
Committee Meeting

of

SENATE MILITARY AND VETERANS' AFFAIRS COMMITTEE AND ASSEMBLY MILITARY AND VETERANS' AFFAIRS COMMITTEE

"The Committees will meet to receive testimony from various speakers to discuss the current status of suicide and post traumatic stress disorder among veterans and members of the United States Armed Services and the National Guard."

LOCATION: Homeland Security Center of Excellence
Lawrenceville, New Jersey

DATE: October 22, 2012
1:00 p.m.

MEMBERS OF COMMITTEES PRESENT:

Senator James Beach, Chair
Assemblywoman Cleopatra G. Tucker, Chair
Senator Donald Norcross
Senator Diane B. Allen
Senator Christopher J. Connors
Assemblyman Gordon M. Johnson
Assemblyman Gilbert L. Wilson
Assemblywoman Mary Pat Angelini
Assemblyman Christopher J. Brown



ALSO PRESENT:

Tracey F. Pino Murphy
OLS Committee Aide

Julius Bailey
Senate Majority Aide
Ben Graziano
Assembly Majority Aide

Harrison Neely
Senate Republican Aide
Deborah DePiano
Assembly Republican Aide

Meeting Recorded and Transcribed by
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SENATOR JAMES BEACH (Chair): If I could ask everyone to please rise.

I'd like to introduce our former Assembly Military and Veterans Affairs Chair to lead us in the Pledge of Allegiance -- Jack Connors.

(all recite pledge)

Assemblywoman, please do your roll call.

ASSEMBLYWOMAN CLEOPATRA G. TUCKER (Chair): Yes, could we have a roll call, please?

MS. PINO MURPHY (Committee Aide): Assemblywoman Angelini.

ASSEMBLYWOMAN ANGELINI: Here.

MS. PINO MURPHY: Assemblyman Brown.

ASSEMBLYMAN BROWN: Here.

MS. PINO MURPHY: Assemblyman Wilson.

ASSEMBLYMAN WILSON: Present.

MS. PINO MURPHY: Assemblyman Johnson is coming.

ASSEMBLYMAN JOHNSON: Here.

MS. PINO MURPHY: Assemblyman Johnson is here.

(laughter)

And Chairwoman Tucker.

ASSEMBLYWOMAN TUCKER: Here.

SENATOR BEACH: Roll call please, Tracey.

ASSEMBLYWOMAN ANGELINI: Senator Connors.

SENATOR CONNORS: Here.

MS. PINO MURPHY: Senator Allen is coming.

Senator Norcross.

SENATOR NORCROSS: Here.

MS. PINO MURPHY: Vice Chairman Van Drew is absent.
And Chairman Beach.

SENATOR BEACH: Here.

MS. PINO MURPHY: We have a quorum.

SENATOR BEACH: The first order of business is testimony
from General Cunniff. Is the General here?

UNIDENTIFIED MEMBER OF AUDIENCE: Two minutes.
We need two minutes -- I'm sorry. (laughter)

SENATOR BEACH: I guess generals can be late. (laughter)

SENATOR CONNORS: Don't answer that. (laughter) He's
right on time.

SENATOR BEACH: Oh, wow -- he is. (laughter) How about
that.

I think he is our host. We don't want him to take the cookies
away. (laughter)

Just a reminder: Today is not a voting session. We're here just
for testimony -- just for the record.

You're on, General.

BRIGADIER GENERAL MICHAEL L. CUNNIFF: I'm
on.

Good morning, Mr. Chairman -- good afternoon. And I'd like
to welcome you all to the Department's Operation Homeland Security
building.

And I'd like to thank you for this opportunity to talk about
something that is very near and dear to my heart: the suicide rates and all

the other veterans' health issues that we've been facing in record numbers over the last couple of years.

The Army recently-- I think it really touched off when they released their July numbers for suicides, and it came out in that *USA Today* article on the front page. And I think most people saw that there were 26 potential active duty suicides; and in the Guard and Reserve there were 12 potential suicides in the month of July alone. So that adds up to 38, which, obviously, is more than one a day for the month. And if that doesn't get people's attention, I don't think anything will.

So then they released the August data, which I do have in my speaking points. So for the active duty there were 131 potential suicides -- this is per year, as of August -- of which 80 have been confirmed and 51 are still under investigation. In the Reserve component, there have been 80 potential suicides, 49 in the National Guard and the 31 in the Reserve population, of which 59 have been confirmed as suicides and 21 still remain under investigation.

And I'm sure everybody here agrees that one suicide amongst the military is way too many. And it's a tragic loss that is preventable. So it is my number one priority to combat suicide and take care of our soldiers, both before and after they've been deployed; and, quite frankly, it's not a problem that's confined to our deployed soldiers. We have some great programs that -- to tell you the truth, functional experts are surrounding me; I'm not the functional expert in the Vet2Vet helpline. And our reintegration process -- it puts the Yellow Ribbon reintegration process into the process. And they will be able to answer any questions you have in a few minutes.

But this all led -- the July and the August numbers -- led to the Army -- the Regular Army -- directing a “stand down” for suicide prevention on the 27th of October (*sic*). Now, there are some caveats in there for the National Guard, obviously, because that’s a Thursday and 85 percent of our soldiers are not in on Thursday -- they are drilling Guardsmen who are only here on their traditional Guard weekend. So we’re finishing that up by November.

But the way we handle that is pretty much the way we’re taking a hard look at all our suicide prevention programs. We took that Army directive and we took it out to not only the Air National Guard, who had their own stand downs in the two air wings at Atlantic City and Joint Base McGuire-Dix-Lakehurst, but also we encouraged and we had a stand down day within the Department for our civilian employees. I had the opportunity to go up to -- Camp Smith, was it? -- with my Command Sergeant Major just last weekend -- it’s up there on the Hudson River, it’s kind of New York National Guard’s version of our secret training facility -- and talked to 300 soldiers who were up there doing training, and kick it off for them. But we’ve had almost-- Ninety-five percent of our people will be complete by the end of October and we have 5 percent who are not going to complete it until November.

I think we start from a very good position in New Jersey. We have had only one suicide in the New Jersey National Guard. It was in the Air Guard a year ago, approximately around Christmas. The gentleman was from Pennsylvania. So in the whole 8,500 National Guard -- soldiers and airmen -- we’ve had one; one is too many. But I think part of it -- and this is the General Cunniff theory -- is we are second or third in the nation for

lowest suicide rates -- about 6.8 in the State of New Jersey. And I think in Alaska it's 23 percent plus per 100,000. So we have some pretty good stock we're operating out of; the enlisted soldiers and airmen within the New Jersey area have a lot of resiliency built into them. So I think with the programs that are provided by the Army, the Guard, the Air Force, we're able to take a pretty resilient force. Only D.C. has a better suicide rate than the State of New Jersey; we're second or third. We're rated 49th in one poll with D.C. ahead of us, and one in which New York is a little better. But I think this whole resiliency that sometimes we kid ourselves -- the resiliency or the Northeast attitude -- goes a long way to preparing our soldiers to be resilient. So we take that and we're trying to capitalize on it.

But it's all around us. I mean, this weekend alone -- and I'm sorry to say, it's almost a typical weekend -- on Saturday there was a message that an Illinois National Guardsman had committed suicide. And that comes over the Blackberry and all the Adjutant Generals see it just for awareness. This morning there was one, right across the river here in Pennsylvania in King of Prussia, a soldier took his life. And on Sunday we got a call from the active duty for an active duty soldier, not from New Jersey, that had committed suicide in Fort Knox, and he's married to a New Jersey National Guardsman. So we had to find her and track her down, and make sure that she had all the resources she needed to make sure she was taken care of.

So that's the kind of thing that's all around New Jersey. So it's right that we're concerned about this. It's not anything that we're taking lightly. And, like I said, we have some absolutely great programs, and one of those was the hiring of Dr. Lischick. And Dr. Lischick-- Chief Albanese

runs the Joint Military Family Assistance Center in Bordentown. And my predecessor saw that as a vision to take all the services that a family may need and put them under one roof in Bordentown Armory and convert it. And that's up and running real well. And it's not only for people who need to talk to Doc Lischick; we have financial planners there, all the things that-- You know, people commit suicide in the military for the same reasons that they do in the civilian world -- relationship problems, financial issues -- so we've tried to put everything down in that one building, and the Chief runs it for us.

And Dr. Lischick came on about three years ago, and I think she originally came on as a contractor. She may even be a Department employee at this point. But since then she has seen 200 people; 150 of those have been seen in counseling three times with her. Alone, that has saved 50 potential suicides, by our estimate, within the state in the last three years.

I was the Wing Commander of the 108th when we had our suicide, and I'll tell you her services -- to come in and talk to the units of the member who committed suicide -- are invaluable. She is really a treasure to the Department. Since then, about two years ago, the Air National Guard funded two psychological health coordinators for each wing. So we have one of those at Joint Base McGuire-Dix-Lakehurst for the 108th and one for Atlantic City for the 177th. So we have three people on the staff full-time whose only function is to help people who may be having potential issues.

One of the other programs that has been a great success is -- and it could probably all go under the umbrella of our reconstitution

process -- but this is concentrated on people who have deployed -- which, by the way, in the suicides in the military right now, are only about 47 percent of the people who are committing suicides have been deployed. So this is not purely a deployment issue. But a couple of years ago, the first time I was mobilized, you got off the airplane and you went home. Now, you go through reintegration process and every step of the way is to screen you for PTSD, TBI, and any issues you may be having. It's a pretty comprehensive process; there are experts here -- just about everybody in uniform is an expert on it more than myself -- but it's a 30-, 60-, 90-day reintegration plan. It's a post-deployment; we meet with the individuals in the first three months; 30 days before they go we meet with them. At the 60 day, it's concentrated on-- The family actually comes in for that, and it's an overnight. Normally we do it down in Atlantic City where we have the facilities to do it. But they're screened three times during that process. And finally, they do a 90-day-- The first 30 days involves help with employment when they get back, counseling, and screening. They're screened no less than three times for Post Traumatic Stress Syndrome and TBI -- traumatic brain injuries. During the reintegration they're going to talk to counselors like Dr. Lischick and they're going to be coordinated through our Family Readiness Center and the counselor to see if anybody needs anything. We can provide them financial grants as well as help with professionals.

