

Veterans Day Townhall

November 10, 2021



RESPONSIBILITY.ORG

Today's Webinar Host: Chris Swonger

President and CEO for
Responsibility.org and The
Distilled Spirits Council



Honoring Those Who Served

On the eve of Veterans Day, we honor and thank all those who have put their lives on the line for America's freedom. Our gratitude for your service and sacrifice is deep.



Today's Moderator: Arnold Punaro

CEO; Maj. Gen. USMC (Ret),
The Punaro Group, LLC



ALCOHOL USE DISORDER OFTEN GOES UNTREATED

According to SAMHSA's National Survey on Drug Use and Health, only 4% of US adults who needed treatment, received it.

Data show that an estimated 10-20% of patients seen in primary care or hospital settings have a diagnosable alcohol use disorder.

DISCUSSION POINT: How can we increase screening and assessment among physicians and increase access to treatment including, but not limited to, medication-assisted treatment?

Helping our Veterans in Crisis

- Alcohol use disorders are the most prevalent form of substance abuse disorder among military.
- Between 37 and 50 percent of Afghanistan and Iraq War Veterans are diagnosed with some form of mental health condition (SAMSHA).
- Co-occurring disorders such as PTSD, Substance Abuse Disorders (SUD) and trauma (such as traumatic brain injury) are on the rise.



Prevalence of Co-Occurring Disorders

- More than 2 out of 10 veterans have both PTSD and a substance use disorder
- One out of three veterans seeking treatment for PTSD has a substance use disorder
- One out of 10 Iraq and Afghanistan veterans have a problem with alcohol or drugs
- Combat veterans with PTSD and alcohol problems tend to binge drink.



