, the costs of mental health and cognitive conditions, and the care systems available to deliver treatment.

Understanding Invisible Wounds: The Research Challenge

To begin closing these knowledge gaps, the RAND Corporation conducted a comprehen-

Key findings:

- Approximately 18.5 percent of U.S. servicemembers who have returned from Afghanistan and Iraq currently have post-traumatic stress disorder or depression; and 19.5 percent report experiencing a traumatic brain injury during deployment.
- Roughly half of those who need treatment for these conditions seek it, but only slightly more than half who receive treatment get minimally adequate care.
- Improving access to high-quality care (i.e., treatment supported by scientific evidence) can be cost-effective and improve recovery rates.

sive study of the mental health and cognitive needs of returning servicemembers and veterans. We focused on three major conditions: post-traumatic stress disorder (PTSD), major depression, and traumatic brain injury (TBI). Unlike physical wounds, these conditions affect mood, thoughts, and behavior and often remain invisible to other servicemembers, family, and society. In addition, symptoms of these conditions, especially PTSD and depression, can have a delayed onset—appearing months after exposure to stress. The effect of traumatic brain injury is still

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This Highlight summarizes RAND Center for Military Health Policy Research findings reported in the following publications:

Tanielian T and Jaycox LH, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, Santa Monica, Calif.: RAND Corporation, MG-720-CCF, 2008, 492 pp., available at <http://veterans.rand.org>

Tanielian T, Jaycox LH, Schell TL, Marshall GN, Burnam MA, Eibner C, Karney BR, Meredith LS, Ringel JS, Vaiana ME, and the Invisible Wounds Study Team, *Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries*, Santa Monica, Calif.: RAND Corporation, MG-720/1-CCF, 2008, 64 pp., available at <http://veterans.rand.org>



Center for Military Health Policy Research

A JOINT ENDEAVOR OF RAND HEALTH AND THE
RAND NATIONAL SECURITY RESEARCH DIVISION

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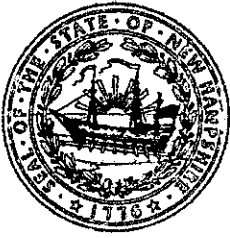
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HOUSE COMMITTEE RESEARCH OFFICE
New Hampshire House of Representatives
4th Floor, Legislative Office Building
Concord, NH 03301-6334

TEL: (603) 271-3600
TDD Access: Relay NH 1-800-735-2964

MEMORANDUM

TO: Representative Alfred Baldasaro, Chairman
State-Federal Relations and Veterans Affairs Committee

FROM: Ann V. FitzGerald
Committee Researcher

DATE: April 7, 2011

SUBJ: HB 1335, Chapter 257 of 2008
Post traumatic stress syndrome study

Attached please find background material for **HB 1335, Chapter 257 of 2008**, Establishing a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

- **Chapter Law (HB 1335, Chapter 257 of 2008)**
- **Study committee report**
- **Study committee minutes**
- **State Federal Relations and Veterans Affairs Committee Docket for HB 1335**
- **State Federal Relations and Veterans Affairs Committee Report for HB 1335**

CHAPTER 257

HB 1335 - FINAL VERSION

05Mar2008... 0419h

04/17/08 1314s

04Jun2008... 2012cofc

2008 SESSION

08-2560

09/01

HOUSE BILL **1335**

AN ACT establishing a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

SPONSORS: Rep. Carson, Rock 3; Rep. Baldasaro, Rock 3; Rep. Bettencourt, Rock 4; Sen. Clegg, Dist 14; Sen. Kenney, Dist 3

COMMITTEE: State-Federal Relations and Veterans Affairs

ANALYSIS

This bill establishes a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

Explanation: Matter added to current law appears in *bold italics*.

Matter removed from current law appears [~~in brackets and struck through.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

05Mar2008... 0419h

04/17/08 1314s

04Jun2008... 2012cofc

08-2560

09/01

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eight

AN ACT establishing a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

Be it Enacted by the Senate and House of Representatives in General Court convened:

257:1 Commission Established. There is established a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

257:2 Membership and Compensation.

I. The members of the commission shall be as follows:

- (a) Two members of the house of representatives, one of whom is a member of the health, human services and elderly affairs committee and one of whom is a member of the state-federal relations and veterans affairs committee, appointed by the speaker of the house of representatives.
- (b) One member of the senate, who is a member of the health and human services committee, appointed by the president of the senate.
- (c) One representative of the Veterans Administration Hospital who has expertise with post-traumatic stress disorder and traumatic brain injury, appointed by the governor.
- (d) One member representing the mental health profession, appointed by the governor.
- (e) One member who specializes in neurology, appointed by the governor.
- (f) One member representing the law enforcement profession, appointed by the governor.
- (g) The commissioner of the department of health and human services, or designee.
- (h) The director of the state veterans council, or designee.
- (i) One representative of the New Hampshire Psychological Association, appointed by the executive director of the association.
- (j) One representative of the Brain Injury Association of New Hampshire, appointed by

such association.

(k) One representative of the governor's commission on disabilities, appointed by the governor.

(l) One representative of the Disabilities Rights Center, appointed by the executive director of the center.

II. Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

257:3 Duties. The commission shall study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan. The commission shall develop a plan of action to aid such soldiers and veterans.

257:4 Chairperson; Quorum. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the first-named house member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Seven members of the commission shall constitute a quorum.

257:5 Report. The commission shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before December 1, 2008.

257:6 Effective Date. This act shall take effect upon its passage.

Approved: June 26, 2008

Effective Date: June 26, 2008

Commission on PTSD and TBI
HB 1335, Ch.257:1, Laws of 2008

Interim Commission Report

DATE: November 28, 2008

TO: Honorable John H. Lynch, Governor
Honorable Terie Norelli, Speaker of the House
Honorable Sylvia B. Larsen, President of the Senate
Honorable Karen O. Wadsworth, House Clerk
Tammy L. Wright, Senate Clerk
Mr. Michael York, State Librarian

FROM: Representative Raymond G. Gagnon, Chairman

SUBJECT: Post Traumatic Stress Disorder & Traumatic Brain Injury
Interim Commission Report on HB 1335
Chapter 257:1, Laws of 2008

House Bill 1335

Established a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

Purpose of the Study

As indicated by testimony from the bill's sponsor, Representative Sharon Carson, New Hampshire does not have one central place for the coordinated efforts to address Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan. Therefore the focus of the Commission was to make an initial attempt at identifying how NH could better provide a more centralized and coordinated approach for returning NH soldiers.

Findings

Commission Message

The Commission acknowledges the heroic services veterans from Iraq and Afghanistan have rendered to our country, and cannot state strongly enough the obligation our nation and New Hampshire owes to those men and women who have been injured as a result of their service. Through extensive meetings and presentations, the Commission has learned that the hidden injuries of combat, including post-traumatic stress disorder and traumatic brain injury, can be severe and lifelong, and require a comprehensive, coordinated, and funded system of services and supports. While there are promising new and existing programs to assist veterans with TBI and

PTSD, and their families, in general resources are fragmented. Some veterans don't know about, and have trouble accessing, treatment and services, and some veterans fall through the cracks.

Recommendations

- 1) The Commission felt that three months was not enough time to completely uncover the complexities of this issue, review challenges and identify legislative initiatives. Therefore, we recommend that the Commission be extended and membership be expanded to provide a more inclusive and wider input from NH residents. It is our view that the Commission:
 - Extend present Commission make-up and mandate for a two-year period,
 - Include representation from the following: NH National Guard and the Department of Labor and/or the New Hampshire Employment Security Office

- 2) Specific areas were identified that require additional focus and attention during this two-year period. There are a number of identifiable resources already existing in the State that could be brought to bear to assist in a coordinated statewide effort to effectively triage and treat service members with PTSD/TBI. To this effect, the top two focus areas include:
 - Service Delivery, Coordination and Treatment. This will require comprehensive interface and coordination on the federal, state, and local level. Specifically it will require significant support and involvement from military and non-military medical, rehabilitation, and mental health service providers. A service delivery needs assessment will also be necessary to assess the readiness of our existing resources to properly manage the complex clinical needs of our returning veterans with PTSD and TBI, their immediate families and those who provide them with care.
 - Education, Awareness, Training & Outreach. The target populations for this education include: veterans, family members, educators, health care providers & other relevant service providers, employers, law enforcement and the military/civilian community. The development of a comprehensive and unified information system integrating available resources will also be needed to improve access to care by veterans and their families both before and during a crisis.

- 3) The Commission identified other areas that it will focus on during the two year period that include:
 - Confidentiality and Stigma
 - Veterans Supporting Veterans
 - Employment & Education
 - Eligibility Requirements and Procedures for Disability Benefits and Services
 - Family Support Systems
 - Information Exchange (& Understanding) between Military and Non-Military
 - Early Intervention and Prevention
 - Maintaining Permanence of Measures Adopted as a Result of this Commission

- 4) The Commission recognizes a need to streamline, consolidate, and research methods of state and federal funding to allow greater flexibility and less bureaucracy in providing services locally, thus giving local mental health providers the opportunity to utilize their services in a more flexible and productive manner.

Process and Procedures

The following is a review of each Commission meeting [note: attached minutes]. There were seven meetings that took place within a three-month period. The meeting dates were as follows: August 27,

September 15, September 19, October 13, October 27, November 3 and November 17. The first meeting was organizational; the next four meetings included presentations by subject matter experts from within the State. The final two meetings were utilized for internal discussion by Commission members relative to next steps, and addressing the Commission's mandate and mission.

Membership & Representation

- Foad Afshar, Psy.D., NH Psychological Association
- Retired Chief John P. Curran, Law Enforcement Profession
- Julia Freeman-Woolpert, Disabilities Rights Center
- Chairman Raymond Gagnon, House of Representatives, State-Federal Relations & Veterans Affairs Committee
- Senator Harold Janeway, Senate, Health and Human Services Committee
- Louis Josephson, Ph.D., CEO, Riverbend Community Mental Health Center
- Mary Morin, Director, State Veterans Council
- Representative James Pilliod, House of Representatives, Health and Human Services Committee
- Daniel Potenza, M.D., Mental Health Profession, VA Medical Center
- Nancy Rollins, Associate Commissioner, Department of Health and Human Services
- James Taylor, Ph.D., Brain Injury Association of New Hampshire
- James Whitlock, M.D., Neurologist, VA Medical Center
- Michael Lassonde, Governor's Commission on Disabilities
- * Jo Moncher, Bureau Chief of Community Based Military Programs, Department of Health and Human Services was nominated to serve as the Commission's Associate. In this capacity, she has been responsible for: taking minutes, identifying and communicating with speakers, communicating with commission members & guests and coordinating the writing of this Commission Report.