The 30 days, like I started to say, pretty much concentrates on reintegration after they come home. It's most important to the families; that's where the families are encouraged to attend. We normally do a welcome back dinner in Atlantic City and then the next day they go

through the program down there. The 60 day is a one-day event, but it's focused on well being and behavioral issues that may have developed since they returned 60 days ago.

And the 90 day is a kind of a final program to incorporate everything we've looked at; a final medical screening to the members. We don't leave them after that, but that's the end of the formal reintegration process. And New Jersey is only one of seven states that provides additional mental health services through Dr. Lischick. And we also offer them to the family members, and a lot of states don't offer that; they offer them to the member, not the family member. And anybody who has had a family knows that the issues are in the family, not just in the individual.

And then we have the Vet2Vet helpline, and that's kind of the cornerstone of our helpline. It's located up -- I don't want to say the wrong town -- is it Raritan?

UNIDENTIFIED MEMBER OF AUDIENCE: Piscataway.

GENERAL CUNNIFF: Piscataway. And retired Major General Falca-Dodson is up there running that program. We've had 4,800 calls -- individuals helped by that. And it's a 24/7; they're integrated with the Vets4Warriors, which is a Federal program. And they're integrated in the same office and they cover each other around 24 hours. And that's just been a great way to get people in touch with anything they need, from PTSD, to suicide; to just help with their benefits -- and then they might be referred into our veterans' side of the house, if it was just something like that. And that's run by UMDNJ up there in Piscataway. And we can transfer them-- If they actually determine that somebody is in danger of doing bodily harm, they are actually kept on the line and they are actually

transferred over to some organization, maybe the National Suicide Prevention Hotline, so that they don't do anything. We stop it.

Another program we have-- And I think that's pretty much what I wanted to say, broad based, about the programs. We tend to talk about it in terms of getting ready and returning from deployments. But I think that's a huge mistake to just totally concentrate on that. People, whether they are deployed or not deployed, it's 50-50 on the suicide rate. There is a profile for the suicide rate. It's mostly male, it's not related to deployments; and it's pretty much what people have committed suicide for for years. PTSD -- I read a statistic lately that 30 percent of the 826,000 people nationwide that have been seen by the Veterans services, 30 percent of them are diagnosed with that now, and have problems with it. So another huge problem that we are tackling within the Department and our partners with the Veterans Services on the Federal side.

I'd be happy to take any questions. I have a panel of experts up here.

SENATOR BEACH: Any questions from the Committees? (no response)

General, I have a question.

GENERAL CUNNIFF: Certainly.

SENATOR BEACH: Obviously we're here, we want to raise awareness. Is there something more that the New Jersey State Legislature could be doing?

GENERAL CUNNIFF: I knew you were going to ask that, and I should have had a list. (laughter) But it's hard to have a list because I do feel in the nine or 10 months that I have been in this job is, we're lucky to

have the legislators support this issue. I mean, Vet2Vets is a State-funded program. And not many states have a state-funded program. So I'd be happy to let you know if I come up with something. (laughter) But I think, bottom line, upfront, is we start with a pretty resilient force, and then we have some of the best programs in the nation that reinforce resiliency, keep our soldiers and their families strong. I think that's a great thing that New Jersey does that a lot of other states don't do. I mean, a soldier, at one point, goes home with his family, and his family puts as much pressure on him or her as anything else. And if you don't get the whole family help, I think it's an issue. But we do that. So I really would like to thank you for what you do and your continued support. I know everybody in this room is on the same team -- that's pretty obvious.

SENATOR BEACH: Is there a periodic checkup with veterans who have been out of the service for extended periods of time? I read an article that said that one of the highest rates of suicide among veterans was the Vietnam veteran. And I was just wondering if there was anything more we could be doing, or you could be doing?

GENERAL CUNNIFF: I agree that the Vietnam veterans-- I mean, it's a shame the way they were treated versus the way we're bringing our veterans home. And one of the most touching things that I've seen in my job is how the Vietnam veterans have adopted the theme that it will never happen to another veterans' group again -- that they're not treated. But Mr. Ray Zawacki is the Deputy Commissioner for the Department and has Veterans Services, and he can touch base on that a little bit.

RAYMOND L. ZAWACKI: Thank you, General.

And Senator, I'd just like to comment on a network -- and it's only a part of the total system of services that are brought to bear on veterans that have problems. There's a combination of what the State furnishes and what the Federal government furnishes. The Federal government is very robust in that they have two VA medical centers in North Jersey -- Philadelphia and Wilmington serving the southern part of the state -- that all provide services for veterans with PTSD. In addition, in New Jersey, the Department, through an appropriation of \$1.3 million that comes from the State, contracts with 11 providers for care to veterans -- men and women and families -- who have been diagnosed with PTSD. So I think, from that point of view, I think what New Jersey does is fantastic. It puts us much ahead of the curve as to what's being done in other states, and as the General indicated, probably in the top one or two states. And when you compare that with D.C. and you talk about resiliency, I'm thinking New Jersey and D.C. -- it makes sense that we would be one and two. Of course, it's not a problem to make light of, but to address your question specifically about Vietnam veterans: We've got about 2,810 veterans right now who go through our counseling services. And they start out over-- It's a seven-year period that they're entitled to use those services. And then they graduate from the top -- the maximum rate of payment to the provider and graduate through seven years at a lower rate. The rate is reduced with the hope that they get into Federal services that don't cost them anything or don't cost the State anything. But of that population, of that 2,810 veterans and family members that are in there right now, and who are receiving that service, 1,566 are Vietnam era veterans. So that represents a majority, almost.

So yes, we can't track every single one of them, but we certainly publicize it. I've got Al Bucchi, the Director of our Veterans Services Division, and Chuck Robbins in the back there -- our Outreach Coordinator. We publicize the hotline to the maximum extent that we can; and just overall, the Department, in and of itself, because we'll certainly help anybody who calls any number that we have. But we highlight the hotline number.

SENATOR BEACH: I guess some of the concerns, too, are if the advertising or the information that's being sent out is being sent out through the veterans' organizations, there are a lot of veterans that have decided not to participate in veterans' organizations. And how are you reaching that particular population?

MR. ZAWACKI: Well, I can give you an example. Last year-- Well, actually, in 2010 -- in late 2010 -- the staff came to me and talked about a signage program that we could engage in for, I'm going to say, under \$30,000 -- an advertising program -- that involved New Jersey Transit. And it sounded like a great idea to me. And the idea was for New Jersey Transit to post the hotline number dead on the front of their busses. Regrettably they don't operate throughout the state, so the southern part of the state didn't get as much coverage. But the northern part-- And this was only going to run for a month, but it was very effective for that one month. But still to this day I go home to my wife or I come into the office and I'll see the fellow who talked to me about this. I still see some signs on New Jersey Transit buses, long after the contract had expired. Because they believe in what we're doing, and they didn't have another advertiser come

along and offer them a deal where they had to use that bus. So yes, that's one of the things we do other than traditional organizations.

We work a program with Rutgers as well. And we try and get the word out there through that method. And I think they're all effective.

SENATOR BEACH: How about public service announcements?

MR. ZAWACKI: I think our Public Affairs Officer, Pat Daugherty, is in the back -- Chief Warrant Officer -- and they do public service announcements as well. And we get out to as many events as we possibly can. You're familiar with the medal ceremonies that we conduct monthly in a mall? Very effective -- very effective. And we're taking those a little outside now. I mean, a couple of months ago we did one at the Naval Aviation Museum down in Cape May. It's not a mall -- I understand that. But it's a great venue to do that kind of service. And Al had a World War II veteran walk up to him afterwards and inform him that he, the World War II veteran, knew nothing about the property tax deduction benefit that he was entitled to until he attended that medal ceremony. He's been living in his house for 40 or 50 years.

So we're getting the word out as much as we possibly can through whatever venues that are remotely possible.

GENERAL CUNNIFF: Not just the veterans services, but we have a whole community outreach program that we're out and about, we do these medal ceremonies at a mall once a month. It's widely supported by elected leaders, both locally and throughout the state. And it really is a great event. And then the Veteran Services remain in the mall the rest of the day through a kiosk-type event and they inform the veterans of their

services. We do color guards, and flybys at sporting events, whether it's college -- Rutgers, one of the Jets or the Giants; those games -- and all that community outreach brings those services to the attention of the veteran. We did the, I believe, biggest job fairs for veterans according to the U.S. Chamber of Commerce, who was there about two months ago in the Sun Bank Arena. Our ESGR folks helped set up, as well as the American Legion and the U.S. Chamber of Commerce. We had about 140 employers and about 1,000 vets. And the 140 employers is a little misnomer because every veteran service organization has a booth at those things and they get a lot of exposure through that.

ASSEMBLYWOMAN TUCKER: Assemblyman Johnson.

ASSEMBLYMAN JOHNSON: Thank you, Madame Chair.

And sir, I have a few questions from your presentation to us.

You said that of the total suicides in the military only 47 percent are those returning from mobilization from active duty? From mobilization, I should say.

