

**MINUTES
of the
THIRD MEETING
of the
MILITARY AND VETERANS' AFFAIRS COMMITTEE**

**August 22, 2012
Western New Mexico University Global Resource Center
Silver City, NM**

The third meeting of the Military and Veterans' Affairs Committee for the 2012 interim was called to order by Senator David Ulibarri, co-chair, on Wednesday, August 22, at 8:59 a.m. in the Western New Mexico University (WNMU) Global Resource Center in Silver City.

Members

Rep. Thomas A. Garcia, Co-Chair
Sen. David Ulibarri, Co-Chair
Rep. Eliseo Lee Alcon
Rep. Dianne Miller Hamilton
Sen. Richard C. Martinez
Sen. John Pinto
Rep. Bob Wooley

Absent

Advisory Members

Rep. Thomas A. Anderson
Rep. George Dodge, Jr.
Rep. Rodolpho "Rudy" S. Martinez

Sen. William F. Burt
Sen. Carlos R. Cisneros
Sen. Mary Jane M. Garcia
Sen. Eric G. Griego
Sen. Clinton D. Harden, Jr.
Sen. Timothy M. Keller
Sen. William H. Payne
Rep. Edward C. Sandoval

Guest Legislators

Rep. Yvette Herrell
Rep. Debbie A. Rodella

Staff

Pam Stokes, Legislative Council Service (LCS)
Douglas Carver, LCS
Rebecca Griego, LCS

Guests and Handouts

The guest file and copies of all handouts and written testimony are in the meeting file.

Wednesday, August 22

Welcome and Introductions

After a presentation of the colors by Vietnam Veterans of America, Chapter 358, Senator Ulibarri opened the meeting by extending a welcome to the committee, staff and members of the public present. After presentation of the colors, he asked all committee members to introduce themselves.

Relationship Between WNMU and Veterans

Dr. Joe Shepard, president, WNMU, discussed the efforts being made by the university to provide services and education to veterans. He noted that there are approximately 70 veterans enrolled at WNMU and that the university had recently been given a "military friendly university" designation. Dr. Shepard noted that in order for WNMU to do a better job of informing veterans of the opportunities available to them at WNMU, the university has set up an office dedicated to assisting veterans in overcoming hurdles to access education; the registrar's office is working to help veterans with financing their education; and the university is looking at ways to grant credit for training done while in the service. Finally, WNMU is at the forefront of the research and technology to study posttraumatic stress disorder (PTSD) by training individuals who can work with those suffering from PTSD.

In response to questions from members of the committee, Dr. Shepard discussed WNMU's efforts to recruit more veterans. He stated that the areas near WNMU's campuses are natural areas for veterans and that the military-friendly designation would attract more veterans to the campus. In addition, Dr. Shepard noted that as part of increasing recruitment, WNMU is reaching out beyond New Mexico to Arizona, California and Texas, with the hope that if residents of those states move to New Mexico for their education, they would then stay in the state.

After introductions, Senator Ulibarri turned the chair of the committee over to Representative Martinez, as the committee was meeting in Representative Martinez's district.

Status of Fort Bayard National Cemetery

Andrew Matthews, cemetery director, Fort Bliss and Fort Bayard national cemeteries; and James Porter, also of the Fort Bliss and Fort Bayard national cemeteries, discussed the status of the Fort Bayard National Cemetery with the committee. Mr. Porter is also the contracting officer's representative for the private contractor that now manages the Fort Bayard National Cemetery. They discussed the changing standards regarding who may be buried at Fort Bayard and the numbers and types of burials at the cemetery, noting the increase in burials in each of the last three years. They noted that the contract for the cemetery is for upgrades so that the cemetery can continue to serve the community for the coming decades; if nothing is done to expand the cemetery, it will run out of room in eight years. The National Cemetery Administration (NCA) of the United States Department of Veterans Affairs (VA) wishes to maximize development of the cemetery to prolong its active use. Mr. Matthews and Mr. Porter explained how the contract improvements would increase the opportunities for the different

types of burials in the cemetery. Mr. Porter noted that he works closely with veterans' service agencies and other veterans' groups so that they know that even though there is a private contractor, the cemetery will still be serving the state's veterans. Mr. Matthews added that the NCA is interested in acquiring additional land adjacent to the existing 18.8 acres of the cemetery in order to expand its overall capacity.

Members of the committee asked about vandalism at the cemetery. Mr. Porter stated that he is unaware of any vandalism but would confirm that with the contractor. Members of the committee also asked further questions about the possible expansion of the cemetery.