Presentations

SEPTEMBER 15, 2007

TOPIC

Representative Al Baldasaro	Sponsorship of Bill/Testimony
Representative Sharon Carson	Sponsorship of Bill/Testimony
Colonel Deborah Carter, Joint Chief of Staff, National Guard	Overview of NH National Guard
Specialist Paul Chevrette, NH National Guard	Personal Testimony
Bill Donoghue, Vietnam Veteran, Works with NH National Guard	Personal Testimony
Daisy Wojewoda, Program Manager, Easter Seals	JFSAP Pilot Program

SEPTEMBER 27

TOPIC

Anna Marie Ruef, Ph.D., Research Service, VA Medical Center	Research on PTSD
Terrie Raposo, Program Manager, VA Medical Center	OEF/OIF Support/VA Program

OCTOBER 13

TOPIC

Colonel Donald Dupuis, J-1, NH National Guard	National Guard Deployment Support Cycle
Dan Potenza, M.D., VA Medical Center	Post Traumatic Stress Disorder

OCTOBER 27

TOPIC

Thomas McAllister, M.D., Professor of Psychiatry, Dartmouth Medical Center	Traumatic Brain Injury
Caryl Ahern, Team Leader, Manchester Vet Center	Vet Center Services and Supports

Community Involvement

Commission meetings were extremely inclusive. Over 50 individuals have either attended Commission meetings and/or were included in email communication regarding meetings, topics and legislation. All individuals have been given the opportunity (via email) to submit legislative ideas, community initiatives and/or other ideas.

Non Commission Member Participants: The following individuals regularly attended and provided positive input to the Commission: Caryl Ahern (Manchester Vet Center), Russ Armstrong (State Committee on Aging), Liz Connell (NH Alzheimer's Association), Paul Deignan (DBHRT), Caroline Hatala (NH Hospital), Elizabeth Howell (NH Hospital), Palmer Jones (NH Medical Society), Mike Macklin (VA Research Service), Eileen Mullen (Division of Child & Family Services, DHHS), Ken Norton (NAMI), Major Richard Oberman (National Guard), Judy Pilliod (State Committee on Aging), Teresa Raposo (VA Medical Center), Michelle Ricco (Alcohol and Drug, DHHS), Teresa Rosenberger (NH Brain Injury Association), Judith Ryan (The Krempels Brain Injury Foundation), Maureen Ryan (Homeless & Housing, DHHS), Barbara Salvatore (State Committee on Aging), Robert Salvatore (EMDR Clinician), Chaplain Wayne Santos (National Guard), SSG Barbara-lee Valente (National Guard),

Additional individuals who have requested to be added to the Commission's email distribution list and receive Commission minutes, powerpoint presentations and other testimony & updates include: Peter Collins (Easter Seals), Carol Furlong (Harbor Homes), Matthew Bernard (Veteran Homelessness Documentary), Kathryn Saylor (NH Psychological Association), Grif Delianis (State Veterans Advisory Committee), Peter Burdett (State Veterans Advisory Committee), Mary Jones (VA Medical Center), Jay Sprinkle (Berlin Vet Center), Chris McMahon (Easter Seals), Tim Farrell (Manchester Vet Center), A.J. Paige (Monadnock Family Services, Veteran Family Program), Peter Kelleher (Harbor Homes), Lorraine Merrow (Bureau of Elderly and Adult Services, DHHS), John Capuco (Bureau of Developmental Services, DHHS), John Williams (Legislative Offices, DHHS).

Appendices - Minutes

- Appendix A: Minutes, August 27, 2008
- Appendix B: Minutes, September 15, 2008
- Appendix C: Minutes, September 27, 2008
- Appendix D: Minutes, October 13, 2008
- Appendix E: Minutes, October 27, 2008
- Appendix F: Minutes, November 3, 2008

Appendices - Powerpoint Presentations

- Appendix G: Overview of National Guard, Colonel Deborah Carter, Joint Chief of Staff, National Guard
- Appendix H: Research on PTSD, Anna Marie Ruef, Ph.D., Research Service, VA Medical Center
- Appendix I: OEF/OIF Support & VA Program, Terrie Raposo, Program Manager, VA Medical Center
- Appendix J: National Guard Deployment Cycle, Colonel Donald Dupuis, J-1, NH National Guard
- Appendix K: Post Traumatic Stress Disorder, Dan Potenza, M.D. VA Medical Center
- Appendix L: Traumatic Brain Injury, Thomas McCallister, M.D. Professor of Psychiatry, Dartmouth Medical Center
- Appendix M: Vet Center Services and Supports, Caryl Ahern, Team Leader, Manchester Vet Center
(Please note: Appendices G-M are available at the State Library and House Clerk's Office.)

Commission on PTSD & TBI
HB 1335, Ch.257:1, Law of 2008
Minutes from August 27, 2008
Legislative Office Building, Room 301

Attendees: Dr. Foad Afshar, Retired Chief John Curran, Julia Freeman-Woolpert, Representative Raymond Gagnon, Senator Harold Janeway, Louis Josephson, Jo Moncher, Mary Morin, Representative James Pilliod, Dr. Daniel Potenza, Nancy Rollins, Dr. James Taylor and Dr. James Whitlock.

Absent: John Zachodney

Guests: Russ Armstrong (State Committee on Aging), Palmer Jones (NH Medical Society), and Teresa Rosenberger (NH Brain Injury Association).

Welcome

- Representative Gagnon welcomed attendees, introduced himself and said that he has been asked to organize this meeting. He distributed a sign-up sheet to secure contact information and then asked individuals to introduce themselves.

Member Introductions

- Mary Morin, Director, NH State Veterans Council. Retired after 21 years, active duty USAF. (Gulf War Era Veteran) Ms. Morin's son is active duty, just returned from Iraq and suffers from PTDS.
- Retired Chief John Curran, Meredith Police Department. Retired Chief Warrant Officer-3. USMC. Enlisted 1957, Commissioned 1983.
- Julia Freeman-Woolpert, Outreach Advocacy Specialist, Disabilities Rights Center.
- Dr. James Taylor, Lakeview NeuroRehabilitation Center, Representing Brain Injury Association of NH, Vietnam Veteran 1967-1968.
- Louis Josephson, President/CEO from Riverbend Community Mental Health Center.
- Dr. James Whitlock, Northeast Rehab Hospital and Veterans Administration Hospital.
- Jo Moncher, Bureau Chief, Community Based Military Programs, Department of Health and Human Services, USAF 1980-1984.
- Representative James Pilliod, Pediatrician. US Navy Pilot.
- Senator Harold Janeway, Senate District 10, Member of the HHS Committee.
- Nancy Rollins, Associate Commissioner, Department of Health and Human Services Department.
- Dr. Dan Potenza, Psychiatrist, VA Medical Center.
- Dr. Foad Afshar, NH Psychological Association.

Leadership & Support

- As the first order of business, Representative Pilliod made a motion to nominate Representative Ray Gagnon as Commission Chairman. This motion was seconded by Senator Harold Janeway. The Commission approved the motion.
- As the second order of business, Representative Pilliod made a motion to nominate Jo Moncher as clerk. Chairman Gagnon approved this motion.
- Legislative Services will provide a research assistant as needed.

Meeting Dates

- After some discussion, members agreed to meet every other Monday, 10:00am – 12:00pm in Room 301. Dates confirmed were: Sept 15, Sept 29, Oct 13 and Oct 27.

Committee Goals and Introduction of Information/Scope of Problem

- Commission is required to reports its findings and recommendations for proposed legislation on or before December 1, 2008. This deadline can be extended.
- Commission needs a “starter kit” of information.
- Outline of what has already been accomplished was developed from a May 30th Mental Health Summit. Easter Seals, the Department of Health and Human Services and the National Guard organized this Summit to explore issues related to addressing the mental health, TBI and substance abuse treatment needs among military populations. Nancy Rollins will share the summary of this Summit with the Commission at the next meeting.
- It would be helpful to invite leadership from the National Guard to a meeting to share what they are seeing with PTSD and TBI.
- Nancy Rollins recently returned from a Policy Academy Conference, hosted by the Substance Abuse and Mental Health Services Administration (SAMSHA). NH was one of 10 states (out of 23) that were chosen to attend. The first day included numerous national speakers (including speakers on PTSD), and the next two days included presentations from the Policy Academy and an opportunity for NH to work on its strategic plan to streamline and improve the effectiveness of mental health and substance abuse service to military populations.

Committee Feedback

Committee members shared some of their professional and personal experience/knowledge, including the following:

- Service members who return with PTSD are changed individuals. This type of combat trauma is very different from normal PTSD.
- A wife of a soldier returning from Iraq said that her husband went to Iraq a nice man and returned a monster.
- Retired Chief Curran has two cousins in the USMC and they are handling things pretty well. He reported that the reservists are not being taken care. They are told that they will be there for a few months and then kept over much longer. Chief Curran is also the State Rep for Jose Pequeno. Jose was deployed to Iraq in May of 2005. He was wounded in the head two years ago and suffered from TBI. Chief Curran visited him at Walter Reed Hospital in Washington DC. The Chief shared that we need to be on the positive side...and be supportive.
- Commission needs ideas and a report that leads us to address remedies and gaps that can be fixed through legislation.
- It was reported that NH has 5,000 reservists. The reservists do not have the supports needed because their base is somewhere else.
- NH should be proud of the work that the Adjutant General and Colonel Carter are doing regarding deployment and supports. The Commission needs to learn more about the JFSAP Pilot – a pilot that supports service members and their families.
- Commission needs to learn more about regulators (i.e. how to access the VA and TriCare.) We also need information on licensing issues on who can provide those services. The costs of these things should not fall on the State budget.

- Unemployment issues for service members are serious problems. Their jobs might not be waiting for them when they return. We need to be more proactive.
- We need to address fear and stigma.
- This same discussion is taking place in 49 other states....this is a federal problem.
- We need to address this issue as a community. What can the community do?
- People show their support at funerals for our service members, but are not supporting our service members and veterans who are injured. Even in the prison system, people come to the prison to be reconnected before departure.
- Our veterans need long-term support – not just for a little while after they return.
- In Vietnam, the National Guard was really exempt.
- What is the core problem? Who are the people most likely to get PTSD and TBI?
- As soon as a service member from the National Guard receives their orders, they are federal – not state.
- Their pay is usually significantly less than what they were making in the civilian world.
- The benefit of working on this issue in NH is that we are a small state and we have good representation in this room. If NH can't do this, then nobody can.
- Commission needs to identify the scope of the problem, but also the resources.
- Need to identify the constituents. Our residents want to help. Each one of us can bring something significant to this effort.
- Need to focus on families and children. Families are not prepared to deal with this.
- Community Mental Health Centers are already stressed out/lack of resources. We cannot put additional burdens on a system that is already overburdened.
- Need to learn more about the JFSAP Pilot.
- Need to work on this issue before it becomes a bigger problem than it already is (i.e. policy, funding, resources & gaps).
- In Vietnam we did not make this an issue before we went in. We learned a lot from that war. Let's be more proactive and focus on prevention.
- Three years ago, we tried to tackle this issue with a large amount of money. Those funds disappeared into the Department of Safety. Enjoy your roads because that is where the money went.
- It will be difficult to reach our Commission's goals by December 1.
- National Guard is doing yeoman's work in their help and support of troops.