GENERAL CUNNIFF: Well, I said mobilization; I kind of used that and the deployment word interchangeably. But yes, the profile, which I have here some place, it doesn't let you concentrate on one group of people. It's not that easy. The military suicide rate in the nation right now: 95 percent of the military suicides are among enlisted members; 95 percent are male; 83 percent of the suicides occur within the United States; about 10 percent while they are deployed; 80 percent are Caucasian; 41 percent have had recent outpatient treatment; 38 percent have served overseas; almost 50 percent -- 48 percent -- are below the age of 25; 34 percent have communicated their suicide intent -- and that is a big focus on what these

people are experts on. Within the military, if we have a hint we want to make it a prevented suicide. And most of that comes from peer-to-peer involvement. I won't know the 8,500 soldiers enough within the New Jersey National Guard to know if this person or this soldier is acting a little out of sorts and not himself. But I guarantee his friends will. So the training has been geared at getting your peer-to-peer involvement and also making sure that people-- We've tried very hard in the military organization to remove the stigma or coming forward and saying, "I need help." There was a time when psychological help had a bad connotation about it and you'd think you would wind up getting kicked out of the military. Now we treat it as an injury that you can be cured of. You can go in and get some psychiatric evaluation or just talk to someone, or peer-to-peer, and return to duty. It's very confidential. The only way a commander will ever hear that a soldier went in and talked to Dr. Lischick, for example, would be if that person convinced Dr. Lischick that he was a threat to himself or someone else. So the confidentiality, I think, is a big part of breaking down that fear of getting help.

So 34 percent have communicated their suicide intent, which we want every one of those to be a save. Thirty percent have had a personal relationship difficulty within the last month; 20 percent have been on antidepressants; 14 percent have exhibited prior suicidal behavior; and 11 percent have been in combat -- deployed. And only -- I would think that this number would be bigger, and I think the public would, too -- 6 percent have seen somebody killed in combat. So this is not a deployment/combat-related epidemic. It's military-wide.

ASSEMBLYMAN JOHNSON: Only 11 percent have been in combat?

GENERAL CUNNIFF: I don't really have a statistic-- Yes, only 11 percent have been in combat; that's correct.

ASSEMBLYMAN JOHNSON: Can you define *in combat*?

GENERAL CUNNIFF: I do not know what they meant in context to that data. To me, in combat would be actually being involved in fighting -- you're not just deployed. I've been deployed. I have -- I don't know -- 100 combat missions in Afghanistan as a tanker pilot. I don't tell people I've been in combat because I haven't, to the best of my knowledge, been shot at. And I would think the people on the ground in actual combat operations is how I would define it; I don't know how they define it in that.

ASSEMBLYMAN JOHNSON: Okay, because I'm an old Army guy, so I guess combat has a different definition than, possibly, the Air Force would have. (laughter)

GENERAL CUNNIFF: Absolutely.

ASSEMBLYMAN JOHNSON: That's just the way it is.

GENERAL CUNNIFF: But I agree with you.

ASSEMBLYMAN JOHNSON: That's just the way it is.

GENERAL CUNNIFF: I agree with you -- that's the way it is.

ASSEMBLYMAN JOHNSON: There were 11 providers I heard. What are they providing, and what are their specialties? Are they psychologists, or--?

MR. ZAWACKI: Yes. Primarily they are psychologists who provide counseling services to veterans, and their families, who are suffering from PTSD or other psychiatric problems.

ASSEMBLYMAN JOHNSON: And they're throughout the state, I would guess?

MR. ZAWACKI: Throughout the state, yes.

ASSEMBLYMAN JOHNSON: Okay.

MR. ZAWACKI: Their coverage is so it is convenient to all counties.

ASSEMBLYMAN JOHNSON: Thank you, Madam Chair.

ASSEMBLYWOMAN TUCKER: Okay. I have a question on the suicide rate between the ages of 25 and under -- the younger rate. Can you say that that may be because they're so young and maybe not have such life skills because they're so young? Or is there any special training-- How do you deal with the younger people?

GENERAL CUNNIFF: I would probably turn that over to somebody in the medical field. Other than myself, I will tell you that the military resiliency training concentrates on identifying the at-risk people and making sure they are, through their training, made to realize that there are these resources available and there's really nothing worth harming yourself over; especially, I don't understand how a 25-year-old could see that the best alternative is to commit suicide. But our resiliency training tries to concentrate on the group; those statistics are kind of all over the place -- you can't just say it's the guys who deployed, the men who have seen combat. It would be too easy; it would narrow it down too much. But you can take something away from it. And we do concentrate on identifying those at-risk people and making sure they understand the training.

Everybody in the Army and Air Force National Guard is getting 100 percent trained on resiliency. If anybody else wants to tackle that question from a medical point of view, feel free to help. But I'm not qualified to do it.

ASSEMBLYWOMAN TUCKER: Thank you.

Among the suicide rate, I don't remember hearing-- Do you know the percentage of women?

GENERAL CUNNIFF: I'm sorry?

ASSEMBLYWOMAN TUCKER: How many women? Was it 5 percent?

GENERAL CUNNIFF: Well, I mean, it sounds like 5 percent. I mean, 95 percent of them are male. But I don't-- And once again, I'm not an expert on suicide. Dr. Lischick would be the one I should probably have up here. I believe that's across the board even in the civilian world. Men tend to commit suicide at a much higher rate than women.

ASSEMBLYWOMAN TUCKER: Okay, thank you.

ASSEMBLYMAN BROWN: Madam Chair, I have a question.

ASSEMBLYWOMAN TUCKER: Yes, Assemblyman Brown.

ASSEMBLYMAN BROWN: I was given an article -- or actually an interview, where a soldier -- his name is Kevin Powers, who has written a new book about returning home from Iraq; it's called *The Yellow Birds*. And just going through it and reading, what struck me as the most common theme in the article was, coming back home there's a sense of anguish. Just coming back home, from the fact that they are in this heightened state all the time when they are in Iraq or Afghanistan. And then they come home. And my question is, in reading this, just like you

have basic training and getting ready to be combat ready, is there a decompression -- like a basic training -- to come back home for a soldier?

GENERAL CUNNIFF: If you guys want to come in and help on it -- but I can speak to the National Guard issues. They've integrated a reintegration process into the demobilization process. When our soldiers come back from overseas, they don't go back to Fort Dix and they don't go home that night. They go to a place like Fort Hood or one of the big Army bases before they're released from active duty. And they not only get medical screening and do the things they'd have to do to come off active duty, like take care of pay and allowances and that stuff, but most of it is concentrated on a decompression so they don't get off the airplane and go back home to mom and the family or dad and the family.

ASSEMBLYMAN BROWN: What's that timetable?

LIEUTENANT COLONEL EDWARD F. CRYSTAL JR.
(off mike): Sir, we're going to be specifically addressing that demobilization--

GENERAL CUNNIFF: I think they're going to speak on the demobilization process -- yes.

ASSEMBLYMAN BROWN: Oh, you are? Okay, great.

GENERAL CUNNIFF: And they are certainly the experts.

ASSEMBLYMAN BROWN: Okay.

GENERAL CUNNIFF: But I did okay? (laughter)

UNIDENTIFIED MEMBERS OF AUDIENCE: Yes.

GENERAL CUNNIFF: Good, okay.

ASSEMBLYWOMAN TUCKER: Thank you.

GENERAL CUNNIFF: Thank you.

SENATOR BEACH: Is there anyone else who has any questions? (no response)

General, thank you so much for your time and hosting us.

GENERAL CUNNIFF: Well, let me close by saying thank you for your concern, and what you do every day to support the veterans and the soldiers in the State of New Jersey; because I know I'm preaching to the choir in this room, but everybody is on the same side on this issue. And I thank you for your service.

SENATOR BEACH: Thank you.

Next we have, to testify, Lieutenant Colonel Chrystal and Chaplain Hughes from the Joint Base.

LT. COL. CHRYSTAL: Good afternoon, Mr. Chairman, General Cunniff, ladies and gentlemen of the Committees.

My name is Lieutenant Colonel Ed Chrystal. I am the Deputy Commander, currently, of Fort Dix. I definitely appreciate the opportunity to testify before the Committee.

With me is Colonel Chaplain -- Colonel; I'm promoting him already -- Major Chaplain Hughes, who will-- Basically what we're going to talk about today is, I'm going to give an overview of the demobilization process, which is exactly what was being discussed earlier -- that time period between when the soldier comes back from theater and when the soldier goes back home. And after I give an overview, Major Hughes will get up and actually speak-- He actually gives the briefings. So he will get up and talk about the actual reintegration briefings and the suicide prevention training that is given to these soldiers when they return home.

First of all, I just want to get into how -- to kind of separate the Joint Base from what we do in the demobilization program. Joint Base, again-- It's a tri-service base. We have the Army, the Air Force, and the Navy -- those are the three components that actually run there, which you all know. Mobilization and demobilization is strictly an Army mission. And that Army mission falls under the authority of the Army Support Activity-Dix, of which I belong to, and also the First Army. First Army is mostly an active duty unit -- Regular Army -- which actually conducts the training and has command and control over each of the units that come through Fort Dix. The units that come through Fort Dix are strictly Reserve component units. And we train every one except the Marine Corps. We train Army, Reserve, and National Guard; we train Air National Guard and Reserves, and we train Navy and we train Coast Guard.

What's challenging, specifically about the Reserve component demobilization, is when a unit comes back from an active duty deployment with an active duty Regular Army unit, they return to a base where they all live. So there is a central command, there's a central residing area, and the commanders, basically, have a lot more control over their soldiers.

What's more challenging, as most of you already know, with the Reserve component reintegration into society and return home from theater -- the Reserve unit comes home and there's a geographical challenge in that everybody lives -- could live all over the country, could live all over the state; not necessarily within the same area that the commander and the supervisors on the ground have that daily interaction with the soldier or the airman or the sailor, and can have that interaction and see issues that might arise throughout the day-to-day operations.

So what happens, as was addressed earlier, there is kind of a basic training when you return, and we call it the demobilization process, or the reintegration process. And I'm going to cover that and, basically, it's a-- We call it requirements-based; it is not time-based. It is strictly requirements-based.