Meeting the Needs of Our Veterans

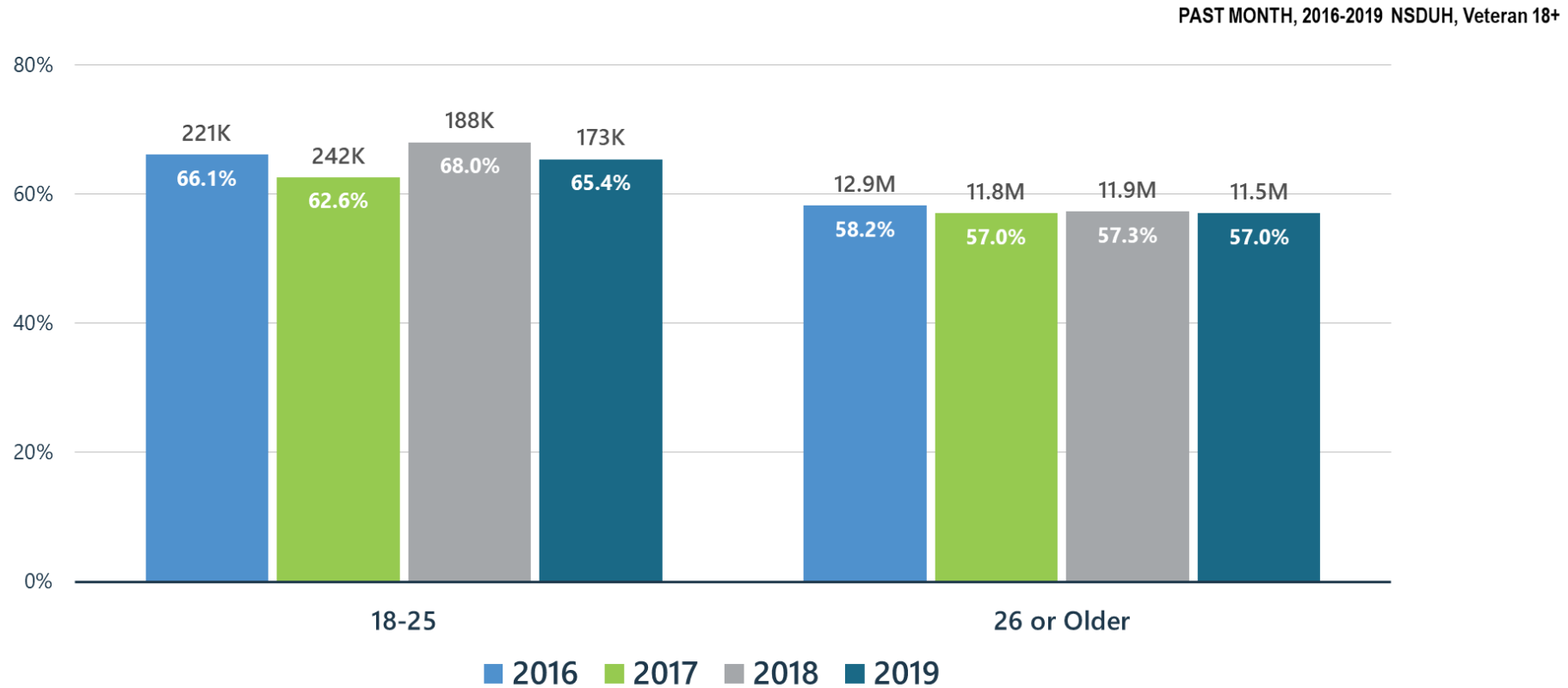
H. Westley Clark, MD, JD MPH

Dean's Executive Professor of
Public Health, Santa Clara
University

Responsibility.org National
Advisory Board Member



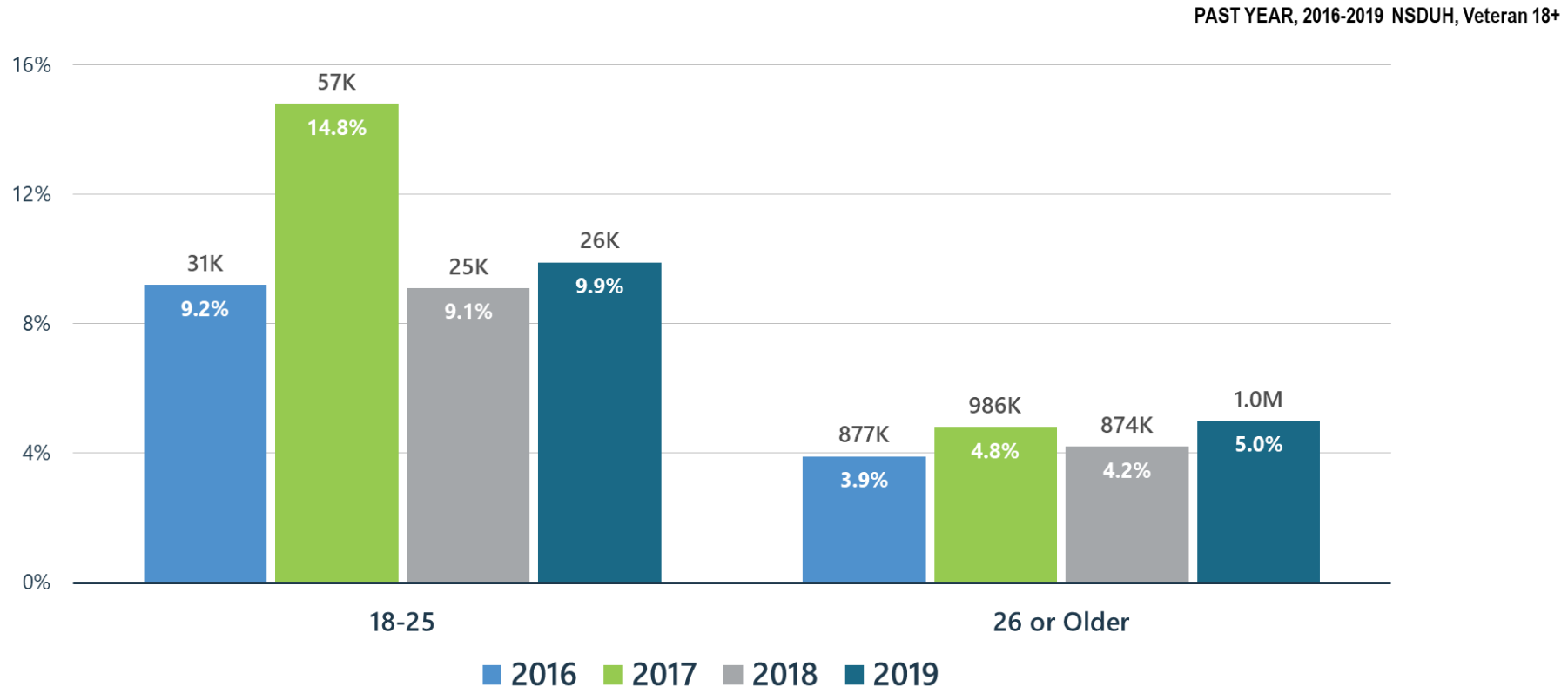
Alcohol Use Among Veterans



No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.