Chairman Gagnon's Summary of Next Steps (including member contributions/comments)

- Put together information packets, including JFSAP Pilot Info, minutes and contact info (Jo Moncher will put together these materials for the next meeting)
- Need: name plaques for membership
- VA materials (Dr. Potenza will bring to next mtg)
- Info on "who does what" (Mary Morin will bring to next mtg)
- Info on what other State Councils are doing (Mary Morin will bring to next mtg)
- Need: Form to explain the process. Mary Morin commented that her agency has 5 service officers that work out of 18 sites. These service officers help soldiers navigate the system.
- Need: Resources that don't burden the system.
- Need: To hear from veterans

- Need: Colonel Carter to present. Nancy Rollins will speak to Colonel Carter about presenting at the next Commission meeting.
- Need: training on military culture (Operation: Welcome Home was a program in place a few years ago that trained ministers, primary care and other “first point of contact” individuals.)
- Need: Survey to secure feedback from service members. Nancy Rollins suggested that perhaps we could include that component into reintegration.
- Need: percentages (who is most likely to get PTSD?)
- Need: educate veterans....it’s amazing how many veterans don’t know about the State Veterans Council and other services that exist in NH

Goal for Next Meeting

- To secure Colonel Team and her team to present to this Commission.

Date for Next Meeting

- Monday, September 15, 10:00am – 12:00pm, Room 301, LOB

The Chairman adjourned the meeting at 11:45am.

Minutes Taken By: Jo Moncher, Bureau Chief, Community Based Military Programs, DHHS

Commission on PTSD & TBI
HB 1335, Ch.257:1, Law of 2008
Minutes from September 15, 2008
Legislative Office Building, Room 301

Attendees: Dr. Foad Afshar, Retired Chief John Curran, Julia Freeman-Woolpert, Representative Raymond Gagnon, Senator Harold Janeway, Louis Josephson, Jo Moncher, Mary Morin, Representative James Pilliod, Dr. Daniel Potenza, Dr. James Taylor and Dr. James Whitlock.

Absent: Nancy Rollins and John Zachodney

Presenters: Representative Al Baldasaro (Sponsor of HB 1335), Representative Sharon Carson (Sponsor of HB 1335), Colonel Deborah Carter, (Joint Chief of Staff, NH National Guard), Specialist Paul Cherrette (NH National Guard), Bill Donoghue (NH National Guard) and Daisy Wojewoda (Easter Seals).

Guests: Paul Deignan (DBHART), Representative Edith Hogan (Nashua), SSG Barbara-lee Valente (NH National Guard), Eileen Mullen (Division of Child & Family Services, Department of Health and Human Services), Ken Norton (National Alliance on Mental Illness), MAJ Richard Oberman (Deputy State Surgeon, NH National Guard), Melody Tucker (Representing Teresa Rosenberger, NH Brain Injury Association), Michelle Ricco (BDAS, Department of Health and Human Services), Anna Marie Ruef (VA Medical Center), Terrie Raposa (VA Medical Center), Robert Salvatore (EMDR Certified Clinician) and Chaplain Wayne Santos (NH National Guard),

Welcome

- Chairman Gagnon welcomed attendees, introduced himself and invited Commission members to introduce themselves.

Minutes

- Chairman Gagnon invited members to review the minutes. Chief Curran made a motion to approve the minutes. This motion was seconded by Representative Pilliod. Commission members unanimously approved the minutes.

Commission Associate

- Chairman Gagnon explained that the term "clerk" could not be used to define the role for Jo Moncher because this position is not referenced in HB 1335. He explained that Jo Moncher has agreed to be responsible for doing the minutes, handling correspondence and coordinating outreach activities for these meetings. Chairman Gagnon announced that Jo Moncher would be recognized as serving as "Commission Associate". Members unanimously agreed.

Presenter: Representative Sharon Carson

- Chairman Gagnon introduced Representative Carson as one of the sponsors of HB 1335.
- Representative Carson stated that she is an Army Veteran and has worked in mental health for many years. She attended a PTSD and TBI Conference last year and learned that NH did not have one central place where efforts for PTSD and TBI could be coordinated. She recognized that this was a serious need for NH, and wanted to introduce & support HB 1335. Representative Carson looks forward to what this Commission will come up with to address PTSD and TBI.

Packets of Information

- Mary Morin distributed information from the State Veterans Council that includes: Community Supports for Returning Servicemembers, Brochures of Services, VA Benefits & Health Care Utilization, and a Resource List for Women Veterans.
- Jo Moncher distributed information on PTSD and TBI that came from Commission members, the SAMSHA Policy Academy and Nancy Rollins. Ms Moncher explained that this information is only a brief snapshot of materials. Commission members are invited to bring other materials to these meetings for distribution.

Presenter: Colonel Deborah Carter, Joint Chief of Staff, NH National Guard - INTRODUCTION

- Colonel Carter introduced herself and shared that she works directly for the Adjutant General, Major General Kenneth Clark. She is honored to share their story with the Commission.
- There are 3,000 service members in the National Guard. When you add the Army, Marines, Navy and reserves, there are over 5,000.
- The Guard and Reserves are service members who are at the "highest risk". They are geographically separated from active duty facilities; they are not attached to any base or post.
- Because of these challenges, we are proposing a state platform to provide services and supports – not a national platform.
- Colonel Carter shared that she will be introducing several presenters to help tell this story.

Presenter: Specialist Paul Churette – PERSONAL STORY

- Specialist Churette introduced himself as a member of the 238 Aviation in Concord.
- He always wanted to join the military; finally joined at age 17 from Concord High School; went through High School as a soldier.
- Met his wife at age 18, married at age 19, and was immediately deployed.
- Received training and was deployed for one year
- Very difficult – emotionally - because he had a family. Specialist Churette stated that "in some ways, I do have PTSD....this brings up memories."
- Wife feels very alone...new to marriage...not sure where to turn..."when I come home from leave, she doesn't know how to react", shared Specialist Churette. "Our emotional factors affected our finances....I asked her to take a break and focus on our family."
- Specialist Churette shared that it is "difficult to keep up with finances....moved in with father...father needed help too...didn't know where else to turn....I didn't want to talk to anyone but my family."
- Specialist Churette reported that he met with the Chaplain who introduced him to Easter Seals. Some of the support that Easter Seals provided included counseling (with his wife and older daughter), and help with gas and diapers.
- Specialist Churette shared that it is hard to transition back..."I still don't think I'm there. Fortunately, I was approached by someone with a job that allows me to work from home...that has helped. My wife recently returned back to work....and I stay home with the babies. We are finally starting to get ahead....and we would not be here without Easter Seals."

Questions for Specialist Churette

- Representative Pilliod asked if it was "more stressful where you were or trying to re-enter?" Specialist Churette responded that "it is easier to react overseas because I know how to react. I know all the scenarios. I don't know how to react here."

- Senator Janeway asked if it “was difficult to find someone to talk to – and get that type of support in addition to gas help.” Specialist Churette explained that he “spoke to the Chaplain who introduced him to Easter Seals. Counselors then came to our house.”
- Dr. Potenza asked “what would be helpful to you now? What would make the transition easier if you had to do this again?” Specialist Churette responded that the “help comes too soon. There is a lot of help out there, but it comes right away – too soon. All I wanted to do was be with my family. More interaction – periodically – with the same people – after I’ve had a chance to be with my family.”
- Representative Pilliod asked if he was ever told that he might have some problems when he returned. Specialist Churette said “yes, we were informed....received information on PTSD....attended classes on the subject...how we might possibly be affected.”
- Chief Curran asked if any of his friends will admit that they need help. Specialist Churette shared that “most of the people I deployed with were all volunteers. Even though they might not admit it, they could use help.”
- Dr. Whitlock asked “did your wife have the same briefings?” Specialist Churette stated, “no...there was a support group, but it wasn’t much help. The only information she received is what I shared with her.
- Specialist Churette then responded to Chief Curran’s earlier question. “My friend and I volunteered together when we were 17. My friend finally called me last week. It took him a year to realize that he needed help.
- Ssg Valente shared that Specialist Churette has another deployment and asked, “how has this helped?” Specialist Churette reported that he will be deploying next summer. “I want to go again...I worked in the detention during my first deployment so I had face to face with the enemy...people who killed. This new mission will be much different. PTSD has a lot to do with the mission that you are assigned. This time, my family will be able to transition much easier.”

Presenter: Colonel Deborah Carter – EARLY REENTRY STRATEGIES

- Colonel Carter shared that in looking at reentry strategies, the National Guard secured help from many sources. They were also hearing about many of these issues (i.e. suicide attempts, soldier not speaking to family, drinking involved) from their soldiers.
- The chaplains put together a workshop, that included “benchmarks”. The Guard also established a 24 hour hotline 6 years ago. When the Guard started receiving potential suicides on the hotline, they learned that they needed more professionals on board.
- The Guard has 4 Family Assistance Centers, that are huge “listening centers”.
- Colonel Carter explained that “we learned that we have to share info on PTSD with the troops and their families. We learned from Vietnam Vets....they said if only they knew this before.”
- The Guard educated the 800 full time force who supports the 3,000 National Guard service members.
- On the second day of a service member’s return, they go to the VA to connect with their service provider. They also have mandatory counseling.
- The need to outreach into the community came from Nancy Rollins, stated Colonel Carter. “Nancy was the catalyst that helped to build community outreach.” DHHS and DBHRT built community outreach and targeted the natural helpers....police, faith based and physicians. Easter Seals really represents a partnership.
- Colonel Carter referenced a Dr. Gilbertson who should give his 1-hour presentation to this group. Dr. Gilbertson shares information on how “the things that get enhanced overseas – don’t really work here.” Colonel Carter also encouraged the Commission to not just look at PTSDs and TBI – but to look at all the issues that are connected.