And what happens is when the soldier returns home -- again, requirements-based, but we set it along a 14-day model. And, again, the First Army and ASA-Dix are in control of this model. But throughout the model, the majority of soldiers -- the main body as we call them -- they go home within six days. Within six days the majority go home. After day six, people who have medical issues, mental issues, unresolved legal issues, or other administrative issues, they'll stay on the ground at Fort Dix or whatever demobilization station they go through; and their senior leader -- or their commander, if you will -- will stay on the ground with them until that 14th day, when it's then decided whether they need to go for further medical treatment or their issues will be resolved and they'll all go home at that time. So again, a requirements-base is set along this 14 day model, if you will.

Just to give a quick overview of it: Again, the unit comes home from theater, they arrive at the airport. Immediately upon arrival they will go to Timmerman -- we have Timmerman Theater, we take them there -- we sit them down, we give them a briefing on what's going to happen. So every soldier there knows exactly what's going to happen, what the process is, and when they can expect to go home. Because, as you can all imagine, the biggest thing on the soldier's mind is not what's wrong with me, what needs to be fixed; the biggest thing on their mind is their driveway. When am I

going to get home? When am I going to see my kids? When am I going to see my wife or my significant other -- my husband? These are the things that are on their mind.

So basically, by sitting down, giving them the orientation, giving them the briefing, everyone has kind of a better understanding of when they can leave, a better expectation of when they can be home. So now they're not so set on, "Okay, I need to be home tomorrow," they're set on, "Okay, within those 15 days I know I'll be home."

Right after that, everything is turned in -- all their equipment, all their weapons -- so that from then on the soldier no longer has to worry about, "Okay, let me keep track of all the possessions that I signed out by the Army. Let me be concerned about myself and how I'm going to make myself ready to get out of here."

Again, we have day one briefings, we have day five briefings; and, again, Chaplain Hughes is going to get into them more specifically.

Again, this process is six, seven, eight days. We go through-- We have a Joint Readiness Center at Fort Dix. The Joint Readiness Center consists of numerous stations that these individual soldiers, through the units, go through. We have legal stations, we have administrative stations, we have medical stations, we have veterans stations and, basically, everything that that soldier needs to be checked on that may have changed from the time they mobilized and went through this process to the time they returned, these issues can be addressed. And it can be determined if, "Okay, they're ready to be released to their units," and subsequently to their homes; or do they need to stay and follow through and get more training or more -- not more training -- but more medical attention or more

administrative or legal action that needs to be accomplished while they're there.

Some of these days you'll hear the soldiers complain that the days-- Sometimes we're busy and we can't fit all the units through at the same time. So a lot of times what happens is these units will get what we call *commanders time* and they'll have some time on their own -- private time -- to accomplish things they need to accomplish individually. Basically, it's a half a day off or a day off throughout that six-day process.

Once again, the majority of personnel, on day eight, they're going home. They're getting on a bus, they're leaving Fort Dix, they're going to be brought back to their home of record, and they're going to be released there. The rest of them will stay through until day 14 and, again, a demobilization/validation hearing will occur for each individual soldier to make sure they are ready to go back.

I know I didn't address any of those specific issues of reintegration. Unless you have any other questions of me, Chaplain Hughes will take over.

SENATOR BEACH: Thank you.

Oh, wait, wait -- I'm sorry.

Yes.

ASSEMBLYMAN JOHNSON: I have a question, but maybe I should wait until after the Chaplain speaks and then keep you both together. Would that work, Chair?

SENATOR BEACH: Okay.

LIEUTENANT COLONEL CHRYSTAL: Okay, thank you.

ASSEMBLYMAN JOHNSON: Chairs.

SENATOR BEACH: Confusing, isn't it?

ASSEMBLYMAN JOHNSON: I'm used to the lower house, you know. It's the people's house. (laughter)

CHAPLAIN MAJOR DOUGLAS HUGHES: Good afternoon. It's good to be here and entertain any questions.

A couple of things: As the Colonel was saying, when they arrive at Fort Dix -- the plane arrives, the bus arrives -- they come in, they either go to Timmerman or, depending on the size of the unit, they might go to the *demob cell*, which is in a different building. They get that first day briefing of all the things they can and can't do. And the next thing that they do is they go through what we call *day one briefing*. The first thing they'll get is a folder that looks like this, and it lists every checklist that they have to go through. Some of these are: The first thing they do is they come in, we do some initial paperwork, then we send them off to the medical folks. And then they have to go through dental, optometry, immunizations, the laboratory, they go through an audiogram, they go through a computer program called ANAM -- which I have no idea what that stands for -- but it has to do with-- To get a general feel to see if there's any TBI or any kind of behavioral health issues that may need to be looked at.

Once they get through that, then they go see one of the providers. We have what we call an MSU -- sir, you may know what that stands for -- it's a medical unit, that's a Reserve unit that's brought in. The current medical unit at the JRC right now is a unit out of North Jersey; it's a Reserve unit. They provide-- I think there's like six medical providers, including nurse practitioners, physicians assistants, and two doctors, and staff for all of those things I just talked about: dental, optometry,

immunizations, laboratories. And there's a survey at the very end. Then they see the provider. If the provider gives them a go, then they are finished with all the medical and they move downstairs in the JRC building and go through all the administrative pieces. If they get a *no go* -- I'll talk about that one in just a minute.

Once they get-- If they get past all the medical folks, then they head downstairs and they talk to the ESGR folks -- that's the--

GENERAL CUNNIFF (off mike): Employer Support for the Guard and Reserve.

CHAPLAIN MAJOR HUGHES: Thank you, sir. They go through the finance station, which can be very tedious trying to get that last paycheck done correctly. They have to see me; the security folks come and talk to them about security, about what they can say and can't say once they go home. Then they have a chance to go talk to the lawyers. And then they go through family and soldier support. We have an entire section there in the JRC building that does almost the exact same thing that Chief Albanese and his people do for the State side.

If all goes well, we send them to the DEERS and ID card. They turn in their active duty ID card and they get what we call the *180 card*. That gives them medical -- the ability to get medical services on the Army's dime for the next 180 days. Once they get that, then we give them their DD 214 and we set them loose and send them home.

Now, if they get caught up in the medical world, then they have-- The medical folks have another 14 days to diagnose and come up with a recovery plan for that particular person. And at that point, whether it's a shoulder surgery, a knee surgery, an ankle surgery-- We've learned

that if a soldier shows up to us from their home, from their Guard unit, they come and go on active duty, and if they're at 100 percent when they arrive, isn't it our responsibility to send them home at 100 percent? So we keep them on active duty orders until we get them completely medically fit and then send them home.

Colonel, I don't know if we want to go into the WTU and the community-based WTU.

LIEUTENANT COLONEL CHRYSTAL: No, I think, basically, we want to discuss the reintegration (indiscernible) education and suicide prevention training.

CHAPLAIN MAJOR HUGHES: Okay. All right, then we'll move on. If there's a question about that, I'll be happy to answer that further.

As far as suicide prevention: The General was absolutely correct. I was writing there and I pointed out, pointed to the Colonel, I said, "An interesting fact is that more than half the suicides over the last two to three years are soldiers who have not deployed." It's an interesting fact because those who have deployed, they have been given those kind of resiliency trainings so that when they come home then they're able to deal with the issues that they had downrange.

One of the things that we start off with in this reintegration process: I'm reminded of a quote by Colonel Hoge, who is an Army psychiatrist; he's retired. He was one of the senior combat stress folks over in Iraq and Afghanistan; he did several tours. He says in his book, he says, "Soldiers returning home have been living in a fourth dimension. And when they return back from that fourth dimension, back into a third

dimension, it's hard to explain or to be understood by those who have never experienced that fourth dimension."

Someone said earlier that sometimes the soldiers are so high strung, they're mission-oriented, and battle focused. Sometimes it's hard to bring down that energy when they get home.

I think there was a question about down time on their way home. Once a unit leaves, let's say the Afghanistan theater, they fly out of Kabul and usually they go to someplace in a country named *-istan* -- there are three or four of those -- and from there they spend a couple of days waiting for a flight. Then they end up back in Germany; they spend three or four days waiting for a flight. They finally get here to Fort Dix -- if they're coming here for a demobilization -- and they've already had the equivalent of 7, 8, 10, 12 days of down time; they're just ready to pack up and go home. We know that's what they want to do is go home. So we do our absolute best to get them through this entire process quickly and easily.

One of the things that -- when I do a reintegration brief, I'm the last brief that almost every soldier gets before they head home. And I would talk to them about successful reintegrations and what does it take to reintegrate back into family and friends and society when you've been battle focused on just your particular lane -- I guess that's our language, but when you're in your own little world you really don't care what's going on to the left or the right as long as it doesn't impact your lane, right? So we try to get them to expand that when they go home with family and the job they'll return home to.

We talk about expectations for married folks, expectations for family and kids. We talk about escalation of events. Oftentimes we have

those moments when something that we think is very minor and easy, then, all of a sudden takes on a life of its own and it becomes something huge and big, right? We've all seen those?

But the last thing we do is we make sure that we send them away with a number of trusted resources, including websites and phone numbers. We chaplains at Fort Dix -- there are three of us who are mobilized there to take care of soldiers -- we give them our phone numbers to the emergency center there at Fort Dix and we tell them, "No matter where you are in the country, if you need to call one of us you call that number and one of us will call you back immediately." Because that's what we do -- we take care of soldiers.

Moving onto the area of suicide prevention. When I do the suicide prevention brief for all the soldiers who have now returned and are going home, the first thing I talk about is positive peer accountability. As the General said-- Sir, how many soldiers and airmen do we have in the New Jersey Guard?

GENERAL CUNNIFF (off mike): Eighty-five hundred.

CHAPLAIN MAJOR HUGHES: Eighty-five hundred. And you know everyone of them, right?