SAMHSA, NSDUH 2019

Alcohol Use Disorder Among Veterans



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SAMHSA, NSDUH 2019

Mental Illness and Substance Use Disorders Among Veterans (≥ 18 y.o.)

PAST YEAR, 2019 NSDUH, Veteran 18+

Among Veterans with a substance use disorder:

1 IN 4 (26.9% or 343K) struggled with illicit drugs

4 IN 5 (80.8% or 1.0M) struggled with alcohol use

1 IN 13 (7.7% or 98K) struggled with illicit drugs and alcohol

Among Veterans with a mental illness:

1 IN 4 (26.6% or 833K) had a serious mental illness

6.2%

(1.3 MILLION)

People aged 18
or older had a
substance use
disorder (SUD)

2.3%

(481,000)

People 18 or older
had BOTH an SUD
and a mental
illness

15.3%

(3.1 MILLION)

People aged 18
or older had a
mental illness

In 2019, **3.9M** Veterans had a mental illness and/or substance use disorder—an increase of 6.5% over 2018 composed of increases in both SUD and mental illness.

SAMHSA, NSDUH 2019

The End of the 20 Year War in Afghanistan

Implications for Veterans Health

The Numbers

- About 980,000 U.S. Afghanistan war veterans
- About 20,722 members Afghanistan of US Armed forces were injured.
- About 2,455 U.S. Service members were killed in the Afghanistan war

The Situation

- Increased risk for depression, PTSD, using alcohol or drugs
- Isolation and suicidal ideation



Jim Huylebroek for the New York Times

Beyond Afghanistan

- The VA estimates that approximately 1.9 million post-9/11 veterans are already enrolled in health care in its system
- Almost 16% of all veterans who deployed to Iraq or Afghanistan screen positive for PTSD.
 - On the other hand, an estimated 11% of non-treatment seeking veterans have PTSD or depression

The VA anticipates that there will be an increase in veterans with depression, PTSD, and suicide

Care for Our Veterans

The Veterans Health Administration (VHA)

- The largest integrated health care system in the United States
- The VA provide care at 1,293 health care facilities, including
 - 171 VA Medical Centers and
 - 1,112 outpatient sites of care of varying complexity (VHA outpatient clinics).

Veterans in Care

- Over 9 million Veterans are enrolled in the VA health care program.
- The Veterans Health Administration (VA) is the largest provider of treatment for substance use disorder in the U.S.
- Offers patients suffering from SUD and SMI a full range of services, including psychopharmacology and other services

VA Behavioral Health Services

VA Support for:

- PTSD
- Anxiety
- Bipolar Affective Disorder
- Depression
- Traumatic Brain Injury
- Military Sexual Trauma
- Schizophrenia
- Alcohol Use Disorders
- Drug Use Disorders
- Suicide Prevention
- Tobacco Use Disorders

New resource: Computerized Assessment and Referral System (CARS)



A SOLUTION TO BREAK THE CYCLE OF RECIDIVISM

RESPONSIBILITY.ORG



Using CARS to Link Assessment to Veterans Services

“The approach to the tool is user friendly and identifies substance use disorders and an array of mental health issues. It is easily used by our clinicians and staff members and allows us to populate the tool with our community resources. It generates a report to determine the linkage to those resources. The screening determines whether the participant is a high risk for recidivism and the need for treatment. This is vitally essential since we, as a treatment court, need to commence these services immediately or determine if residential placement should be the first step.”

The Honorable Robert Anchondo, Judge, El Paso County, Criminal Court

WHAT CARS OFFERS:



Computerized Assessment and Referral System (CARS)

CARS and Veterans

- Identifying Mental Health issues that influence hazardous alcohol use
- Adapted from the Composite international diagnostic interview (CIDI) and modified for DSM-5
- Can be used by non-clinicians and allows peer support specialist assessment

Not a traditional Risk/Needs Assessment

- CARS can facilitate identifying mental health needs and facilitate treatment referral
- CARS comes in three versions: (1) Full for DSM diagnosis and (2) Screener for mental health risk areas (3) Screener in Spanish
- CARS screener can be done in 15 to 40 minutes

Disorders Assessed in CARS

Modules Available in CARS

- PTSD
- Alcohol Use
- DUI
- Drug use
- Tobacco
- Depression
- Mania
- Suicidality
- Gambling Disorder
- Obsessive-Compulsive Disorder
- Generalized Anxiety Disorder
- Panic Disorder
- Psychosis
- Eating Disorders
- Attention/deficit Hyperactivity Disorder
- Social Anxiety Disorder
- Intermittent Explosive Disorder



Screening Report

Arthur screened positive for the following disorders. Definitions and endorsed symptoms are given for each disorder.