Presenter: Bill Donoghue – BACKGROUND & HISTORY

- Colonel Carter introduced Mr. Donoghue as a Vietnam Veteran who has shared his message and facilitated small group discussions with over 1,000 soldiers.
- Mr Donoghue is married to Karen Donoghue and has 3 adult children. He has served two churches (including serving as pastor of Brookside Congregational Church in 1990).
- Mr. Donoghue began working with the National Guard in 2004. He and Major Scott Wakefield started working on the 3-day Reverse Soldier Readiness Program that every NH Guard soldier completes immediately after returning from deployment. Mr. Donoghue's contribution to this program began in 1967.
- In 1967, Mr. Donoghue enlisted in the Navy for 4 years after being drafted. He served all 4 years caring for Marines. He served at the Philadelphia Naval Hospital in the operating rooms...where his task was to introduce large gauge IV lines for use during surgery, and then care for the Marines as they awoke from surgery from amputee revisions. He worked with many amputees.
- In 1969, he worked at Camp Pendleton in California where he served Marines who had just returned from 13-month tours in Vietnam.
- In 1970, Mr. Donoghue served with the Marine Combined Action Program in Vietnam. He stayed in the "bush" the whole time, sleeping on the ground a couple hours every day. He lived "in an extremely rural area of operations, by definition controlled by the communists; running patrols and operations daily, and ambushes nightly."
- Mr. Donoghue shared that "although we suffered many military casualties, they were far outnumbered by civilian casualties, especially children."
- Mr. Donoghue shared that, "we now know that what we are doing now is different from 1971 when we did nothing."

Presenter: Bill Donoghue – MAKING THE PTSD CONNECTION

- Mr. Donoghue said that in 1978 – a full 7 years after Vietnam, "things became joyless. I was sad, but did not know why. My wife said that I needed to do something about this because our son is now 1 years old. I was still cranking out the work during this time."
- Mr. Donoghue shared that he went to the VA in Massachusetts and spoke to Dr. Bessell vander Kolk. "After 7-8 sessions, I declared myself fine."
- Mr. Donoghue then shared that he began work as a local parish parishioner, working 60-70 hours per week. He had two more children.
- In the early 1990', the same thing happened again...."life become joyless and gray". He still "cranked out the hours," but had no joy in his life.
- Mr. Donoghue once again called Dr. Bessell vander Kolk and went to counseling sessions once a week for 1 year.
- Mr. Donoghue shared that "somewhere in the middle of these counseling sessions, we talked about the babies I saw....we can make sense of the adult casualties, but not the children. The doctor said that it must have been tough to see your children – and then remember the Vietnamese children – who were slaughtered.....a light went off.....I learned in 1994 what it was that bothered me all these years. In 1994 I was scared that our kids – upon graduation – would go to war and be killed....
- It's a cost that we assume for the rest of our lives. It was absolutely wonderful...the grass was greener, the flowers in bloom. Life was in color again."

Presenter: Colonel Deborah Carter – EARLY REENTRY STRATEGIES – CONTINUED

- Colonel Carter shared information on the 3-Day Re-entry Process. After learning more about suicide and suicide prevention efforts, mandatory counseling was added to the 3-Day Re-entry Process.
- In developing this process, the Guard worked with the Regional Director of the Vet Centers, as well as with representatives from the VA Medical Center.
- A challenge is always the issue of confidentiality. Making the trainings mandatory helped address this issue. It also helped having the NCO in front of everyone to share the importance of these trainings.
- 850 National Guard service members went through counseling. Out of the 850, 52 declined services. 5% needed acute care. 48% asked for follow-up.
- Colonel Carter shared that the “higher the combat, the higher the request for support.....if they don’t have to ask (because the support/counseling is mandatory), this will become much easier for them.”

Presenter: Colonel Deborah Carter – JFSAP Pilot Project

- Colonel Carter shared how the beginning of the JFSAP project started. She stated that “when we go to war, we pick up the heavy load, as it should be. When we return, we were dealing with social issues (i.e. suicide, custody cases, expense). The Department of Health and Human Services and Easter Seals taught us that we need some help.....we learned that you can’t get there from here.....so we worked with DHHS and Easter Seals on a system”.
- (Slides on the pilot can be found on Colonel Carter’s powerpoint, pages 6-7.)

Presenter: Daisy Wojewoda – Project Director, Easter Seals

- Ms. Wojewoda shared that “Specialist Cherrette spoke about all the trends that we see....including unemployment, substance abuse, PTSD and the breakdown of the family structure. Service members don’t reach out for help. They are just getting back and their head is spinning.”
- When Easter Seals started meeting with service members, Ms. Wojewoda explained that “we were jumping in and picking up pieces. But, what if we worked with them before they left? Intense, clinical, social supports needs to help well in advance of deployment. So, we started building a framework”.
- Ms. Wojewoda shared info on the process....“Each soldier is assigned a Care Coordinator. This created synergy.....when the soldier left, the relationship still exists....the goal is to create an infrastructure....so schools, faith based and other supports are in place.....if a single mom is home while the soldier is away, they need respite. We have a robust system in our social service structure where respite exists.”

Final Comments

- Robert Salvatore shared that he is a Licensed Clinical Social Worker who is also an EMDR Certified Clinician. He stated that EMDR is a powerful treatment to use with patients who have PTSD. Over 400 studies have been done; over 200 therapists exist in NH who are “ready and willing to treat individuals using EMDR.” Chairman Gagnon asked Mr. Salvatore to share this information with the Commission.
- Representative Baldasaro (sponsor of HB 1335) stated that he is classified with PTSD. He also shared that he served in the Marines in 1975 and in Desert Storm in 1998. He stated that he “hopes that members of the Commission served in the military....hopes that the Commission looks at the “active force”....there are a lot of people who need help with PTSD.....need to make sure we work with the veteran organizations....need to identify lessons learned”.

Commission Next Steps

- Louis Josephson shared some suggestions for the Commission:
 - 1) Need to start tracking the list of requests/needs
 - 2) Where does "regulation" need to be softened?
 - 3) Some legislative action steps already identified today include: Access to respite, employment & childcare.

Date for Next Meeting

- Monday, September 29, 10:00am – 12:00pm, Room 301, LOB

The Chairman adjourned the meeting at 12:05pm.

Minutes Taken By: Jo Moncher, Bureau Chief, Community Based Military Programs, DHHS

Commission on PTSD & TBI
HB 1335, Ch.257:1, Law of 2008
Minutes from September 29, 2008
Legislative Office Building, Room 301

Attendees: Dr. Foad Afshar, Retired Chief John Curran, Julia Freeman-Woolpert, Representative Raymond Gagnon, Senator Harold Janeway, Michael Lassonde, Jo Moncher, Mary Morin, Representative James Pilliod, Dr. Daniel Potenza, Dr. James Taylor and Dr. James Whitlock.

Absent: Louis Josephson and Nancy Rollins

Presenters: Dr. Anna Marie Ruef (VA Medical Center) and Terrie Raposa (VA Medical Center)

Guests: Judith Ryan (The Krempels Brain Injury Foundation), Russ Armstrong (State Committee on Aging), Elizabeth Howell (NH Hospital), Caroline Hatala (NH Hospital), Mike Macklin (VA Research Service), Bill Donoghue (National Guard), Palmer Jones (NH Medical Society), Liz Connell (NH Alzheimers Association), Colonel Deborah Carter (NH National Guard) and Colonel Donald Dupuis (NH National Guard).

Welcome & Commission Goals

- Chairman Gagnon welcomed attendees and said that this Commission needs to develop a good report that spells out the need, looks at the entire spectrum, addresses legislative action, but is not limited by legislative action.
- Representative Pilliod reminded members that the first report is due on December 1, but it doesn't have to be the last report.
 - Community Education is important.
 - Commission needs to solicit input regarding legislative action from the community.
 - A smaller meeting of key players should be created to work on legislation.
 - Commission should focus on individuals who don't have transition problems, as well as the individuals who do.
 - Let's look at key gaps/holes. What are the existing problems?
 - Where is the system failing? Identify ways to provide supports.
 - This issue is a state platform. Whether you're in the system or fell through the system, the state is involved.

Introduction of New Member – Michael Lassonde

- Mr. Lassonde shared some of his background with the Commission.
 - Combat, retired Vietnam Veteran, 100% service connected, has PTSD and TBI
 - 60 years old, 2 lovely children, son was nominated to attend the United States Naval Academy at Annapolis
 - Not always necessary to be negative about these issues, but also focus on the positive.
 - Mr. Lassonde stated that "you have no idea what it is like to be here, to speak to all of you, when you look normal....you don't adjust, you simply compromise....you have to learn to compromise to survive." Mr. Lassonde shared that "one area is missing....no means to get to the individuals when they return. VA offers a tremendous amount of resources and help. We need to track these individuals....so we can find them."
 - Mr. Lassonde stated that he comes from a dysfunctional family. "When I joined the Marines, they gave me something I never had before....self esteem, pride and strength. That part of my life gave my life meaning."

PTSD Research Presentation – Dr. Anna Marie Ruef, VA Medical Center

- Dr. Ruef shared an introduction to her presentation:
 - She will share an overview of what the VA has done
 - Think of the VA as a resource
 - Look at the VA's research
 - VA has been studying PTSD for 25 years

- Effective treatments for PTSD
 - Cognitive Behavioral Therapy (CBT) is the gold standard for treatment
 - CBT involves cognitive therapy, exposure therapy and eye movement desensitization and reprocessing (EMDR)
 - Always better to receive help sooner rather than later
 - Be cautious about new treatments...there are no magic cures
 - 50% of individuals could be helped by what we offer and 50% could not.
 - People have questioned the diagnosis of PTSD for many years

- Findings
 - Exaggerated startle is recognized as a sign of combat stress
 - Startle procedure is a psychophysiological test that targets the symptom and assesses it objectively
 - A larger heart rate response to startling tones in those with PTSD than those without
 - Individuals with PTSD are less able to concentrate
 - Very difficult to tell the difference between PTSD and TBI

- Comments from Commission & Guests
 - Colonel Carter shared that the service member does not have to have PTSD to be hyper igilant (i.e going to the Mall and being overwhelmed with crowds)
 - Michael Lassonde shared that PTSD can only be recognized if it is attached to an event/trauma. PTSD is not necessarily a service connection.

- Powerpoint Presentation Attached to Minutes

VA Social Work Presentation – Teresa Raposa, VA Medical Center

- Ms. Raposa introduced herself and shared that she has the “best job in the world” because she has the honor and privilege of working with OIF/OEF, some of the finest men and woman in the world.
- Eligibility has changed dramatically over the years. When service members return from deployment, they are eligible for 5 years – for anything connected to their deployment. It does not have to be service connected.
- The VA's motto is: treat first and determine eligibility later.
- We're not dealing with PTSD and TBI; we're dealing with young men and women who have PTSD and TBI.
- Ms. Raposa shared an example: David is a Marine who was shot by a sniper in Iraq....turns 23 on Friday...he was shot in the shoulder, knocked over and received a head injury....lost a lot of blood....complicated case...developed a blood clot in the leg...almost died...went to numerous hospitals/medical facilities...developed a chest infection. Ms. Raposa was asked to see David regarding mental health issues. David's request to her was for assistance in receiving a social security card. David does not have PTSD, although he does jump at loud noises. He has no use of his right arm, but

Commission on PTSD & TBA
Sept 29 Minutes, Page 3

- states that he is lucky because he is left handed. At one point, Ms. Raposa received an urgent call from David. When they met, David's issue was regarding a "girl he liked". Ms. Raposa reminded the Commission that we are dealing with very young men and women. Some of them have PTSD, but they are still young men and women.
- Ms. Raposa shared additional examples from some of the soldiers she is working with.
- Please see powerpoint presentation attached to minutes.