Old Fort Bayard Update

Chuck Gara, director, Property Control Division (PCD), General Services Department, discussed the PCD's analysis of the Fort Bayard campus and its recommendations for the campus' disposition, working his way through a handout provided to the committee. He gave an overview of the history of the buildings on the campus and their current conditions, focusing especially on the old Fort Bayard Medical Center (FBMC). He noted that it would cost \$28 million to bring the FBMC up to current code and would have a replacement cost of approximately \$93 million. He added that although the building is structurally sound, the layout is not conducive to the functions of a modern hospital. At present, it costs the state approximately \$45,000 a month to maintain the Fort Bayard complex, of which amount approximately \$34,000 a month is associated with the FBMC, a cost to the state of \$500,000 a year. A significant proportion of that cost is associated with the need to maintain the boiler system for the complex. Mr. Gara stated that demolition of the FBMC would substantially reduce the state's costs connected to Fort Bayard, although there are still significant questions to be addressed concerning the cost of demolition, including waste disposal and asbestos remediation.

Mr. Gara also discussed the water rights associated with Fort Bayard, noting there are two designations of rights, the first of 80 acre-feet the second of 200 acre-feet. The water is of high quality and could be used for a number of purposes.

Mr. Gara also discussed the Lautman Economic Architecture Partners (LEAP) study of options for the use of Fort Bayard. None of the proposed projects in the LEAP study is sufficiently developed and/or has sufficient money to be feasible at this time.

Mr. Gara concluded by stating that the PCD's recommendation is that funding be provided to demolish the FBMC. The cost for demolition could run from \$4 million to \$5 million.

A member of the committee suggested that it would be best if Fort Bayard is preserved.

Public Comment on Fort Bayard

The committee allowed public comment on the Fort Bayard proposal.

Two members of the public suggested that the FBMC be turned into a center to treat PTSD.

Another member of the public noted that the community has been working on the issue of Fort Bayard for a long time.

Mayor Richard Bausch of the Village of Santa Clara said that his village is interested in managing the property and coordinating groups interested in Fort Bayard.

Arlene Schadel, economic development coordinator for Grant County, noted that Fort Bayard is an economic development opportunity for Grant County and discussed some proposed projects.

Another member of the public discussed veterans' benefits as entitlements.

Another member of the public noted that the community had been working since 1971 on Fort Bayard and that it is more important to have dollars for benefits than to preserve the building.

Katherine Brown, the past chair of the Operation Bayard Task Force, noted that the task force is now a 501(c)(3) organization and that while it wants grants, it needs ownership of Fort Bayard. She also noted that she supports the Village of Santa Clara and Grant County becoming collaborating forces.

Motion

Senator Martinez made a motion to approve the minutes of the July 2012 committee meeting, which was seconded by Representative Alcon. The motion passed with all present voting in favor.

Alternative Treatment Option for Posttraumatic Stress

Dr. Patrick Nuzzo, Southwest University of Naprapathic Medicine, discussed the use of naprapathic medicine to treat veterans. He gave an overview of the practice and discussed how the drugless alternative medical practice could benefit veterans, particularly veterans' mental and physical trauma. Dr. Nuzzo wishes to have his practice certified with the federal Department of Defense (DOD) or the VA so that his university can train practitioners to help veterans. He had three wishes: first, that the VA understand naprapathic medicine and a request for a memorial similar to the one the committee sponsored concerning acupuncture a few years ago; second, to market his program to veterans so that veterans can be trained to heal other veterans; and third, to establish a program that has been certified by the VA. Members of the committee asked follow-up questions regarding the certification process and expressed support for Dr. Nuzzo's program.

Community-Based Outpatient Clinics (CBOCs) and PTSD

Dr. Connie Ponce, Psy.D., staff psychologist and CBOC supervisor for mental health services, gave an overview of the CBOCs and the West Texas Veterans Affairs Health Care System, working her way through a handout provided to the committee. She discussed the coverage of the West Texas system, which includes the area around Hobbs. She discussed the transition from active or inactive status to veteran status and how veterans learn of the services available, including the use of DOD liaisons and veterans' service officers; she also discussed outreach efforts, including welcome home events, town hall meetings, involvement in local community events and presentations with National Guard units. She noted that the CBOC's primary purpose is to assist in the assessment and coordination of care for all Operation Enduring (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn veterans but that case management is extended to veterans of all conflicts. Part of the care coordination is an explanation of the services available to veterans and their families, including medical, dental and mental health services and specialty care and an explanation of where services can be accessed. There is also an assessment of what services are needed for each veteran and the provision of ongoing assistance after the assessment is complete. The aim of the CBOCs is to offer services to all veterans, recognizing the unique challenges of access to health services in rural areas. Solutions to these challenges include creating better awareness through outreach efforts and education of veterans and staff; transportation, which currently is provided principally by local volunteer and service organizations; and some limited resources on site, including visits by staff from the Midlands Veterans Center, fee-based services to community partners and agencies and telehealth services.