Panic Disorder

People with panic disorder have repeated and unexpected attacks of anxiety, terror and intense fear. During panic attacks, these people might sweat, tremble, feel dizzy, or have shortness of breath or a pounding heart. They might feel nausea and or stomach pain; sometimes they might feel as if they are choking. People with panic disorder might fear losing control or dying. They sometimes experience numbness, tingling, and hot or cold flashes. To be diagnosed with this disorder, sufferers must have panic attacks for more than one month. Alcohol, drugs or another mental illness (e.g., PTSD, social anxiety disorder) cannot cause or explain these attacks.

Arthur screened positive for panic disorder because he reported the following symptoms during a panic episode:

- heart pounding or racing
- shortness of breath
- nausea or stomach discomfort
- trembling or shaking
- heat sensations or chills

Generalized Anxiety Disorder

People with Generalized Anxiety Disorder (GAD) experience a lot of worry about day-to-day life. They worry minor issues will turn into major disasters. For example, they might over worry about being late. These worries can affect their work or personal lives. People with GAD might be restless, or easily tired. They might have problems with sleep or concentrating on things. They might be irritable and tense. When these symptoms last longer than 6 months and affect a person's ability to function in day-to-day life, clinicians can diagnose them with GAD.

Arthur reported a time in his life when he had difficulty in controlling his anxiety or worry.



Screening Report

Alcohol Use Disorder

Individuals with alcohol use disorder experience a variety of problems associated with their drinking. They might have difficulty fulfilling work or home duties. They might have repeated social problems, such as getting into conflicts or fights with other people. These individuals might experience physical dependence to alcohol. They also might have one or more of the following: tolerance, withdrawal, drinking more than intended, spending a lot of time getting alcohol and failed attempts to quit. Tolerance is the need to drink more to feel the same effect as experienced before on a lower dose. Withdrawal is the experience of stereotypical physical or behavioral symptoms when alcohol use is reduced or stopped. People with alcohol use disorder might also use alcohol when it is dangerous to do so. For example, they might drive after drinking a lot of alcohol. If a person experiences two or more of these problems within a 12-month period, they qualify for a diagnosis of alcohol use disorder.

Arthur reported that:

- his drinking or being hung over frequently interfered with his work or responsibilities at school or at home
- his drinking caused arguments or other serious or repeated problems with his family, friends, neighbors, or co-workers
- he was often under the influence of alcohol in situations where he could get hurt
- he drank a lot more than intended or started drinking even though he promised himself he wouldn't

Client: Arthur

Gender: Male

Age: 45

Risk Report

As reported above, Arthur had positive screens for 6 mental health conditions. CARS is a screening device, so further evaluation is necessary to determine whether problems reported are sufficient to qualify as a disorder and to determine the level of problem severity. Arthur should consider seeking professional assessment to determine if he should receive a diagnosis and discuss next steps. In addition to the symptoms presented above, there are a number of biopsychosocial factors that relate to poor mental health or might predict or trigger worsening symptoms. These factors are of more concern if they have occurred recently. The factors Arthur has endorsed are listed below.

- Arthur has reported a family history of other mental health problems.
- Arthur has reported that his current financial situation is poor.
- Arthur has reported that his current living/housing situation is poor.
- Arthur has reported the following life experiences that can increase risk for mental health problems:

- Having experienced the death of a family member, friend, significant other or loved one.
- Having had to cope with the illness or injury of a family member, friend, significant other, or loved one. Arthur experienced this within the past 12 months.
- Having had a difficult conflict with a family member, friend, significant other, or loved one. Arthur experienced this within the past 12 months.
- Having experienced the addition of a child or other family member to the household.
- Having felt socially isolated or lonely.

Table 2. Mental Health Treatment

Disorder for Which Client Endorsed Symptoms	Lifetime Treatment	Past Year Treatment
<u>Panic Disorder</u>	No	No
<u>Generalized Anxiety Disorder</u>	No	No
<u>Social Anxiety Disorder</u>	No	No

Client: Arthur

Gender: Male

Age: 45

<u>Alcohol Use Disorder</u>	No	No
<u>Obsessive Compulsive Disorder</u>	No	No
<u>Post Traumatic Stress Disorder</u>	Yes	No



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Client: Arthur

Gender: Male

Age: 45

<u>Alcohol Use Disorder</u>	No	No
<u>Obsessive Compulsive Disorder</u>	No	No
<u>Post Traumatic Stress Disorder</u>	Yes	No