Questions & Comments from Commission

- Chief Curran asked why the VA can't track our soldiers? Ms. Raposa stated that the VA does track, but not all IT systems can connect with each other. She stated that the best way to reach veterans is to do a good job and then veterans will share that information with other veterans.
- Michael Lassonde shared that we need to be able to reach veterans immediately upon their return. We cannot wait for the system to catch up with our veterans, or for veterans to speak to veterans. Ms. Raposa shared that there is a designated coordinator at the Regional Office who identifies these soldiers. Terrie and the Regional Liaison work very closely with one another. This relationship did not exist 5 years ago.
- Julie Freeman Woolpert asked what some of the problems are. Ms. Raposa shared the following:
 - informing veterans of the services
 - coordinating services
 - who does what
 - we are not your grandfather's VA
 - we have a new generation...these soldiers are raised differently
 - we have more resources than ever before, but we have to coordinate these resources

Closing Information/Next Meeting

- Chairman Gagnon asked Colonel Carter about sharing PTSD information with service members and their families. He asked if that information is shared before deployment. Colonel Carter then introduced Colonel Dupuis, Personnel Manager for the National Guard. Colonel Dupuis shared that he "has been doing this for 33 years...marketing is a problem...you asked how do we involve the family? My 30-60-90 Reintegration Presentation at the next Commission meeting will answer that question."
- Colonel Carter then reminded members that it is difficult for a service member to navigate the system, when he/she cannot get up in the morning and cannot get off the couch.
- Dr. Afshar said that after listening to all these presentations, it "is easy to think that everything is OK, but we know it is not". He asked if each presenter can share gaps, problems and legislative action that the Commission needs to address. Commission members agreed that this would be an excellent idea as we move forward.
- The meeting was adjourned at 12:05pm.

Date for Next Meeting

- Monday, September 29, 10:00am – 12:00pm, Room 301, LOB

The Chairman adjourned the meeting at 12:05pm.

Minutes Taken By: Jo Moncher, Bureau Chief, Community Based Military Programs, DHHS

Commission on PTSD & TBI
HB 1335, Ch.257:1, Law of 2008
Minutes from Oct 13, 2008
Legislative Office Building, Room 301

Attendees: Dr. Foad Afshar, Julia Freeman-Woolpert, Representative Raymond Gagnon, Jo Moncher, Mary Morin, Representative James Pilliod, Dr. Daniel Potenza, Dr. James Taylor and Dr. James Whitlock.

Absent: Retired Chief Curran, Senator Harold Janeway, Louis Josephson, Michael Lassonde and Nancy Rollins

Presenters: Colonel Donald Dupuis (National Guard) and Dr. Dan Potenza (VA Medical Center)

Guests: Russ Armstrong (State Committee on Aging), SSG Barbara-lee Valente (National Guard), Paul Deignan (DBHRT), Caryl Ahern (Manchester Vet Center) and Robert Salvatore (EMDR Certified Clinician).

Welcome, Materials & Minutes

- Chairman Gagnon welcomed attendees, distributed a Draft of a Framework Proposal developed by Dr. Foad Afshar and also distributed materials from the Turner Lecture Series by Dr. Matthew Friedman.
- The minutes from the last two Commission meetings (September 15 & 29) were reviewed. Dr. Afshar made a motion to approve the minutes. The motion was seconded by Dr. Potenza. Commission members unanimously approved the minutes.

Presentation: NH National Guard Deployment Support Cycle

Presented by: Colonel Donald Dupuis, J-1 Personnel and Manpower Officer, NH National Guard

- Colonel Dupuis said that he will be sharing information on 3 areas:
 - 1) Deployment Support Cycle
 - 2) Yellow Ribbon Campaign
 - 3) How can we help Service Members with PTSD & TBI
- The Deployment Cycle includes: Alert, Pre-Mobilization, Mobilization, Employment, Redeployment, Demobilization, Post Mobilization and Reconstitution.
- Yellow Ribbon Campaign: establishes a national combat veteran reintegration program for reservists that will provide support to service members and their families before, during and after deployment.
- Pre-Mobilization – Soldier Readiness Program addresses: personnel issues, employer support, finance issues, medical concerns, logistics, training and family support. The National Guard also ensures that every service member is enrolled in the VA as part of this program. Battle Mind Testimonies also take place “which changes the mindset of where a soldier is at.”
- Reintegration includes 3 phases:
 - 1) Phase One – 30 Days after Deployment – includes strong bonding with the family, problem solving, danger signs, military one source and relationship building. Colonel Dupuis shared that 48% of soldiers who return are involved in substance abuse and domestic violence.
 - 2) Phase Two – 60 Days after Deployment – includes anger management, coping strategies, substance abuse programs and a round robin environment. This is done at a military facility.
 - 3) Phase Three – 90 Days After Deployment – includes Easter Seals overview, VA benefits counseling, substance abuse review and Tri-Care information.

Presentation Q&A

- Commission members shared questions and discussion on pre-existing conditions. Colonel Dupuis stated that it is often difficult to know if a condition is pre-existing or not.

- Colonel Dupuis also shared that soldiers sometimes tell you what you want to hear. They also often “marry their dates” for insurance support.
- Colonel Dupuis shared the story of a service member who befriended a 9-year old girl who had a cat. They became close friends. Later, this same service member saw this young girl being strapped with a bomb and the bomb was detonated.
- Dr. Afshar commented that whether a soldier has a pre-existing condition or not, this issue is moot. The soldier has served his/her country, is willing to put their life on the line and deserves our support. Dr. Taylor shared that more discussion is needed on this issue: we need to know if there is something we can do before a soldier is hurt.
- More discussion took place regarding pre-existing conditions.....the importance of identifying and helping...how much can we still go into these issues and still have a combat force.

Presentation – Continues

- Beyond the Yellow Ribbon includes: marriage counseling, services to children, suicide prevention, substance abuse, financial counseling, anger management, domestic violence, mental health awareness, and employment assistance.
- Colonel Dupuis shared some information on the Deployment Support Cycle Office. He plans on hiring a psychiatrist and is also considering the idea of moving some of his staff over to the State.

The Need for Reform in Law Enforcement – Colonel Dupuis

- Colonel Dupuis shared the story of an officer who was a Naval Academy Graduate, a Naval Aviator discharged from the service for PTSD....he was possibly a POW as well.
- This service member was arrested 5 times, sold a \$40,000 corvette for \$12,000 and owned homes in 5 gated communities. His arrests included: burning all identification in front of a court house, trespassing, writing down security violations in Manchester and picking up bottles along the roadside while on someone else’s property. In all cases, the service member did not acknowledge anyone’s presence, did not respond and did not answer any questions. These arrests began two years after he was discharged.
- Colonel Dupuis referenced the Florida Baker Act as a possible solution that the Commission should look at. This Act empowers a police officer to make a decision to take the service member to jail....or to a psychiatric ward – if the service member is too sick to know they need help.
- Colonel Dupuis cited a statistic that states individuals who have a severe psychiatric disorder often do not take their medications55% do not take their medication because they believe they are not sick.
- Some symptoms include: re-hospitalization, homelessness, incarceration and episodes of violence.
- Suggestion: train police officers in mental health, increase awareness training and give police the tools and education to recognize PTSD and other mental illnesses.
- Concerns: Safety of police could be jeopardized, weak treatment laws contributing to the problem and managing the risk.

Presentation – Q&A

- Dr. Afshar asked how much money is available for National Guard needs. Colonel Dupuis said that he sends in a request when he needs something and always receives the funding. Dr. Afshar asked if this made planning difficult. Colonel Dupuis stated that it does not.
- The Commission asked about the re-integration process and how successful the soldiers found the process. Colonel Dupuis said that the National Guard receives positive feedback from the families, but not really any feedback from the soldier.
- Caryl Ahern, Team Leader for the Manchester Vet Center said that she will also be speaking on the re-integration process at the next Commission meeting.

Presentation: Veterans with PTSD

Presented by: Dr. Dan Potenza, VA Medical Center

- Dr. Potenza shared that there are 3 main aspects of these individuals:
 - 1) Relatively young
 - 2) Trained to be warriors
 - 3) Suffer some degree of trauma(And expected to re-integrate back to us.)
- They are trained to be warriors...
 - they react quickly
 - be instantaneous
 - be extremely accurate
 - be protective of self
 - very reactive
 - All of the above also heightens their survival skills
- Thinking Generally...
 - Cognitive reasoning
 - Emotional reasoning (tends to take over the cognitive reasoning) Dr. Potenza shared an example of a veteran he is working with who cannot drive under the 93 overpass.
- Automatic Thoughts
 - words and images that fly through our minds
 - usually rapid fire
 - while we are talking, or reacting, or waking up, or walking down the street
- What does this mean to our combat veteran?
 - Great difficulty assessing a situation
 - Difficulty in joining the civilian community/every day tasks
- When you talk to these veterans....
 - certain triggers in their environment
 - increased adrenaline
 - increased/racing thoughts
 - the decreased inability to take in non-combat possibilities

Presentation – Questions & Comments

- Colonel Dupuis shared that 90% of soldiers who re-deploy do it because they can't convert or have financial needs. Caryl Ahern from the Manchester Vet Center agreed that OEF and OIF service members want to go back.
- Dr. Afshar asked if there was a DVD that could be created and distributed to these service members. SSG Valente responded that a DVD would not work; that these service members need a face to face and to be guided through this difficult time.
- Colonel Dupuis stated that the National Guard does not send soldiers back if they have a mental disability. The biggest problem is with the soldiers who walk away and disappear.
- SSG shared that she was a recruiter prior to joining Colonel Carter and Colonel Dupuis. She said that these service members are children...they are attracted by the big bonuses and are not prepared to be warriors. They join the National Guard, so they can get a good education or to buy a car.