GENERAL CUNNIFF (off mike): Absolutely -- no. (laughter)

CHAPLAIN MAJOR HUGHES: Well, what we tell them is, on the Army side we have battle buddies. When you go downrange with a battle buddy -- if you're in the Air Force you have a wingman, right? -- what we tell them is: Take care of your battle buddy. Keep up with him while you're at home so that it's your battle buddy who really knows what's going on with you.

During my reintegration briefing I always ask the question, “How many of you all, while you were downrange, found that your temper got faster?” Of course you get a couple of chuckles, so I said, “Let me ask a different question: How many of you noticed that your battle buddy’s temper got quicker?” And then everybody raises their hand.

So my response to them is you take care of your battle buddy when you get home, because you’re the only one who really knows if there’s a change in that person’s lifestyle. I mean, they might be crazy all day long and then all of a sudden they’re normal; that’s a bad thing. (laughter) So we talk about peer accountability.

Also, in suicide prevention, I think the Army G-1 sends down a slide deck for us to use. I’m a little nervous with that one because I think it starts in the wrong place. I didn’t say that, did I? (laughter) For suicide prevention, we have to start that when people are in a normal state of mind. If we wait until there’s an ideation or a suicidal event to begin this process, we’re already too late. So I think we do a good job with sitting down with every soldier, every airmen, when they are in their normal state to remind them of what their normal state looks like.

The other thing that I tell folks is that the biggest problem with suicide prevention or suicidal ideations -- if you can get someone past a crisis moment, if you can get them past that moment of decision, then usually you can get them to be recovered at a certain point in time.

Let me leave you with one story. One of the things in the suicide prevention program, I tell them this story. I have a friend of mine who is also an Army chaplain. He’s AGR, which means he’s an active Reservist. He came back from Iraq back in 2005. Two months after being

home, at 2 o'clock in the morning he got a phone call from his battalion commander -- a colonel -- who said, "Chaplain, I have a .45 pointed at my head. Tell me why I shouldn't pull the trigger." That's how I remind folks. You may not get that call, but you better have an answer in your back pocket before that phone call comes.

And so we deal with peer accountability -- you take care of your battle buddy.

I can sit here and talk all day because I'm a clergy and that's what we do for a living. (laughter) But are there any questions?

GENERAL CUNNIFF (off mike): (Indiscernible)

CHAPLAIN MAJOR HUGHES: We can do that, sir.
(laughter)

SENATOR BEACH: Assemblyman.

ASSEMBLYMAN JOHNSON: Thank you, sir.

Oh, ladies first.

ASSEMBLYWOMAN ANGELINI: Through the Chair; thank you.

When the soldiers are deployed, is there any active connection with the families back here?

GENERAL CUNNIFF (off mike): I can speak to that from a New Jersey Guard perspective.

ASSEMBLYWOMAN ANGELINI: And if that's--

GENERAL CUNNIFF (off mike): Every unit that deploys runs a family readiness group, normally headed by the spouse of one those deployed members. And they don't have problems getting volunteers for a whole staff. They have monthly events for families who work closely with

Chief Albanese, in the back there, with the Family Readiness Center. And we're in constant contact with the Guard members and their families when they're deployed. We have events, we bring them in; and that's probably to force people to talk peer-to-peer with the members; but that's the first group that they may see a problem within a family, and they would bring that forward and we would use our resources to get them help.

Chief, do you have anything you want to add?

CHIEF WARRANT OFFICER 3 FRANK ALBANESE

(off mike): Yes sir. Along that note, we actually have our Family Assistance Centers, which are dispersed throughout the state. There are two Air Guard and five Army ones. And our family assistance specialists call each of the deployed households each month. So we have monthly welfare calls -- we check in on them, see if they need anything. And we do that each month until they return home. And we pick up a lot of-- We get a lot requests. Then we also have what's called *Family Readiness Support Assistants* who are at each major command headquarters, and there are people who are linked to our office -- they're civilians -- and they work with the command to help establish the family readiness groups and train them on the different stuff and the resources that are available. So we hit them from two sides -- from the family assistance and family readiness -- to try to build the coping skills so they know where to reach out for stuff when they need it.

ASSEMBLYWOMAN ANGELINI: Thank you.

CHAPLAIN MAJOR HUGHES: In a more personal manner, when I first got in and deployed back in 1984 -- wow -- my only communication with my family were occasional letters and a MARS radio. Ma'am, you're shaking your head -- you remember those, right?

Nowadays, every soldier downrange -- they're on Skype, they're on cell phones, they're on e-mail. I mean, they're talking to their families all the time. So I think that's a very good thing and technology has been very helpful for that.

GENERAL CUNNIFF (off mike): The very nature of warfare has changed. Not only are our soldiers talking every night to their families, they spend a lot of time talking about the cool-down period and coming home. My grandfather was in World War I; it took 60 days to get home from France on a boat before any reintegration process. My dad was in World War II; it took him 30 days to get home. We're talking about people coming out of Afghanistan for six days and then having another six. But that doesn't even cover it all. This state doesn't have the issue, but National Guard units and active duty folks that fly the Predators that are in the news all the time with drones -- they're flown from the States; most people don't realize that. They are launched from theater and they are flown; the Afghanistan and Iraqi Predators are being flown by Guardsmen in New York state, in Syracuse, and California and active duty counterparts throughout the states. And those guys are launching missiles at people and then going home and picking their kids up off the school bus a half an hour later. So when you think the guy-- And that's been addressed-- When this started, the National Guard wing commanders, of which I was one, we said, "Well, we need full-time chaplain support." And you know, the bureaucracy said, "Why would you need that? You guys aren't deployed." States like California and New York put up their hands. So now that was the basis of having the psychological wellness people in the wing, plus having full-time chaplains to evaluate (indiscernible). Think of that

situation (indiscernible). They are launching a missile at somebody at 4 o'clock and you're driving home to pick up your kids off the school bus. Where's the cool down there?

SENATOR BEACH: Assemblyman.

ASSEMBLYMAN JOHNSON: I just have an administrative question.

When a person returns from theater for this period-- Well, a Reservist or a National Guard individual gets a set of orders saying, "You will be-- Report to active duty for 90 days, 180 days," what have you. When that person returns within that time period, if it is found that he or she has a psychological or if they have a medical issue, then their active duty orders are extended?

LIEUTENANT COLONEL CHRYSTAL: Yes, sir. That is correct.

ASSEMBLYMAN JOHNSON: So they stay on-- They stay on the Federal side?

CHAPLAIN MAJOR HUGHES: Correct. And as a matter of fact, I was going to mention earlier, if you get into the WTU -- those are folks who need surgery or who are going to be long-term care -- they keep them on active duty orders, send them home, all they have to do is report in once or twice a week to a local armory that they're still alive and that they are getting treatment, and they stay on active duty orders until their doctor says, "You're fixed."

GENERAL CUNNIFF (off mike): We refer to it as line-of-duty injuries.

ASSEMBLYMAN JOHNSON: Yes.

GENERAL CUNNIFF (off mike): And obviously-- And it kind of puts the burden on the Federal resources versus the State. If you're ordered to active duty to serve in Afghanistan, you're sent there Federally by the U.S. government. And before you're returned to your civilian life and put the burden on whatever healthcare system you have, they will extend those orders, in most cases, until that person is as good as they're going to get.

ASSEMBLYMAN JOHNSON: Yes.

GENERAL CUNNIFF (off mike): If they're never going to get as good as they were, then they get put into the veterans' health care system and that's where they'll go for the rest of their-- As long as they need care.

ASSEMBLYMAN JOHNSON: During the reintegration period at a *demob* setting -- I guess that would be at Fort Dix, as you said before -- are the families allowed there? Was that question asked? Can their families come there?

LIEUTENANT COLONEL CHRYSAL: Sir, historically the answer would be no. However, a lot of times in cases like New Jersey where the residents are, obviously, here, a lot of times right after the initial welcome brief we will bring them over to a National Guard facility at Fort Dix and they will be reunited with their families for a couple of hours, and then the family will be treated to snacks and dinner -- whatever. And then they will have to part ways and the people will remain in lockdown, if you will, until--

GENERAL CUNNIFF (off mike): And we as an organization work very hard--

ASSEMBLYMAN JOHNSON: Lockdown? (laughter)

GENERAL CUNNIFF (off mike): We have to lock them in to keep them from going home.

But we work very hard to have our soldiers from New Jersey reintegrated through Fort Dix when they are processing. But that's not a done deal. A number of our people go to Fort Bliss, Texas; they go all over the country. It kind of has to do with when they're getting back and what type of unit they're in. We just had the 150th come back from Kosovo and they were over there a year and they were demobed -- where? -- in Illinois?

UNIDENTIFIED MEMBER OF AUDIENCE: (Indiscernible).

GENERAL CUNNIFF (off mike): Yes -- somewhere in the (indiscernible). Illinois or Arkansas -- same (indiscernible). (laughter) Anything past the Delaware River (indiscernible).

So that's something we do work with in the big Army -- the active duty component -- because it's certainly better for our soldiers if they can be -- at least see their family when they get off the bus. You know, have a little get together before they go into this process and lockdown, as it was referred to. You know, soldiers-- I agree with the Colonel; they want to see their driveway.

ASSEMBLYMAN JOHNSON: Yes. Well, sir, I agree, because as I said before, you want to see your family when you're coming back, when returning from being in theater. And as you're returning back, you said you stop over, possibly in Germany, and then you stop over possibly in another location for refueling or whatever. When we were returning back from Desert Storm we stopped overnight and then came back to Dix or North Carolina -- I forgot where I was. But all you want to do is see your family, so-- And, you know, these set of orders say, "At so-and-so date, if

I'm in good health, I'm out of here," and then I report to my Reserve unit whenever the next drill date is, and that's it. But you're with your family. So I'm concerned that if a person gets extended for some reason-- But you answered that question. Because if it's LOD, they still get to go home and they're still getting treatment from the VA or the military.