Resource Locator

Substance Use and Mental Health Services

Community Substance Abuse Center

297 Pleasant St, Northampton, MA 01060

(413) 584-2404

<http://www.csacmethadone.com>

Care Types:

Residential	N/A
Outpatient	Yes
Detoxification	Yes
Emergency Services	N/A
Transitional	N/A

Payment Options:

Accepts Insurance	Yes		
Medicare	Yes	Medicaid	Yes
Free Program	N/A	Slide Scale	N/A

Special Population:

Adult	Yes	Youth	N/A
Family Only	N/A	Homeless Only	N/A

Specialization:

Trauma	N/A	Anger Management	N/A
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Anxiety	N/A	Cognitive Disabilities	N/A
Behavioral issues	N/A	Mood Disorders	N/A
Developmental Disabilities	N/A	Opiates	N/A
Additional Specialties	methadone maintenance, and methadone detoxification		

Other languages spoken:

Additional languages	N/A
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Public Transportation Options: Yes

Transportation Type: PVTA Bus B48/R41/R44- Northampton Lodgning (259)

WHO SHOULD USE CARS:



CARS can be used by clinicians and non-clinicians.



CARS can be self-administered or interviewer administered.



CARS can be used in a variety of settings including courts, probation departments, treatment providers, primary care physicians, and emergency departments.

DOWNLOAD FOR FREE AT

CARSTRAININGCENTER.ORG

Contact Chris Konschak at **Chris.Konschak@Responsibility.org** to learn more about CARS or to request a free training.



VETCHANGE:

An Evidence-Based Self-Help Tool to Help Veterans Take Charge of Their Drinking and PTSD

Nick Livingston, PhD

Research psychologist, National Center for PTSD

Assistant professor, Boston University School of Medicine

Business owner, VetChange



Clinical Need

- **High rates of alcohol use following deployment** (Hoge et al, 2004; Seal et al., 2011)
- **High rates of AUD and PTSD co-morbidity** (Grossbard et al., 2013; Livingston et al., 2021a; 2021b)

Barriers to Care

- **Veterans not seeking care that is needed**
 - Stigma, inconvenience, other access barriers (transportation, finances)
- **Technology interventions can increase access and circumvent barriers**

VETCHANGE

Helping Veterans Help Themselves

About

Resources

Login



Take Control of Your Drinking

VetChange is a free, confidential online program to help Veterans cut back or stop drinking, and learn to manage PTSD symptoms without using alcohol.

Finishing your drinking may be putting you at risk:

[Get Started Now](#)

VetChange: Self-management mode

- **Public website** – accessible to Veterans, families, and providers
- **Designed for veterans** of all generations and with all levels of alcohol use
- **Flexible** - No time limit on use, Veteran sets pace and selects modules and order of use
- **Web-based**, but can be used on computer, phone or tablet

The screenshot shows the VetChange website with a dark blue header. The main content area features a video player with a man's face, a 'Take Control of Your Drinking' section with a 'Get Started Now' button, and three icons: 'Set Goals', 'Track Your Progress', and 'Educate Yourself'. Below these is a 'You're in Charge' section with a photo of a veteran. At the bottom, there's a 'Track Your Progress' section with a screenshot of the program's interface showing a bar chart and a 'My Drink Log' table.

VETCHANGE Helping Veterans Help Themselves

About Resources Login

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VetChange is a free, confidential online program to help Veterans cut back or stop drinking, and learn to manage PTSD symptoms without using alcohol.

Find out if your drinking may be putting you at risk:

[Get Started Now](#)

Set Goals
Do you want to stop drinking, or cut back? Make the choice that's right for you.

Track Your Progress
See what's working with daily check-ins and personalized feedback.

Educate Yourself
Learn to manage risky situations for drinking —like stress, sleep, anger, or other feelings.

You're in Charge

Based on scientific research, VetChange helps you build skills to better manage your drinking and other problems Veterans can experience after deployment, including symptoms of PTSD.

Set your own goals. Learn at your own pace. Check your own progress over time and adjust your personal plan for change — with VetChange, you're in the driver's seat.