Presentation - Continues

- Post Traumatic Stress Disorder...
 - exposure

- re-experience of the event

Commission on PTSD & TBI

Oct 13 Minutes, Page 4

- avoidance of reminders of the event
- increased arousal (lack of sleep, startle response)
- Exposure includes: serious injury, death of another, person's response involves tense fear, helplessness or horror. There is also a lot of guilt involved.
- Re-experiencing of the event includes: distressing recollections, nightmares, feeling that the traumatic event is reoccurring.
- Avoidance of general reminders includes: avoid thoughts, feelings and conversations that provide reminders, avoid activities, avoid people who may provide reminders.
- Dr. Potenza shared that the above symptoms can be barriers to treatment. Unlike depression or anxiety disorders, "not trusting" is one of the symptoms.
- Some general rules about medications:
 - improves functioning (Dr. Potenza said that he will ask the service member what that service member wants the medication to do.)
 - does not lead to tolerance or abuse
 - cannot be used in overdose to commit suicide
 - does not require blood tests
 - cause few side affects that are bearable

Presentation – Q&A

- Dr. Pilliod asked how this affects the family and children. Dr. Potenza responded that we need to "bring in the family into this process....tell the family that you are coming in. I educate you...and you educate your family.....tell them why you can't go through the toll booth or why you can't go to the mall."
- Commission members asked about the success of cognitive treatment with medication. Dr. Potenza shared the importance of keeping in touch with service members throughout treatment...and the importance of follow-up and phone calls.
- Dr. Afshar asked Colonel Dupuis about the success of the Easter Seals Pilot....and if there was a formal way of studying it. Colonel Dupuis said that he will try to secure an evaluation on the Pilot.
- Dr. Afshar closed by saying that this is a different war...and we still don't have a complete profile of the soldier.

Next Steps & Meetings

- After some discussion, Chairman Gagnon announced that the next meeting will be October 27th, but the November meeting dates are changed to: November 3rd and November 17th.
- Commission members discussed the Commission Report that is due by December 1. Representative Pilliod shared that the Commission needs to determine if an extension is needed by November 10th. He also announced that November 26th is the last day to do an LSR.

Date for Next Meeting

- Monday, October 27th, 10:00am – 12:00pm, Room 301, LOB

The Chairman adjourned the meeting at 12:03pm.

Minutes Taken By: Jo Moncher, Bureau Chief, Community Based Military Programs, DHHS

Commission on PTSD & TBI
HB 1335, Ch.257:1, Law of 2008
Minutes from Oct 27, 2008
Legislative Office Building, Room 301

Attendees: Julia Freeman-Woolpert, Representative Raymond Gagnon, Jo Moncher, Mary Morin, Representative James Pilliod, Dr. James Taylor, Dr. James Whitlock, Michael Lassonde, Nancy Rollins, Chief Curran, Louis Josephson and Senator Janeway.

Absent: Dr. Dan Potenza and Dr. Foad Afshar.

Presenters: Dr. Thomas McAllister (Dartmouth Medical School), Caryl Ahern (Manchester Vet Center) and John Worrall (Vietnam and Gulf War Veteran)

Guests: Russ Armstrong (State Committee on Aging), SSG Barbara-lee Valente (National Guard), Representative Baldasaro, Representative Russell Ober, Representative Frank Emiro, Terrie Raposo (VA Medical Center), Maureen Ryan (Homeless & Housing, DHHS) and a few others who did not sign in.

Welcome & Minutes

- Chairman Gagnon welcomed attendees and shared information on the Commission Report. He said that he spoke to the Legislative Offices and received a template that the Commission can use for the report. Chairman Gagnon distributed this report to all Commission members.
- The minutes were reviewed. Dr. Whitlock shared a correction from Colonel Dupuis' presentation. SSG Valente agreed to contact Colonel Dupuis to verify the correction; Jo Moncher will then make this correction.

Presentation on Traumatic Brain Injury

By Dr. Thomas McAllister, Professor of Psychiatry, Dartmouth Medical Center

- Dr. McAllister said that there is a lot of information out there about TBI (i.e. football, boxing, motorcycle accidents, etc), but there is also a lot of misconceptions about TBI. Some misconceptions include:
 - not very common
 - results in death or full recovery
 - only severe injuries are associated with sequelae
 - not a psychiatric problem
- Dr. McAllister shared some stories on the Hardy Boys' books and how frequently these boys had blows to the head, yet never had any lasting effects from these blows. This adds to the misconceptions.
- Major findings tell us that 44% of adults do not believe that a person who had a concussion can sustain a brain injury.
- Dr. McAllister shared that 5.3 million people are afflicted with a brain injury (out of 19 million).
- Good news: there is a dramatic reduction in brain injury mortality rates over the past 20 years.
- Bad news: there is an increasing number of young people who now have chronic neuropsychiatric disabilities as a result of brain injuries.
- Dr. McAllister shared that neurobehavioral sequelae include: personality changes, cognitive problems and memory problems.
- Most TBIs are mild...
 - 75-80% are mild
 - 59-150 per 100,000 are hospitalized
- Rand Report 2008 – Invisible Wounds of War tell us that:
 - 1.64 million service members are deployed in OEF/OIF since 2001

- Of the 1.64 million, 14% have PTSD
 - 14% have depression
 - 19% exposed to probable TBI while deployed
 - total estimate of 300,000 with PTSD and 320,000 with TBI
- Dr. McAllister shared that almost ½ of the individuals who sustain a TBI will develop a neuropsychiatric disorder.
 - Dr. McAllister shared some slides of the brain and presented information on how a blast can damage the tissue in the brain

Comments & Questions

- There was some discussion on the use of medications with a service member who has TBI. Dr. McAllister shared that some of the medications work with some of the people some of the time. He said that we need to look at this problem systemically.
- Dr. McAllister stated that the real challenge is within the provider community. He said what we hear from the veteran is “my doctor doesn’t have anything for TBI”....and that “everybody points to everybody else, so the veteran doesn’t receive the help they need.””everybody points to another group or organization to treat the veteran with TBI.”
- Discussion took place on mild TBI. Dr. McAllister shared that many veterans with mild TBI will be fine in 6-9 months. The challenge is to identify those individuals who are....there is a general dissatisfaction with a providers’ knowledge on TBI.”
- Dr. Pilliod asked about the veterans with mild TBI who are fine in a year.....”but what about many years later?” He referenced boxing and the “punch drunk syndrome” and what happens many years later...”are we seeing deafness?” Dr. McAllister that that “hearing loss is something that we are seeing....the problems are also different if a blast happens in an open area compared to a small room.”
- Michael Lassonde commented on a veteran with multiple injuries...and because of the multiple injuries, the symptoms of brain injury might not be found right away....or not at all.
- Dr. McAllister shared two mistakes that are common:
 - 1) The belief that mild TBI is not a big deal
 - 2) The belief that someone who has TBI is doomed
- Dr. McAllister said that if an individual does have TBI, his/her “chances increase of having another one....if he has two, his chances are even greater....maybe because of greater risk behavior.”
- There was much discussion on the confidentiality of records. HIPAA was referenced as a problem; Nancy Rollins explained that HIPAA does not come into this as an issue. Nancy Rollins also shared that all National Guard service members are immediately enrolled in the VA. Terrie Raposo agreed that that the National Guard was a great model and shared that the VA does screen for TBI. She shared that the bigger issue was “how to bring in active duty service members who return. Because NH does not have a base, these are the individuals who fall between the cracks.”
- Dr. McAllister shared that a large concern is with the providers who need to provide service and treatment for these service members. He stated that there is “concern, fear and lack of communication between NH providers. Area Agencies point to Community Mental Health Centers to provide the service, and Community Mental Health Centers point to Area Agencies....we need to eliminate the number of steps. There is a patchwork system in place....where a service member goes here for therapy, somewhere else for substance abuse treatment and another place for something else....no wonder these veterans are angry and frustrated.”
- Dr. McAllister shared that this issue “is not a matter of New Hampshire being behind....best practices and evidenced based treatment simply does not exist.”

Presentation – Continues

- Dr. McAllister shared some stats that are specific to NH. Mental Health Problems After TBI in NH include:
 - Fatigue – 77%
 - Anger/Frustration/Impatience – 68%
 - Confusion/Anxiety – 65%
 - Depression/Loneliness – 59%
 - Loss of friends/social contacts – 72%
- Dr. McAllister stated that 44% of individuals are taking some type of psychotropic medication compared to 13% who took these medications prior to their injuries.
- Dr. McAllister shared information on the challenges of family relationships...42% of respondents stated that family relationships were more strained and 50% said that it was hard to get help from family and friends.

Presentation Summary

- Dr. McAllister recommended that the Commission consider:
 - increased training and education to the public, primary care providers, mental health center staff and area agency staff
 - CMHCs and Area Agencies coordinate teams and work
 - Augment current care systems
 - Increase capacity of primary care providers
- Dr. McAllister shared the establishment of a National Psychological Health and TBI Clinical Consortium. Dr. Pilliod asked if the Consortium would partner with the public and private sector. Dr. McAllister said “both”. Chief Curran shared a concern of providers not communicating with each other now. He said the Consortium needs to break that up...”right now the right hand doesn’t know what the left hand is doing.” There was more discussion of the challenges and opportunities of bringing the civilian and military cultures together.

Presentation – Manchester Vet Center

By Caryl Ahern, Team Leader, Manchester Vet Center and John Worrall, Vietnam and Gulf War Veteran

- Caryl Ahern introduced herself and then introduced John Worrall from the 172nd Infantry Unit and with the Navy in Iraq. John also served in Vietnam.
- Ms. Ahern explained that the Vet Center is often confused with the VA...but the Vet Center and the VA have completely separate goals and separate funding.
- The Vet Center provides outpatient treatment for combat veterans and also provides treatment for sexual trauma. PTSD is their specialty. Over 95% of veterans served at the Vet Center have PTSD. They also do a lot of coupling counseling, family counseling and bereavement counseling.
- Ms Ahern explained that the Vet Center is a community.....coordinating activities like community fishing trips and family gatherings.
- Ms. Ahern stated that the Vet Center opened in 1980. At that time, the Vet Center was only working with Vietnam Vets. Due to its success, the Vet Center now serves Korean, World War II, OEF and OIF veterans. Other information includes:
 - provides services to families while the service member is overseas.
 - has a “fee for services” to pay for services provided to veterans in the Lakes Region.
 - has been named the NH model as a “best clinical practice” in the treatment of veterans
 - 4 staff have over 100 years of clinical experience
 - is opened 3 evenings a week

- veterans are always seen in a walk-in basis if they are in crisis
- John Worrall said that he was deployed to Iraq on November 15, 2004. A bomb went off 6 feet away from him.
- Mr. Worrall shared the value of going to the Vet Center. He said that “soldiers helping soldiers is the best way to help....I have PTSD and TBI....Carol has counseled me and my family. If it wasn't for Carol, I would be divorced right now.”
- Nancy Rollins asked if the information on a veteran they serve goes to the VA. Ms. Ahern said that it does not....that the information is kept confidential. Mr. Worrall shared that he did sign a waiver so his information could be made available....to help others. He also shared that the “Vet Center is the best kept secret....many vets don't think they need help.”
- Ms. Ahern referenced Dr. Potenza's presentation at an earlier Commission meeting. She agreed with Dr. Potenza and said that stigma is very real among our veterans. “These are younger vets...they are trying to integrate....there is a lot of dropping out (from the Vet Center) and then returning when they get in trouble. The veterans who do better commit to the long process. Establishing trust is very big with PTSD....and sometimes we need to do home visits....In a recent quality control survey, 98% of our veterans said they received good service....veterans referring their buddies is our primary source of referral.”