Dr. Ponce then discussed mental health services for PTSD. The first step is an assessment of whether outpatient or inpatient services are required. Next, there is an identification of resources for the veteran, which include PTSD support groups, residential programs for PTSD, evidence-based therapies for PTSD, including prolonged exposure and cognitive processing therapy, and medication management providers. She noted that a rural CBOC can provide treatment for PTSD. At present, the principal way is through telehealth services; in the future, it is hoped that there will be provision of in-home services, including home-based primary care with home webcam units. Also important is increased staffing for CBOCs, staff training and support for evidence-based therapies and integration of mental health into primary care. Dr. Ponce concluded by summarizing the strengths of the CBOCs and the challenges posed for rural health care for veterans.

Members of the committee asked Dr. Ponce further questions about rural transportation, telehealth initiatives and the use of alternative therapies in CBOCs.

Effective Treatments for PTSD and Recent Findings with Female Veterans

Diane T. Castillo, Ph.D., coordinator, Women's Stress Disorder Treatment Team, New Mexico VA Health Care System, discussed effective treatments for PTSD and recent findings from a study of new approaches to prolonged exposure therapy and cognitive processing therapy, working her way through a PowerPoint presentation she presented to the committee. She explained in detail the diagnostic measures that are used to assess whether someone has PTSD,

including the type of trauma; the three symptom categories of re-experiencing symptoms, avoidance or numbing symptoms and hyperarousal symptoms; and the duration of the symptoms, most importantly, whether the veteran experiences three types of symptoms for one month. She noted that a 1980 study showed that veterans had a 15 percent overall rate of PTSD, a rate that increased to 20 percent for African American veterans and 29 percent for Hispanic veterans. PTSD rates for OIF and OEF male veterans are from 15 to 20 percent; female OIF and OEF veterans had a 22 to 25 percent rate of PTSD. Dr. Castillo also discussed rates of recovery after rape and the fact that the more trauma an individual has had, the more likely there is to be a PTSD diagnosis. Dr. Castillo explained to the committee that over the last 30 years of studying PTSD, two therapies have been shown to be the most effective: prolonged exposure therapy and cognitive processing therapy. Dr. Castillo discussed the processes involved with these therapies.

Dr. Castillo concluded her presentation by giving the committee a detailed overview of a DOD study she conducted involving 72 OEF/OIF female veterans with PTSD. Her hypothesis is that the two therapies would be as effective in a group setting as they are in individual therapy. While the full data will not be available until approximately the end of April 2013, the preliminary results of the study seem to indicate that combining the therapies in a group setting is at least as effective as using either of the therapies in an individual setting.

Members of the committee asked Dr. Castillo for some clarification about prolonged exposure therapy and cognitive processing therapy, about PTSD and about the stigma that some consider to be attached to PTSD.

Returnees from OEF/OIF and Suicide Prevention

Brenda Mayne, Ph.D., suicide prevention coordinator, New Mexico VA Health Care System, gave a presentation to the committee on the problem of suicide among New Mexico's veterans. She noted that not only does New Mexico place in the top five of states for suicide deaths, a disproportionate percentage of those suicides are the state's veterans. She discussed the New Mexico VA Health Care System's suicide prevention efforts, including individual, family and group therapy; special tracking of veterans who are considered a high suicide risk; and inpatient treatment when necessary. She stated that staff on all levels are trained in suicide prevention. She also discussed her role as suicide prevention coordinator to address suicide risk among the families of veterans. She gave a brief overview of the programs available to prevent veteran suicides.

Veterans' Concerns in the Grant County Area

Representative Martinez discussed certain concerns of veterans in Grant County. The principal concern is the time and expense of travel to Albuquerque or other metropolitan areas for the area veterans, particularly older veterans, for whom such a trip can start at 1:30 a.m. and not end until the evening. He noted that he has been discussing the issue with Secretary Timothy L. Hale of the New Mexico Veterans' Services Department. He also noted that there has been discussion about ways for area hospitals to provide more of the necessary veterans' services so that Grant County veterans could avoid long journeys for treatment.

Adjournment

There being no further business before the committee, the committee adjourned at 3:30 p.m.