GENERAL CUNNIFF (off mike): LOD isn't spending a lot of time on it -- it's something coordinated -- it's not in every case. Most of them (indiscernible) would be kept on active duty the entire time. In some cases, if their injury is such that they can come back to work, then they go back to work. But the line of duty issue is that when you go to their physical therapy session twice a week, the Federal government pays them and the benefit of the physical therapy. So you may not actually stay on active duty the entire time, depending on the injuries. Certainly the more severely injured require long-term care -- yes. But even a minor injury, if somebody is found that they needed physical therapy for a year because they broke their leg, they would be probably covered for those days they needed that if they were able to return to their other job. If they were policeman and couldn't return to their other job, they may stay in the line of duty the whole period. So the commanders and first sergeants in a sense spend a lot of time managing that process. But it's really just looking out for the soldiers.

ASSEMBLYMAN JOHNSON: Chair, one more question.

What's a MARS radio? (laughter)

CHAPLAIN MAJOR HUGHES: It's basically a short-wave radio.

ASSEMBLYMAN JOHNSON: Okay. They had, back in the--

CHAPLAIN MAJOR HUGHES: Back in the old days.

GENERAL CUNNIFF (off mike): See, you've been in the military long enough to know that we don't even know what the acronyms mean anymore. (laughter) We've been using them so long, you ask people, "what's that?"

ASSEMBLYMAN JOHNSON: Thank you, sir.

CHAPLAIN MAJOR HUGHES: All I know is we had to say "over" when we finished our sentence. (laughter)

ASSEMBLYMAN JOHNSON: Thank you, sir.

ASSEMBLYWOMAN TUCKER: I have one other question.

When our soldiers are coming back and, just like you said before, they come to another state instead of the State of New Jersey, do they receive the same type of treatment that we have here in our state?

LIEUTENANT COLONEL CHRYSTAL: Yes, ma'am, absolutely.

It's an Army standard, or a military standard; it's not a state standard. When they go through the demobilization station, First Army -- that actually oversees and has command and control over most of the program -- is a Regular Army unit. Most of-- A lot of the worker-bee levels, if you will, of First Army, and the majority of the Army Support Activity-Dix are actually mobilized Reserve and National Guard soldiers who are put on active duty specifically for that mission. So regardless of where they're from, they receive the same training here at Fort Dix before they travel back to their home station.

ASSEMBLYWOMAN TUCKER: Okay. Do you know if they're given information when they come back home to the State of New

Jersey -- these are the places that you can contact for services? Do you know if that's given?

LIEUTENANT COLONEL CHRYSTAL: Correct.

CHAPLAIN MAJOR HUGHES: That's when the 30, 60, and 90 day Yellow Ribbon events take--

CHIEF WARRANT OFFICER 3 ALBANESE (off mike): I can answer that.

Folks who demob out off site, whether it be out in Camp Atterbury, Indiana, or McCoy out in Wisconsin -- wherever they -- Fort Bliss -- wherever they might be, when they come back to the state, we run what they call *reconstitution*. In the first three days when they come back -- even though they're still on Regular Army orders and in that status, because they still have leave that they're going to use before they come officially off duty -- totally off duty -- there are three days they owe back to the commander at home station that they're required to come in for duty. And during that time frame we bring them in, we repeat the process that they did at the demob station, we double check all their records, their medical. We just do it one more time just for the state so we know they're okay. And then we also introduce the local resources and stuff so they know where to go if they want to talk to our director of psychological health, or military family life consultant, or finance. We introduce it; it's a pretty redundant system, actually. They call it Deployment Cycle Support. It starts in theater briefings; they do them at the demob station and then we do them right away as soon as they -- in that first three days when they're turned back to us; and then again at the 30 days, we hit them again with it. And at that 30 days, that's just not soldiers and airmen; we also bring the

families in, too. Because at that point you want the families to hear everything just in case the service member is not taking the information home or if the family members are having troubles with the reintegration.

ASSEMBLYWOMAN TUCKER: Okay, thank you.

MR. ZAWACKI (off mike): Assemblywoman, just to take that a step further -- and you may be talking about sailors or Marines who may be out in California or wherever. A lot of sailors are separated right from the ship they're on. They may not go through the same demobilization process, but they do get information. But for those individuals we get a copy -- it has to be volunteered by the individual being separated -- we get a copy of their 214. And for every one of those we get -- we get quite a few of them -- we send them a letter, a welcome home letter, signed by General Cunniff and myself with a informational card in it -- a Z-card that folds out; you've probably seen them -- to make them familiar-- Once again, if it's redundant, fine. As long as they know that there's help there, there are services there if they need them. They may not need them. You're 24 years old or whatever, you're young and healthy, vibrant, (indiscernible) get back to life. So they may not need it at that point. But at some point they may. So at least they have that. And then a thank you for your service.

ASSEMBLYWOMAN TUCKER: Thank you.

SENATOR BEACH: Okay. Any other questions? (no response)

Colonel--

ASSEMBLYMAN BROWN: Just a statement.

SENATOR BEACH: Oh, go ahead.

ASSEMBLYMAN BROWN: ANAM -- found it out. Automated Neuropsychology Assessment Metrics -- there you go.

CHAPLAIN MAJOR HUGHES: Oh, bless your heart. Thank you. (laughter)

UNIDENTIFIED MEMBER OF AUDIENCE: There's a man with a smart phone.

ASSEMBLYMAN BROWN: Yes, that's exactly right. It makes us all look a lot smarter. We just forget to Google things. (laughter)

CHAPLAIN MAJOR HUGHES: Before we depart, I brought some giveaways if anybody's interested. This is stuff that we chaplains hand out to all the soldiers, the ones demobing and coming home. We have a little flip book called *Reunion and Reintegration*. For those who are mobilizing, we give them the *Mobilization Guide*. Here's one called *Suicide Prevention*. And this one here is called *Deployment and Combat Stress*. I brought copies of these if anybody's interested in grabbing one. There at Fort Dix, as well, we give our reintegration brief to every soldier who comes through. I don't know if I can say this or not but I will. Over the last 14 months I have personally spoken to over 700 units, to about 25,000 soldiers coming back through Fort Dix with the kinds of things that we do. They asked us if we took this program on the road and we said, "Well, no, because then we wouldn't be able to be here all the time." But we've made a DVD, so I brought some of these along if anybody's interested in seeing what we do for them as well.

I brought some other little things. Well, I have a big chaplain's table there in the JRC, so we put out all kinds of stuff. Here's something called *31 Days of Prayer* -- one in English, one in Spanish; two books called

Praying Husband, Praying Wife. And this wonderful little book called *Downrange*. It's written by a couple of folks who have gone downrange and have come back. And I just-- We get these for free, so we just stack them up on the table and you'd be surprised how often we have to resupply our tables.

ASSEMBLYMAN JOHNSON: Is there a shortage of chaplains Army-wide?

CHAPLAIN MAJOR HUGHES: Army-wide? I don't know.

ASSEMBLYMAN JOHNSON: Or in the State of New Jersey?

LIEUTENANT COLONEL CHRYSTAL: I think it depends who you ask.

GENERAL CUNNIFF (off mike): By denomination, it's very hard to get Catholic chaplains (indiscernible). There are active duty lists (indiscernible) but if we look at the statistics by denomination (indiscernible). I mean. I left McGuire 10 months ago, but there were no Catholic chaplains on the base at that time.

CHAPLAIN MAJOR HUGHES: Actually, there is one assigned to Joint Base; he's over on the Air Force side. But they just sent him to Afghanistan about two months ago, so they have a Reserve chaplain who is coming in on the weekends -- a Reserve priest. But again, most priests have responsibilities in their own parishes, so it's kind of tough to get the bishops to free them up.

We also -- maybe this is just a chaplain thing -- but we have a goodly number of chaplains who are in the, let's call them the evangelical framework -- using a big umbrella. We're kind of short on what we'll call liturgical chaplains; and we're really short on Catholic priests. I think

Army-wide-- I can give you Army numbers; I'm not sure about the Air Force. Army-wide, I think soldiers who identify themselves as Catholics run at about the 33 to 34 percent mark; and out of all of our chaplains, I think about 8 percent are priests. Our biggest problem is not so much that we can't get them in the Army; our biggest problem is getting the bishops to let them go. So if you guys have access to a bishop, twist his arm; we'd be happy to take one. As a matter of fact, the Colonel didn't say, but he and I are both actual Jersey National Guardsmen, and we're both on Title 10 orders there at Dix. But in the New Jersey Guard we have no priest. So if anybody knows a priest who wants to be in the Guard, let me know, please. If they can get their wheelchair into the Chaplain School, we'll take them.
(laughter)

ASSEMBLYMAN JOHNSON: Where is the Chaplain School?

CHAPLAIN MAJOR HUGHES: Chaplain School right now is at Fort Jackson, South Carolina. As a matter of fact, it's funny. The Army built this huge, big building and the Navy and Air Force said, "Hey, that's great stuff," so they've all maneuvered into our building as well. So all the chaplain schools are at Fort Jackson.

ASSEMBLYWOMAN TUCKER: And my only other question is: Does the active duty soldier get the same treatment as the Reserve soldier coming back?

CHAPLAIN MAJOR HUGHES: Interesting question. It's almost like asking -- talking about apples and oranges. As the Colonel was saying, when an active duty soldier returns back to their home base, they get back and after maybe an hour or two of saying things they can and can't do anymore, they send him home, because all their homes are right there by

the base or close by. And when they do all this process over the next three or four weeks, they're going home every night. Whereas we in the Guard and Reserve, we're stuck at the demob center for 7 to 10 days -- 14 days. They're getting the same information, but sometimes it's easier to handle the information if you're going home every night.