Presentation – John Worrall

- John Worrall said that he has been diagnosed with TBI and he has a headache every day. He also shared his inability to recall a basic word sometimes. Mr. Worrall explained that he used to “be able to present for two hours without using any notes. Now those days are gone.”
- Mr. Worrall shared his background as an engineer working in a nuclear plant...and said that he now has trouble putting blocks together. He shared that his problems with TBI bother him a lot more than being in constant pain.
- Mr. Worrall explained that PTSD is also a spiritual wound and referenced survival guilt, killing a civilian by accident and witnessing a buddy die. He again said that “veterans helping veterans is critical....and having a clinician who can explore the spiritual wound is important.”
- Mr. Worrall introduced the Traumatic Servicemembers Life Insurance and said that \$25,000 - \$100,000 is available for veterans who are incapacitated. He also referenced Massachusetts and said that palm pilots are available for veterans in that State. Terrie Raposo shared that the VA in Manchester also has palm pilots available for veterans in NH.
- Mr. Worrall shared that he “lost his job because of this....and used to make good money....I will fight until I get what I want...many of us are trying to live off less than what we are used to.” He also shared some information on property taxes....”if you are 20% disabled, you get 20% off your property taxes....if you are 50% disabled, you get 50% off your property taxes.”
- Mr. Worrall closed by sharing that his forgetfulness and inability to organize only increases his frustration and anger. He said, “Someone said you're getting older....well I got older in 25 seconds.”

Summary and Recommendations

- Ms. Ahern shared the following gaps in the system:
 - outsourcing for specialized medical care
 - family therapy training and consultation
 - travel funds for veterans in treatment at the Vet Center
 - long term follow-up and evaluation, and quality control
- Ms. Ahern also shared a final recommendation....”need for additional clinicians, so we could provide an out-station site in Keene and support more families....not sure if Keene could support a full Vet Center, but they do need a site.” Ms. Ahern shared that she currently serves 5 veterans from Keene.

- Russ Armstrong asked how the “fee for service” worked. Ms. Ahern explained that she receives whatever money is needed for this area. She said that Dr. Roger Poire, who is a psychologist has an office in Gilmington and works with the Vet Center. Dr. Poire has been partnering with the Vet Center for two decades. Ms. Ahern provides clinical oversight for this program.
- Dr. Pilliod asked Ms. Ahern if she supported a full service VA hospital. Ms. Ahern said that yes she does...“if you ask any veteran, they will ask why they have to travel so much.”
- SSG Valente shared the need to utilize the civilian world more. She said, “we’re civilians 28 days of the month....we don’t we have the same rights.”
- Dr. Pilliod asked John Worrall about the divorce rate for returning vets. Mr. Worrall said that it was 87%.
- Representative Baldasaro said that he is hearing “a lot of numbers during these presentations....where are these numbers coming from?” Ms. Ahern explained that these numbers are internal from the Manchester Vet Center. Representative Baldasaro shared a concern that he is a retired Marine and is hearing many of these numbers for this first time. Chairman Gagnon suggested that we include these numbers in the Commission’s Report.
- Chief Curran asked if this Commission will continue. Chairman Gagnon responded that the decision will be discussed at the November 3rd meeting.

Next Meeting

- Monday, November 3rd, 10:00am – 12:00pm, Room 301, LOB
- Meeting Goal: To review possible legislation.

The Chairman adjourned the meeting at 12:22pm.

Minutes Taken By: Jo Moncher, Bureau Chief, Community Based Military Programs, DHHS

Commission on PTSD & TBI
HB 1335, Ch.257:1, Law of 2008
Minutes from November 3, 2008
Legislative Office Building, Room 301

Attendees: Julia Freeman-Woolpert, Representative Raymond Gagnon, Jo Moncher, Mary Morin, Representative James Pilliod, Dr. James Taylor, Nancy Rollins, Louis Josephson, Dr. Dan Potenza and Dr. Foad Afshar.

Absent: Dr. James Whitlock, Chief Curran, Michael Lassonde and Senator Janeway.

Presenter: Robert Salvatore (EMDR Clinician).

Guests: Russ Armstrong (State Committee on Aging), SSG Barbara-lee Valente (National Guard), Palmer Jones (NH Medical Society), John Worrall, (Vietnam & Gulf War Veteran), Representative Russell Ober, Terrie Raposo (VA Medical Center), Colonel Donald Dupuis (NH National Guard), Judith Ryan (Krempels Foundation) and Caryl Ahern (Manchester Vet Center)

Welcome & Minutes

- Chairman Gagnon welcomed attendees and stated that both sets of minutes – from October 13th and October 27th - need to be reviewed and approved. The Minutes from October 13th had one small edit which was made. Representative Pilliod made a motion to accept both sets of minutes – as amended. This motion was seconded by Nancy Rollins. Commission members unanimously approved the minutes.
- Chairman Gagnon said that Robert Salvatore will now speak briefly before we review recommendations for the Commission Report.

Presenter: Robert Salvatore, EMDR Clinician

- Mr. Salvatore said that he will be speaking on an effective therapy for treatment of PTSD called EMDR (eye movement desensitization and reprocessing).
- Mr. Salvatore has used this treatment with a number of veterans and all experienced a remission of PTSD symptoms in one to eight sessions.
- Mr. Salvatore stated that EMDR is the most researched therapy in mental health and is recommended by the US Department of Defense for the treatment of PTSD. It works more quickly than any other approach and is effective for any kind of trauma, big or small. Mr. Salvatore then shared a few examples of veterans he has treated and the success of using this treatment.
- Mr. Salvatore explained that one or more intake sessions are required to decide if EMDR is the right treatment for you. A typical EMDR session lasts between 30 and 90 minutes.
- There are 200 therapists who are already using this treatment.
- Commission members shared some questions on this treatment and discussed whether it should be recommended in the Commission Report. Julia Freeman Woolpert stated that this Commission should not be making endorsements.
- Mr. Salvatore compared EMDR treatment to other treatments and shared that EMDR treatment will take fewer sessions than other treatments.

Commission Report Facilitator: Jo Moncher, Bureau Chief, Community Based Military Programs, DHHS

- Ms. Moncher stated that she will be facilitating a review and discussion of two issues in the next 1 ½ hours: legislative recommendations and the Commission Report.
- Ms. Moncher shared some summary comments:

- HB 1335 has given this Commission just under three months to tackle a pretty big issue. By the end of this Commission, we will have had seven meetings, including four meeting with presentersfor a total of 12 presentors.
- Suggestion for continued Commission to: determine speakers in advance and provide some guidelines for these speakers.
- One of the recommendations that has been addressed throughout these meetings is the need for education and awareness. By being inclusive of presenters and guests, this Commission has already started this education and awareness process. Over 50 individuals are receiving regular Commission updates.
- Another Commission goal is to bring military and non-military cultures together. This process has already started. (i.e. JFSAP Pilot Project, DHHS and VA Partnership, VA & CMHC Possibilities & more).

Commission Member Feedback

- o Jo Moncher then facilitated a discussion that included hearing feedback from each Commission Member regarding: whether the Commission should continue and what recommendations they had for the Commission Report.
- o All Commission members agreed that the Commission should continue. Discussion continued on whether the Commission should continue for six months or up to two years. After more discussion, the Commission agreed to recommend that the Commission continue for two years.
- o Commission members then shared additional recommendations (that were edited and added to the Commission Report).
- o Commission members could not agree on whether this Commission should recommend that a focus on older veterans be added or not. Jo Moncher, in the interest of time, suggested that this issue be put on the next meeting agenda.
- o Overall, the Commission agreed that the three largest issues for recommendation included: treatment and service delivery, education & awareness, and funding.

Next Steps

- o Ms. Moncher stated that she will summarize today's discussion, include all recommendations in the Commission Report and email the Report to all Commission members in two to three days. She then asked that all members aggressively review the "Rough" Report and aggressively make edits, and to email those edits back to her within a few days.

The Chairman adjourned the meeting at 12:20pm.

Minutes Taken By: Jo Moncher, Bureau Chief, Community Based Military Programs, DHHS

CHAPTER 257

HB 1335 – FINAL VERSION

05Mar2008... 0419h

04/17/08 1314s

04Jun2008... 2012cofc

2008 SESSION

08-2560

09/01

HOUSE BILL **1335**

AN ACT establishing a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

SPONSORS: Rep. Carson, Rock 3; Rep. Baldasaro, Rock 3; Rep. Bettencourt, Rock 4; Sen. Clegg, Dist 14; Sen. Kenney, Dist 3

COMMITTEE: State-Federal Relations and Veterans Affairs

ANALYSIS

This bill establishes a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

Explanation: Matter added to current law appears in *bold italics*.

Matter removed from current law appears [~~in brackets and struck through~~].

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

05Mar2008... 0419h

04/17/08 1314s

04Jun2008... 2012cofc

08-2560

09/01

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eight

AN ACT establishing a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

Be it Enacted by the Senate and House of Representatives in General Court convened:

257:1 Commission Established. There is established a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

257:2 Membership and Compensation.

I. The members of the commission shall be as follows:

(a) Two members of the house of representatives, one of whom is a member of the health, human services and elderly affairs committee and one of whom is a member of the state-federal relations and veterans affairs committee, appointed by the speaker of the house of representatives.

(b) One member of the senate, who is a member of the health and human services committee, appointed by the president of the senate.

(c) One representative of the Veterans Administration Hospital who has expertise with post-traumatic stress disorder and traumatic brain injury, appointed by the governor.

(d) One member representing the mental health profession, appointed by the governor.

(e) One member who specializes in neurology, appointed by the governor.

(f) One member representing the law enforcement profession, appointed by the governor.

(g) The commissioner of the department of health and human services, or designee.

(h) The director of the state veterans council, or designee.

(i) One representative of the New Hampshire Psychological Association, appointed by the executive director of the association.

(j) One representative of the Brain Injury Association of New Hampshire, appointed by

such association.

(k) One representative of the governor's commission on disabilities, appointed by the governor.

(l) One representative of the Disabilities Rights Center, appointed by the executive director of the center.

II. Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

257:3 Duties. The commission shall study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan. The commission shall develop a plan of action to aid such soldiers and veterans.

257:4 Chairperson; Quorum. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the first-named house member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Seven members of the commission shall constitute a quorum.

257:5 Report. The commission shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before December 1, 2008.

257:6 Effective Date. This act shall take effect upon its passage.