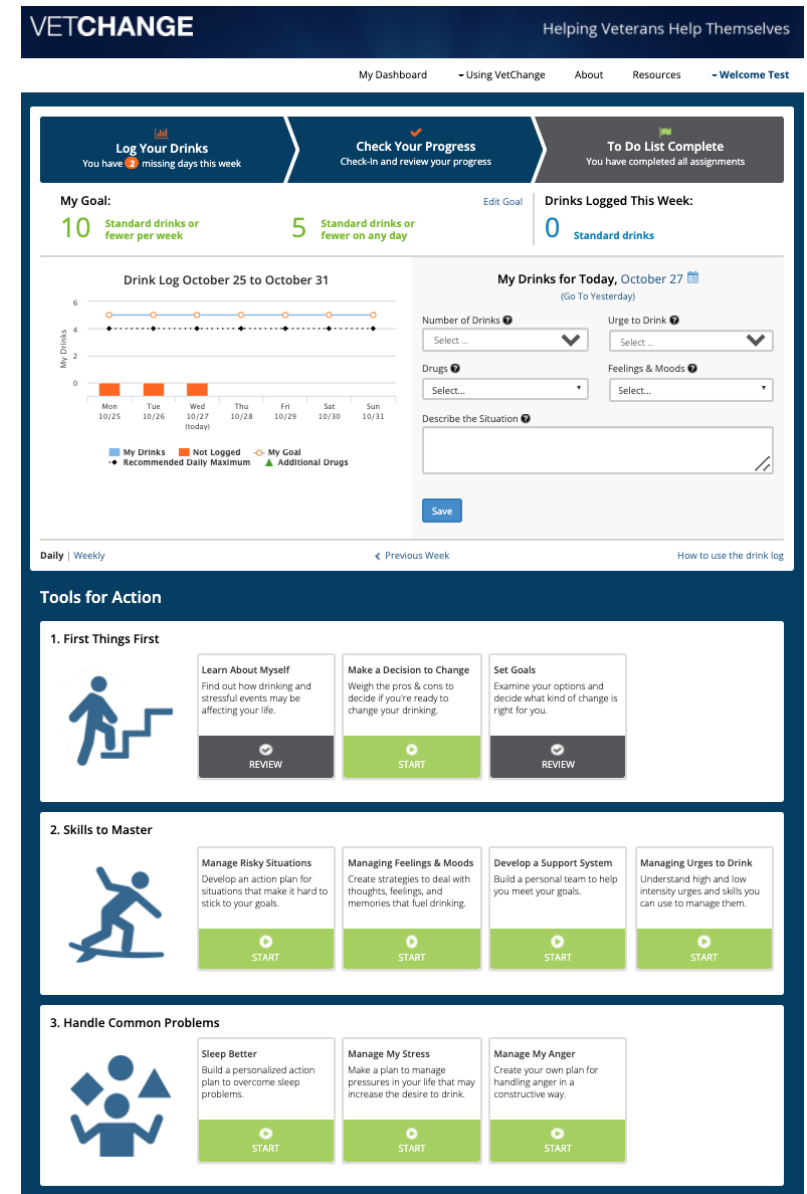
Track Your Progress

Set weekly drinking goals for yourself, then use the daily drink log on your computer, smartphone or tablet to stay on course.

Once a week, you'll "check in" to evaluate your progress, get feedback, and set your goals for the week ahead. Regularly tracking your progress and updating your personal plan are the keys to making positive changes over the long term.

VetChange Dashboard

- Self-management tools
- Assessments with feedback
- Skills-focused modules
- Resource list
- Emails, inspirational and text messages
- Daily tips



Feedback

How Much Am I Drinking?



You say you are consuming an average of

35 standard drinks
per week



According to national statistics*, this is more than

95.0% of men in the United
States

Does this surprise you?

Are you surprised by how your drinking compares to other people? It may seem like you are drinking the same as "most other people." But that may be because you are spending time with other people who are drinking as much or more than you.

Recommended Drinking Limits

Doctors recommend that men under the age of 65 should drink no more than **4 drinks per day** or **14 drinks per week**.

You are drinking above these recommended guidelines. This means that you are putting yourself at **risk** for health and other drinking-related problems.

VetChange will help you set goals for drinking, which should help you stay safe and healthy.

Register



Create Your Account &
Profile

4 Brief Questions



How Much Am I Drinking?

Feedback



Get Your 4 Question
Feedback



How have I been affected by trauma?

The questionnaire you just completed asked you to think about how you have been affected by your experiences during the time you were deployed.

This questionnaire was designed to examine a specific type of response to traumatic experiences known as posttraumatic stress disorder, or PTSD.

To learn more about PTSD, click the questions below.

What is PTSD?



What are the symptoms of PTSD?



How common is PTSD?



Your responses at this time suggest that you may have been seriously affected by your deployment experiences.

Many Veterans with this level of symptoms are diagnosed with PTSD. It is very important to consider how these symptoms are affecting your drinking and quality of life.