GENERAL CUNNIFF (off mike): One thing I think that is important to remember is we spend a lot of time on them when they come home. Fifty-three percent of the suicides are people who haven't deployed. So we have to spend as much time on that issue as we do on the deployment issue. Someday, hopefully (indiscernible) come to an end. And then there's going to be a peace, not a war. And we're still going to have a suicide issue if we don't concentrate on (indiscernible).

ASSEMBLYMAN JOHNSON: Are there military psychologists in theater?

CHAPLAIN MAJOR HUGHES: Yes. We do have combat stress teams that are usually run by a psychologist or psychiatrist.

ASSEMBLYMAN JOHNSON: Do they have their own type of unit, the psychologists?

CHAPLAIN MAJOR HUGHES: Yes, there is a combat stress team that goes around theater -- yes. I don't know what their makeup is; but they are available to every soldier downrange.

ASSEMBLYMAN JOHNSON: Okay, thank you.

ASSEMBLYWOMAN TUCKER: Anyone else? (no response)

SENATOR BEACH: Okay, thank you, Chaplain; thank you, Colonel. I appreciate it.

CHAPLAIN MAJOR HUGHES: Sure.

SENATOR BEACH: Next we have Major General Dodson with the Vet2Vet Program. If you could explain to us -- give us some detail about how you're making out.

MAJOR GENERAL MARIA FALCA-DODSON: Senator Beach, Assemblywoman Tucker, thank you for inviting us here today.

The call center is actually managed by UBHC, part of UMDNJ. And we've got really good data for both programs that we're running -- our peer support lines.

But I just want to start out by saying that General Cunniff did a really nice job of laying out the comprehensive array of services that are out there in the military. And, you know, I think the important takeaway from that is that this is a complex issue; there are many levels. The way to have a safety net is to have integration of all kinds of services and have that information readily available for the folks who need it when they need it.

If you take a step back and you think: We were talking all around our military culture issues and about how it feels to come back from combat. But really and truly it's a military culture issue at large. It's not just about deployment because we know the number related to suicide. So I think what you have to do is think about -- we talked about two months to come back on ship -- World War I; one month to come back from World War II. Well, World War II is an excellent example because 15 percent of the population was in uniform in World War II. Every American family had somebody in uniform, or knew somebody or was related, and lost people. There were tons of casualties. So every American family was affected. A million of those military members came back with what we now

call PTSD, but they called it *combat stress*. And they came back and they went to school on the GI Bill and they went back to work. And they joined the Kiwanis and the Rotary and the VFW and the American Legion, and all these other groups, and they talked to each other. And they didn't really have to talk about their experience because it was shared and you didn't have to throw a stone to hit another vet.

So compare that to today, and it's no surprise that our statistics are what they are. When you think about a younger population, they're not really talking to each other. And they've got to go somewhere to find another vet because only 1 percent of us are in uniform -- some of us were in uniform. And I know with my stepson, I can't even get him to e-mail me now; I have to text him. He's in the Army. So it's like if I want an answer I'm texting him to call me.

So you have to sort of step back and think about how do you reach that population, because it is that younger population that's making that ultimate decision around suicide. And how do we connect those folks -- and General Cunniff and Ray Zawacki and I talk about this stuff all the time -- how do you get to the individual and what they need, and particularly given that they don't have another person with a shared experience that they can talk to.

So back in 2005, before the Army came up with all of the funding that they have now for Yellow Ribbon -- and, by the way, New Jersey Vet2Vet is a reintegration program that DMAVA runs, so we're handing out our information as well. But we at DMAVA went to UMDNJ and asked them to start a call center called New Jersey Vet2Vet, modeled after Cop2Cop because that had been the successful law enforcement peer

support line. What a vet needs to talk to is another vet. And the VA knows that; they're staffing all the VA vet centers with vets. A vet needs to talk to a vet about their issues. And so the peer support line is just one way of doing that. Now, in New Jersey our call volume since 2010 is rapidly escalating. And so just from Fiscal Year 2011 to 2012, which just ended, we had an increase in calls of 54 percent in New Jersey -- and a shift. Because when we first started all these programs back in 2005, we had a waiting list of people who needed counseling that General Cunniff and Ray talked about -- the network of counselors that are out there took up that slack. Most of those folks who were on the waiting list for PTSD counseling were Vietnam vets. And the preponderance of the vets who were calling the New Jersey Helpline were Vietnam vets. But that has shifted now so that there are more OEF/OIF/OND Iraqi/Afghani vets who are calling -- 28 percent of the callers who call New Jersey Vet2Vet are from the current conflicts, from the global war on terrorism.

A big issue is outreach, and you've asked the questions about that. We do attend all of those events, but we also go to all the job fairs; we try to be wherever we're told that there's a veterans event, and so outreach is huge for New Jersey Vet2Vet. It's not just answering the phone 24/7.

So we have seven years of that model in New Jersey, and last year DoD funded the national program Vets4Warriors -- and so we have that program as well. And that also is 24/7. Every call is answered by a vet. And we have a real diverse group of people that works in the call center. They cover all the service branches except the Coast Guard; we weren't successful in recruiting a Coastie. But we have Reserve, we have Guard; 35 percent of my folks are still actively drilling in the Guard and Reserve; both

genders; all races, religions, ethnicities; two disabled, one with a service dog; and a real great mix of experience. Two are Vietnam vets, two are First Gulf War vets, and the remainder are all OEF/OIF/OND vets.

They man those phones 24/7, and that call volume has enormous numbers to it because we went live December 13, 2011; we cover 54 states and territories. We've had calls from every region. We've also had live chats, because you can live chat into our website from overseas including Afghanistan -- a number of those. So that program is now seeing a call volume of more than 33,000 to date, just in the nine months that we've been operational. And it's ramping up continuously.

I will tell you some statistics about our callers. Most of them are Army. Somebody asked a family question before; about 20 percent on the Vets4Warrior side are families that call. Our target market is the Guard and Reserve, but we answer all calls. We try to help anybody who does call. So about 20 percent in the Vets4Warriors are families; 25 percent -- 26 percent in New Jersey Vet2Vet are families that call.

So most of our callers are Army; 84 percent of them are E-4 and below -- this is all fitting all these statistics that we were talking about earlier, the young enlisted person. Most of them are Iraqi, Afghani vets, but 20 percent of them have not had a combat deployment and they are calling our line; 22 percent are women. We do suicide and homicide ideation screening on every call, and we have a memorandum of agreement with the National Veterans Crisis Line so that if we have an actively suicidal or homicidal individual and we need to get them into some sort of care, we try to get them to stay on the line with us and warm transfer -- warm transfer

meaning we stay on the line until the Veterans Crisis Line gets on the line -- and then we exit.

If they won't allow us to do that, then we sort of start the process for contacting emergency services wherever these people are. And we have been very, very good about tracking them down -- even those who are chatting in, we can usually track them down on an IP number and find out where they are. And we've had some dramatic interventions in that regard. However, I don't want to leave you with the idea that that's the preponderance of what we see. One percent of our callers are emergent -- 1 percent out of the 33,000. So 58 percent of them are routine calls, and the remainder -- 40-some percent -- not doing good math today -- are calling probably at-risk, but it's somewhat of a gray area. They are actively abusing alcohol, using drugs, we'll categorize them as that but they may not be in any way, shape, or form suicidal or homicidal; they just have a lot of issues going on.

The primary reason folks call is to talk to another vet -- that's what they say, immediately, when they call. And they do it, a lot, at 2 a.m. They also call because they don't understand their VA benefits and entitlements. So referral to a veterans service organization and a veterans service officer is one of our primary referrals that we make.

We also do follow-up calls to the people who call us. We're one of the few call centers that do that, and the only national one that does that. So once we get a person on the line, and that veteran connects with the veteran peer, there's a huge database that we keep; we plug in as much information as the individual is willing to tell us. As long as we have a good phone number we can do the follow-up. They can tell us their name is

Captain Mickey Mouse -- we don't care, because we maintain confidentiality and anonymity.

But once that happens we will ask, "Can we call you back? Can we follow up?" And generally speaking the answer is yes, and so we follow up. Depending on the intensity, sometimes it's within hours, sometimes it's the next day, sometimes it's a week, a couple of weeks -- whatever. It depends on the problem.

So the presenting issues vary, but they're pretty much the same for New Jersey Vet2Vet and Vets4Warriors. You're talking about financial, legal issues -- we've been hearing all about that. Some relationship -- and those are intertwined because they relate to custody issues, to foreclosure issues, to employment issues. Employment is huge -- huge. So those are some of the primary things. And when you talk about the psycho-social stuff, then you're talking about sleeplessness, anxiety, depression, substance abuse -- pretty much in that order. If we could fix sleeplessness and we could get more folks screened, probably for TBI -- and this falls under the purview of the VA who is actually starting to implement some of this -- we might be able to intervene more with PTSD. But many folks go for counseling and then they don't go back. They'll go once, they don't go back.

So one of the primary things we found that's been successful about peer support is, first we get them to go in the first place -- sometimes they haven't gone at all -- for counseling, and the second thing we do is we get them to go back. Because they'll go once; they won't go back and then they talk to a peer and the peer says, "Look, I had PTSD. I had a TBI. I

was in an IED incident. You have to go back for treatment.” That’s one of the things that we do.

So I think I’ll stop there. I’ve pretty much covered most of the major points about both programs.

If you have any questions?

ASSEMBLYWOMAN TUCKER: Any questions?

SENATOR BEACH: Any questions?

Senator Allen.

SENATOR ALLEN: Are the programs duplicative?

MAJOR GENERAL FALCA-DODSON: There’s overlap, but not really, because New Jersey Vet2Vet does outreach, goes to all the events, and serves all veterans and military in New Jersey. The Vets4Warriors program is funded to just target the National Guard and Reserve and it’s only passive -- answering the phone.

SENATOR ALLEN: On Vet2Vet, I was told the number is something like 6,000 contacts. Is that an accurate number?