Approved: June 26, 2008

Effective Date: June 26, 2008

HOUSE JOURNAL No. 7

Wednesday, March 5, 2008

HB 1335, establishing a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Alfred P. Baldasaro for State-Federal Relations and Veterans Affairs: This is a commission that needs to be established. It is just the right thing to do for our service members that go into harms way. Unless we know the extent of the damage and the long term impact of traumatic brain injuries we cannot develop a plan to address the problem. We have a state need to deal with service members suffering from PTSD without placing a stigma on them. We need to develop plans to overcome the effects of PTSD, allowing service members to be highly productive society members. Vote 13-0.

New Hampshire General Court - Bill Status System

HB1335

Bill Title: *establishing a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.*

General Status:				
LSR#: 2560	Body: H	Local Govt: N	Chapter#: 0257	Gen Status: SIGNED BY GOVERNOR

House Status	
<i>Status</i>	CONFERENCE REPORT ADOPTED
<i>Status Date</i>	6/4/2008
<i>Current Committee</i>	COMMITTEE OF CONFERENCE
<i>Committee of Referral</i>	STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS
<i>Date Introduced</i>	1/2/2008
<i>Date out of Committee</i>	2/21/2008
<i>Floor Date</i>	3/5/2008

Senate Status	
<i>Status</i>	CONFERENCE REPORT ADOPTED
<i>Status Date</i>	6/4/2008
<i>Current Committee</i>	COMMITTEE OF CONFERENCE
<i>Committee of Referral</i>	
<i>Date Introduced</i>	3/13/2008
<i>Date out of Committee</i>	
<i>Floor Date</i>	4/17/2008

Sponsors		
(P)Sharon Carson (r) Alfred Baldasaro (r)	David Bettencourt (r) Robert Clegg (r)	Joseph Kenney (r)

Next/Last Hearing: HOUSE COMMITTEE OF CONFERENCE				
<i>Date:</i>	<i>Time:</i>	<i>Place:</i>	<i>Majority Report:</i>	<i>Minority Report:</i>
05-28-2008	11:00 AM	LOB 303	Conference Committee Report	None

New Hampshire General Court - Bill Status System

Docket of HB1335

Docket Abbreviations

Bill Title: establishing a commission to study the effects of post-traumatic stress disorder and traumatic brain injury suffered by New Hampshire soldiers and veterans returning from Iraq and Afghanistan.

Official Docket of HB1335:

Date	Body	Description
12/10/2007	H	Introduced 1/2/2008 and Referred to State-Federal Relations and Veterans Affairs; HJ 7 , PG.346
12/12/2007	H	Public Hearing: 2/5/2008 10:30 AM LOB 303
02/11/2008	H	Executive Session: 2/12/2008 11:00 AM LOB 104
02/13/2008	H	Committee Report: Ought to Pass with Amendment #0419h for Mar 5 CC (vote 13-0); HC 18 , PG.971
02/13/2008	H	Proposed Committee Amendment #0419h; HC 17 , PG.862
03/05/2008	H	Amendment #0419h Adopted, VV; HJ 22 , PG.1244
03/05/2008	H	Ought to Pass with Amendment #0419h: MA VV; HJ 22 , PG.1243-1244
03/13/2008	S	Introduced and Referred to Election Law and Internal Affairs; SJ 9 , Pg.240
03/31/2008	S	Hearing; April 9, 2008, Room 103, State House, 9:45 a.m.
04/10/2008	S	Committee Report; Ought to Pass with Amendment{1314} [04/17/08]; SC15 , Pg.8
04/17/2008	S	Committee Amendment{1314} RC 24Y-0N , AA; SJ 13 , Pg.380
04/17/2008	S	Ought to Pass with Amendment{1314}, MA, VV; OT3rdg; SJ 13 , Pg.380
04/17/2008	S	Passed by Third Reading Resolution; SJ 13 , Pg.392
04/30/2008	H	House Non-Concurs and Requests a Committee of Conference (Rep Roberts): MA VV; HJ 35 , PG.1797
04/30/2008	H	Speaker Appoints: Reps Roberts, Howard, Coughlin and Baldasaro; HJ 35 , PG.1797
05/21/2008	S	Sen. Burling Accede to House Request for Conference Committee, MA, VV; SJ 19 , Pg.722
05/21/2008	S	President Appoints: Senators Hassan, Letourneau and Barnes; SJ 19 , Pg.722
05/23/2008	H	Committee of Conference Meeting: 5/28/2008 11:00 AM LOB 303
05/30/2008	S	Conference Committee Report; Senate Amendment + New Amendment{2012}, Filed
06/04/2008	S	Conference Committee Report{2012}; Adopted, VV; SJ 20 , Pg.759
06/04/2008	H	Conference Committee Report #2012 Adopted, VV; HJ 48 , PG.2179
06/04/2008	H	Enrolled; HJ 48 , PG.2193
06/05/2008	S	Enrolled; SJ 23 , Pg.893
06/30/2008	H	Signed by the Governor 06/26/2008; Effective 06/26/2008; Chapter 0257

NH House

NH Senate

Voting Sheets

HOUSE COMMITTEE ON STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

EXECUTIVE SESSION on SB 102

BILL TITLE: (New Title) establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

DATE: April 7, 2011

LOB ROOM: 203

Amendments:

Sponsor: Rep. Theberge OLS Document #: 2011 1368h

Sponsor: Rep. Rokas OLS Document #:

Sponsor: Rep. OLS Document #:

12-0 OTP on Amendment

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Theberge

Seconded by Rep. McCarthy

Vote: 12-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Kirsten Larsen, Clerk

Kirsten Larsen

HOUSE COMMITTEE ON STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

EXECUTIVE SESSION on SB 102

BILL TITLE: (New Title) establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

DATE: 4/7/11

LOB ROOM: 203

Amendments:

Sponsor: Rep. Theberge OLS Document #: 2011-1368h
Sponsor: Rep. Rokus OLS Document #:
Sponsor: Rep. 12-0 OTP on Amendment OLS Document #:

Motions: OTP (OTP/A, ITL, Interim Study (Please circle one.))

Moved by Rep. Theberge

Seconded by Rep. McCarthy

Vote: 12-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Kirsten Larsen, Clerk

STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

Bill #: SB102 Title: _____

PH Date: 4 / 7 / 11 Exec Session Date: 4 / 7 / 11

Motion: OTP on Amendment Amendment #: 2011-1368h

MEMBER	YEAS	NAYS
Baldasaro, Alfred P, Chairman	X	
Blankenbeker, Lynne F, V Chairman	X	
Christiansen, Lars T	X	
Smith, Todd P		
Cunningham, Steven L	X	
Kingsbury, Robert P	X	
Larsen, Kirsten L, Clerk	X	
Lundgren, David C		
McCarthy, Frank H	X	
Notter, Jeanine M	X	
Tamburello, Daniel J		
Vita, Lucien A	X	
Rokas, Theodoros V	X	
Domingo, Baldwin M		
Hofemann, Roland P		
Theberge, Robert L	X	
Spainhower, Dale S	X	
TOTAL VOTE:	12	0

STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

Bill #: SB 102 Title: establishing commission to study effect of service-connected PTSD + TBI suffered in line of duty by members of armed forces + veterans.

PH Date: 4 / 7 / 11

Exec Session Date: 4 / 7 / 11

Motion: OTPA

Amendment #: 2011-1368h

MEMBER	YEAS	NAYS
Baldasaro, Alfred P, Chairman	X	
Blankenbeker, Lynne F, V Chairman	X	
Christiansen, Lars T	X	
Smith, Todd P		
Cunningham, Steven L	X	
Kingsbury, Robert P	X	
Larsen, Kirsten L, Clerk	X	
Lundgren, David C		
McCarthy, Frank H	X	
Notter, Jeanine M	X	
Tamburello, Daniel J		
Vita, Lucien A	X	
Rokas, Theodoros V	X	
Domingo, Baldwin M		
Hofemann, Roland P		
Theberge, Robert L	X	
Spainhower, Dale S	X	
TOTAL VOTE:	12	0

Committee Report

REGULAR CALENDAR

April 7, 2011

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS to which was referred SB102,

AN ACT (New Title) establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Robert L Theberge

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS
Bill Number:	SB102
Title:	(New Title) establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.
Date:	April 7, 2011
Consent Calendar:	NO
Recommendation:	OUGHT TO PASS WITH AMENDMENT

STATEMENT OF INTENT

A prior commission, established in 2008, gathered significant information on PTSD and TBI, however had insufficient time to present a final report. The committee feels that the commission needs to be reestablished. The members also hope that, as a result more funding will be available to the VA in support of PTSD and TBI programs and how best to help community based programs.

Vote 12-0.

Rep. Robert L Theberge
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

SB102, (New Title) establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Robert L. Theberge for STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS. A prior commission, established in 2008, gathered significant information on PTSD and TBI, however had insufficient time to present a final report. The committee feels that the commission needs to be reestablished. The members also hope that, as a result more funding will be available to the VA in support of PTSD and TBI programs and how best to help community based programs. **Vote 12-0.**

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

COMMITTEE: STATE - FEDERAL RELATIONS + VET. AFFAIRS

BILL NUMBER: SB 102

TITLE: establishing commission to study effects of service-connected PTSD + TBI suffered in the line of duty by members of the armed forces + veterans.

DATE: 4/7/2011 CONSENT CALENDAR: YES NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2nd year of biennium)

Amendment No.
1368h

STATEMENT OF INTENT:

A prior commission which was established in 2008 + extended ~~all 2010~~ gathered significant information on PTSD + TBI however had insufficient time to present a final report. The committee feels that the commission needs to be reestablished. The members also hope that as a result, more funding will be available to the VA in support of PTSD + TBI programs and how best to help community based programs

COMMITTEE VOTE: 12-0

[Signature]
RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

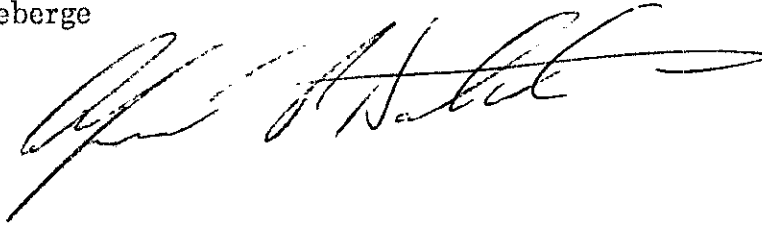
Rep. Robert Theberge
For the Committee

SB 102 (New Title) establishing a commission to study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.

OTPW/A # ¹³⁶⁸~~120~~ RC vote: 12-0

A prior commission, established in 2008, gathered significant information on PTSD and TBI, however had insufficient time to present a final report. The committee feels that the commission needs to be reestablished. The members also hope that, as a result more funding will be available to the VA in support of PTSD and TBI programs and how best to help community based programs.

Rep. Theberge

A handwritten signature in black ink, appearing to read 'Rep. Theberge', is written over a horizontal line. The signature is fluid and cursive, with a long horizontal stroke extending to the right.