In this program, you'll have the chance to work on PTSD symptoms that might affect drinking.

Your responses also suggest that you may be having some difficulties with anger. Based on this, you should consider completing the Anger Action Plan described in this program.

It also appears that you may be having some difficulty sleeping. To help you sleep better, you should consider completing the Sleep Action Plan described in this program.

In addition, your responses suggest that your thoughts and feelings may have been negatively affected by your deployment experiences. To help you develop a plan to manage your thinking and feelings differently you should consider completing the Manage My Feelings and Moods Action plan.

You may also find it helpful to speak with a healthcare professional about your current symptoms. You can find more information about professional help [here](#). It is important to note that this survey cannot be used to make a diagnosis of PTSD; only a healthcare professional can do this.

Questionnaires



How Much am I Drinking?



Is My Drinking Putting Me at Risk?



How is Drinking Affecting My Life?



How Much Combat Trauma Did I Experience?



How Have I Been Affected by Trauma?





Log Your Drinks

You have 1 missing days this week



Checking Your Progress

After a week of VetChange, you can "Check-In"



To Do List

You have no assignments yet

My Goal:

9

Standard drinks or fewer per week

3

Standard drinks or fewer on any day

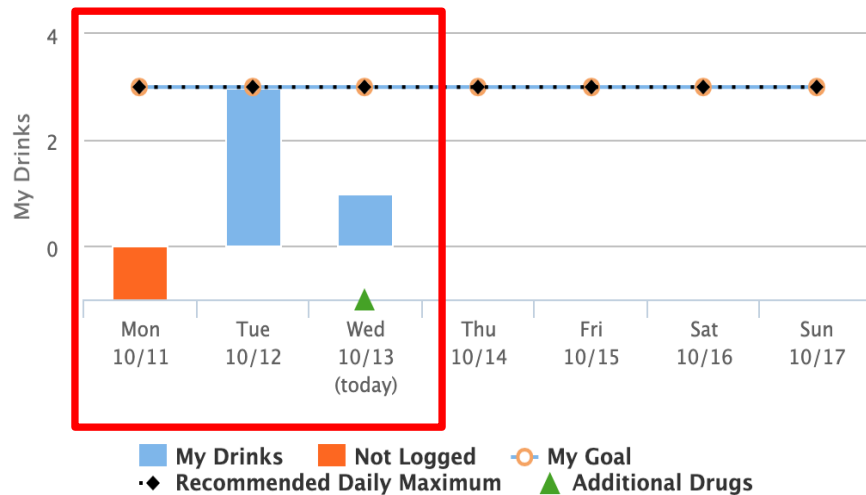
[Edit Goal](#)

Drinks Logged This Week:

4

Standard drinks

Drink Log October 11 to October 17



My Drinks for Today, October 13

[\(Go To Yesterday\)](#)

Number of Drinks ?

1

Urge to Drink ?

Strong

Drugs ?

Heroin/fentanyl

Feelings & Moods ?

Angry

Describe the Situation ?

I was sitting alone at home, having a beer and minding my own business, when a friend came in offering to get high. I was caught off guard and acted without thinking.

Save



RESPONSIBILITY.ORG

Tools for Action

1. First Things First



Learn About Myself

Find out how drinking and stressful events may be affecting your life.



REVIEW

Make a Decision to Change

Weigh the pros & cons to decide if you're ready to change your drinking.



START

Set Goals

Examine your options and decide what kind of change is right for you.



REVIEW

2. Skills to Master



Manage Risky Situations

Develop an action plan for situations that make it hard to stick to your goals.



START

Managing Feelings & Moods

Create strategies to deal with thoughts, feelings, and memories that fuel drinking.



START

Develop a Support System

Build a personal team to help you meet your goals.



START

Managing Urges to Drink

Understand high and low intensity urges and skills you can use to manage them.



START

3. Handle Common Problems



Sleep Better

Build a personalized action plan to overcome sleep problems.



START

Manage My Stress

Make a plan to manage pressures in your life that may increase the desire to drink.



START

Manage My Anger

Create your own plan for handling anger in a constructive way.