MAJOR GENERAL FALCA-DODSON: Since 2005, we have had 15,000 contacts.

SENATOR ALLEN: Fifteen thousand.

MAJOR GENERAL FALCA-DODSON: In Fiscal Year 2012 alone, almost 3,400.

SENATOR ALLEN: Great, thank you.

MAJOR GENERAL FALCA-DODSON: And New Jersey should actually be pretty proud of that fact because Ray alluded to it: We’re the only state in the nation that does the family counseling as well as having the network of counselors that are out there. And really, I think

New Jersey took the lead. So you know, thank you to all of you for funding that for as long as you have.

SENATOR BEACH: Assemblywoman.

ASSEMBLYWOMAN ANGELINI: Thank you.

Since you got seven years worth of data as far as the phone calls, is there any particular time during the day or day of the week, and then were you able to ramp up the callers -- or, excuse me -- the folks who answer the phones?

MAJOR GENERAL FALCA-DODSON: Yes. Our call distribution system spits out data every minute, literally, and the statistics that we draw on, both Vets4Warriors and Vet2Vet, we can theorize as of midnight last night. So we can pull those up immediately.

The call system gives you a blow-by-blow what kinds of calls are coming in, how long they last. So midnight shift, of course, no surprise, was number one for quite awhile. But in the last two months, 3 to 11 has increased. You know, the very intense calls happen usually after midnight, though. You know, folks are not sleeping, they've got issues, they're inebriated. We also get, at 3 o'clock in the morning, "I went online and looked up your number and oh, by the way, my cat is sick and I need to get--" "No, that's a veterinarian, not a veteran." (laughter) So we get all of that on the midnight shift.

Some of my folks have gone out of their way to try to help these people to get a referral to the nearest emergency vet, but-- We adjust all of our staff -- to answer your question -- based on the data that we look at on a weekly basis.

And again, no surprise, the weekends-- Holidays are also trigger points for folks. If I may indulge myself here and ask you all if you could try to guess what the number one holiday was that caused our highest volume over this past year?

ASSEMBLYMAN JOHNSON: Veterans Day.

MAJOR GENERAL FALCA-DODSON: Actually, technically, it's not a holiday, but it's a--

UNIDENTIFIED MEMBER OF COMMITTEE: Valentine's Day.

UNIDENTIFIED MEMBER OF COMMITTEE: Super Bowl.

MAJOR GENERAL FALCA-DODSON: You're right -- Super Bowl Sunday was number one in terms of call volume. And the only thing I could figure out is that it's replaced New Year's Eve in terms of parties, and if you didn't get invited to one, then you're-- I don't know. (laughter)

SENATOR BEACH: Well, if you're a Philadelphia Eagles fan-- (laughter)

ASSEMBLYWOMAN TUCKER: I have one question. When they do call in, do you break it down to whether it's a financial call, distress call, or social, or--

MAJOR GENERAL FALCA-DODSON: We do. We gather all that data including the referrals that we give them. And when we give them a referral, we validate the information. Because if they're calling from Oshkosh, Wisconsin, we have a national referral database that we use which is not always up-to-date and not always comprehensive in some areas. So we do a lot of our own research and we've developed a lot of resources

across the country and in our other states and territories. So we do do that and we gather all that information.

Now, one of the things I didn't talk about that we did do -- that is, in Vets4Warriors, the National Guard Bureau gave us the IRR/ING list for the Inactive Ready Reserve and Inactive National Guard; because there is a lot of discussion about the fact that those are the folks who are falling through the cracks for all the services, because they mobilize independently by themselves -- they go overseas, they come back and they're really not getting -- possibly not getting all the comprehensive services that everyone else is getting. So they gave us the list to cold call them; not to just wait for them to call us. And so we are the first call center to do that -- to do a proactive outreach call. And so there are problems with the list that DoD gave us -- 1,300 names -- it was 3,400 names, 1,300 of those had no number. Another 1,000 had wrong numbers. But of the remaining number that we called, 70 percent of the people we contacted said they were glad we called and wanted us to continue following them, they needed a referral, and connected with a peer.

ASSEMBLYWOMAN TUCKER: So what's the main -- the highest reason when they call -- what's the--

MAJOR GENERAL FALCA-DODSON: Number one is to talk to a vet. That leads to the second, third, and fourth: it's sleeplessness, anxiety, depression, legal, financial issues. They sort of move around in terms of the percentages, but those are the top five reasons. And it's true for both programs.

ASSEMBLYWOMAN TUCKER: Thank you.

SENATOR BEACH: Any other questions? (no response)

Thank you, Major General.

MAJOR GENERAL FALCA-DODSON: Thank you.

SENATOR BEACH: And the last person signed up to testify is our esteemed former Assemblyman, Jack Conners.

ASSEMBLYMAN JACK CONNERS (off mike): Is it all right if I stay right here?

SENATOR BEACH: You can-- Whatever you want. Oh, we have-- Oh, you need the microphone.

ASSEMBLYMAN CONNERS: Number one, it is great to be here, Chairman Beach and Chairwoman Tucker.

As you know, I chaired the Committee, I guess, for 10 years. I was on the Committee for 14 years. However, all that said -- General Cunniff, I did a little math over there, and 48 years ago I joined the National Guard and 42 years ago I was discharged from the National Guard. And, sir, this National Guard is so much better. And if I could join the National Guard today I would, because it's tremendous.

GENERAL CUNNIFF (off mike): I have some papers-- (laughter)

ASSEMBLYMAN CONNERS: Would they give me the boot for old age or something? (laughter)

But that said, after I left the Assembly, I took on the position of Director of Veterans Services in Camden County. And to sit in the Assembly when I was on the Military and Veterans Affairs for 14 years, I learned so much in one year -- in one year -- dealing face-to-face with veterans than I could ever imagine.

But this whole subject of PTSD -- and someone mentioned all the acronyms, and I think it was you, sir, that talked-- There are so many acronyms, and TBI -- but Post Traumatic Stress Syndrome-- I found out over the past year just how real it is. In my office out in Blackwood, three days a week, I had the Vet Center from Philadelphia send over two psychologists and a psychiatrist, and every day -- or three days out of the week I had them on a porch area in this old home that I was in. And I got to see many of these men who came in. And they're from-- They're from Vietnam, they're from Korea, and the more recent battles -- Afghanistan. I just couldn't believe how many people would come and go. And I got to see their faces, young and old, and Dr. Cole gave me the opportunity to go over and spend-- She had also a class in addition to meeting at our office -- she had a class and I was invited to attend the class. And General Falca-Dodson talked about the fact that veterans want to be with other veterans. Even in my office there out in Blackwood when they came in the door -- I wasn't a Marine, I was in the Army -- but I had two Marines in my office there and as they stepped in the door they're greeted by a Marine. And you can see the rapport that goes on.

But ladies and gentlemen, not only -- one of the results, I guess, is suicide, but just having post traumatic stress syndrome and the effect that it has on all of your life and on your family is a very serious matter. It can affect whether you can get a job or not. I actually had a phone call because here in New Jersey you have veterans' preference -- you can get a job, become a fireman, become a policeman, work for the State -- there are opportunities out there. But when you want to become a policeman, for example, and someone starts looking at your records, sometimes I think it

causes a fear in some of these individuals who may have these problems because they don't want to admit them for the fear that they won't be able to get a job. And we have to get over that. We have to overcome that.

But I think we can, and I don't know whether advertising on buses or how we do it, but General, when you talked about the peer-to-peer and working with another veteran, that is really the key to it -- and how we get word out.

Just veterans' benefits-- There are so many veterans who don't know that they are eligible for so many things, let alone Commissioner Zawacki talked about the \$250 tax credit. There are so many benefits for veterans, but they don't know about it. And it's getting the word out to them. And I guess if the Legislature can do something, that's probably-- I don't have the answer here. But that is where I think the effort can be targeted.

And I also learned today, when the Chaplain talked about the fourth dimension, about the soldier coming back to the third dimension. And I met the wife of a soldier who talked about the soldier coming home, going into his refrigerator to get the ketchup. And the ketchup isn't in the refrigerator. He said, "Where is it?" And she said, "It's in the closet." "Well, when I left, I left over a year ago, the ketchup was kept in the refrigerator." So a fight starts.

PTSD -- and you see it. And how do you deal with it and how do you get help? And who do you talk to? And that is the challenge. A simple little thing like ketchup, of all things. But that's how it happens.

So I guess our challenge as legislators, as soldiers, is to get the word out and get to that soldier who needs help -- reach them however you

can. And it is a challenge. And as I said, my observation over this past year in particular is that there's a lot of really, really nice, good people who made a tremendous sacrifice for us. And in some of their cases -- Vietnam -- a lot of these men and women, they're my age now and they're still suffering from the effects of that.

But you have to sit in a meeting like that and watch the camaraderie, watch how they get along, and how they learn from each other, and how they graduate and they get better. So these are good things.

But Chairman, thank you for giving me this opportunity. I appreciate everything that everyone does. And we do need the professionals; without the professionals, we are lost. So thank you so much for all you do.

Chairman, Chairwoman, thank you.

SENATOR BEACH: Is there anyone else who wishes to testify? (no response)

Seeing none, before I turn it over to Chairwoman Tucker, I just want to thank you, General, for hosting us and thank everyone who testified for us.

And Assemblywoman, you may adjourn the meeting.

ASSEMBLYWOMAN TUCKER: Thank you, General, for hosting us. And I would just like to thank everybody who participated here today to give us the insights that we needed on just what you are doing to help our servicemen and women. And the most important thing is that you can come and give us your information to help us help you. And that's what we're all here to do -- is work together for our servicemen.

And I thank you again for letting us use your facilities, and thank you for sharing all the information you have with us. Thank you.

SENATOR BEACH: Meeting adjourned. Thank you.

(MEETING CONCLUDED)