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VETCHANGE: RESEARCH SUPPORT

VetChange: RESEARCH BASE

Journal of Consulting and Clinical Psychology
2013, Vol. 81, No. 5, 890–900

In the public domain
DOI: 10.1037/a0033697

Web Intervention for OEF/OIF Veterans With Problem Drinking and PTSD Symptoms: A Randomized Clinical Trial

Deborah J. Brief, Amy Rubin,
and Terence M. Keane
National Center for PTSD, Boston, Massachusetts; VA Boston
Healthcare System, Boston, Massachusetts; and Boston
University School of Medicine

Eric Helmuth
Boston University School of Public Health and National Center
for PTSD, Boston, Massachusetts



Psychological Services

Understanding Motives for and Against Hazardous Drinking and Change Among Returning Veterans

Amy M. Schreiner
VA Boston Healthcare System, Boston, Massachusetts, and
National Center on Addiction and Substance Abuse, New York,
New York

Nicholas A. Livingston
National Center for PTSD, Behavioral Science Division, VA
Boston Healthcare System, Boston, Massachusetts, and Boston
University School of Medicine

Meagan Heilman
National Center for PTSD, Behavioral Science Division, VA
Boston Healthcare System, Boston, Massachusetts, and
University of Alabama

Toby Lynch
Massachusetts General Hospital, Boston, Massachusetts, and
Boston Healthcare System, Boston, Massachusetts

Lisa Vittorio
Ohio State University and National Center for PTSD,
Behavioral Science Division, VA Boston Healthcare System,
Boston, Massachusetts

Deborah J. Brief, Amy Rubin, Justin L. Enggasser,
Monica Roy, and Marika Solhan
VA Boston Healthcare System, Boston, Massachusetts, and
Boston University School of Medicine

Eric Helmuth
Education Development Center, Boston, Massachusetts, and VA
Boston Healthcare System, Boston, Massachusetts

David Rosenbloom
Boston University School of Public Health

Terence M. Keane
National Center for PTSD, Behavioral Science Division, VA Boston Healthcare System, Boston, Massachusetts, and Boston
University School of Medicine

The prevalence of hazardous drinking is elevated among returning veterans of Iraq and Afghanistan wars, particularly among returning veterans and those with co-occurring posttraumatic stress disorder (PTSD) symptoms. Understanding the reasons for drinking as well as motivations for change can tremendously improve intervention efforts. Unfortunately, little is currently known regarding the motivations that might facilitate or hinder change among returning veterans. In the current study, we examined returning veterans' reasons to change or not change drinking through analysis of responses to an open-ended decisional balance exercise. We included 366 returning veterans selected from a larger sample of returning veterans enrolled in a web-based randomized-controlled trial of an online intervention for alcohol use and PTSD. We used qualitative content analysis to systematically classify responses into categories through identification of common themes. Top reasons to change/reduce drinking included reducing negative physical effects, improve finances, and expected social/interpersonal benefits of reduction or abstaining. Top reasons to continue drinking/hot change included facilitation of social interaction, promote



Contents lists available at ScienceDirect

Addictive Behaviors

journal homepage: www.elsevier.com/locate/addictbeh

Changes in alcohol use, PTSD hyperarousal symptoms, and intervention post following veterans' use of VetChange

Nicholas A. Livingston^{a,b,c,*}, Colin T. Mahoney^{a,b,c}, Victoria Ameral^{b,c}, Deborah Brief^{b,c},
Amy Rubin^{b,c}, Justin Enggasser^{b,c}, Scott Litwack^{b,c}, Eric Helmuth^d, Monica Roy^{b,c},
Terence M. Keane^{c,a,b}
^a Psychological Trauma: Theory, Research, Practice, and Policy
2018, Vol. 10, No. 2, 154–162
In the public domain
<http://dx.doi.org/10.1037/trn0000281>

Web-Based Alcohol Intervention for Veterans: PTSD, Combat Exposure, and Alcohol Outcomes

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Public implementation of a web-based program for veterans with risky alcohol use and PTSD: A RE-AIM evaluation of VetChange

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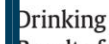
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Addictive Behaviors



Drinking goal choice and outcomes in a Web-based alcohol intervention: Results from VetChange

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HIGHLIGHTS

We provide a description of drinking goals and outcomes in a Web-based intervention. Participants in the Web intervention chose moderation goals most often. Both abstinence and moderation goals led to significant reductions in drinking. Drinking improved when a goal was either maintained or changed during intervention. Allowing for self-selection of drinking goals was associated with positive outcomes.



robust treatment
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VetChange: REACH



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www.VetChange.org



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VetChange Team

IAVA's mission is to connect, unite, and empower post-9/11 veterans

Tom Porter, Executive Vice
President, Government Affairs





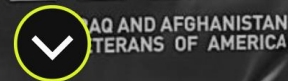
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VETERANS OF AMERICA

VETERANS DAY
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SAV MARCH

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