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PROTECTING MENTAL HEALTH DURING COVID-19
This edition of WRIISC Advantage includes ways to protect emotional health during the stressful times of COVID-19. We also cover a variety of topics related to Veterans’ health, including updates to our Institutional Courage Initiative.

DIRECTORS’ CORNER

The recent pandemic has transformed the way healthcare services are delivered to patients across the country. Over the past several months, each Department of Veterans Affairs (VA) facility has taken action to control the spread of COVID-19, while continuing to deliver necessary health services to patients, and most importantly ensure the safety of Veterans and those in the Veteran community. In line with this, the way that services are delivered at each WRIISC has changed dramatically to protect the health of our Veterans and staff alike. In recent months, we have successfully modified our care approach to provide clinical services using video telehealth. Veterans are now able to have most clinical services that are offered by the WRIISC virtually, without the need for on-site consultation. If an on-site visit is required, the safety of all patients that enter any VA facility where the WRIISC is located is prioritized. WRIISC facilities follow all guidelines set forth by the Center for Disease Control (CDC) to prevent the spread of COVID-19 and take the measures necessary to prepare clinics, waiting areas, and patient rooms.

As education is an important part of the WRIISC Mission, WRIISC education classes for Veterans are also now 100% virtual, offered nationwide. Due to advances in technology and recent changes in the healthcare system, WRIISC is now able to reach more and more Veterans. For example, a recent telehealth class that focused on Gulf War and Health was broadcast to 585 Veterans living throughout the country. Telehealth is also an integral part of WRIISC research with several studies using video telehealth and testing other technology as part of studying new treatments and modalities. Further, our research team members and experts in post-deployment health participated in the first ever Gulf War Illness (GWI) State of the Science Virtual Conference where some of this work was presented (read more about this effort below in “Around the WRIISC News”). WRIISC remains devoted to adapting programs and services to meet the changing needs of Veterans and Providers and offering exemplary care to all Veterans!

Helena Chandler PhD
Acting Director, NJ WRIISC

Matt Reinhard, PsyD
Director, DC WRIISC

Wes Ashford, MD, PhD
Director, CA WRIISC

Protecting Our Mental Health During COVID-19

RECENT DATA from the Census Bureau indicates that more than one-third of Americans have displayed clinical signs of anxiety, depression, or both since the coronavirus pandemic began. It is vital that during this time Veterans take the best possible care of themselves and get support to protect both their physical and mental health. There are several things all of us, including Veterans can do. The VA’s National Center for Post-Traumatic Stress Disorder (PTSD) website recommends:

• COVID Coach mobile app which is designed to offer tools for self-care and to improve emotional well-being. Visit https://mobile.va.gov/app/covid-coach for more information and to download.

• Strategies to cope with common unhelpful thoughts resulting from the pandemic. https://www.ptsd.va.gov/covid/COVID_helpful_thinking.asp

Participating in VA or WRIISC educational services such as mindful meditation and yoga can help Veterans reduce stress and maintain a calm, relaxed state of mind. We have been told by others in the Veteran community that “the WRIISC needs to offer these services now more than ever” and we are hoping to assist YOU! Updated course information and dates and times can be found on our website.
Institutional Courage Initiative Update

The ICI interviewed Operation Desert Shield/Desert Storm and post-9/11 Veterans with airborne hazard concerns about their experiences of institutional betrayal and institutional courage. This update provides preliminary findings; interview coding and member checking are ongoing. Institutional betrayal refers to when trusted, powerful institutions harm those dependent on them for safety and well-being.

Many Veterans we interviewed described experiencing institutional betrayal across military, civilian, and health care settings. Some betrayal experiences related to race, ethnicity, gender, sexual minority status, and disability. Veterans described inconsistencies and contradictions between and within organizations and a “domino effect” in which initial betrayals led to further stressors and harm over time.

With respect to health care, Veterans described strained relationships with their local medical centers, feeling dismissed by health care systems despite high levels of treatment utilization, difficulty accessing Veteran disability benefits, and a desire for experiences of institutional betrayal to be addressed as part of health care. Positive interactions with individual clinicians were noted as highly beneficial but generally insufficient to address institutional barriers.

Concerns about environmental exposures during military service at times included perceived betrayal about how exposure occurred, access to personal protective equipment, how the organization handled exposure concerns and medical symptoms at or near the time of exposure, and ongoing governmental policies and health care practices related to past exposures.

In these initial interviews, Veterans shared their own experiences and grieved for fellow Veterans. Veterans noted the value of peer support, mental health treatment, spirituality, and engaging in activism to facilitate healing. In addition to addressing suicide, the Veterans we interviewed would like institutions to be truthful, vulnerable, compassionate, ethically designed, advocacy-oriented, committed to continuity of care, and Veteran-centric.

OVER 700 Veteran providers registered for the event “Institutional Betrayal & Courage in Addressing Veteran Exposure Concerns” and learned about awareness of moral injury, institutional betrayal, and institutional courage when addressing Veterans’ health concerns. The webinar was successful, and some providers commented they appreciated hearing about this topic because they were unaware of it before.

Ensuring VA providers and staff have the necessary training and expertise on deployment health topics is critical to the care of Veterans. As a VA delivered foundational service, WRIISC remains committed to knowing more about the learning needs and priorities of those who care for Veterans in order to best target content and training. A recent needs assessment online asked questions to identify employee perceptions regarding learning needs, priorities, and training preferences as well as barriers and incentives to education and learning. Results of this survey provide valuable information for the enhancement of current WRIISC-PDHS educational programs and development of all future educational offerings.
Suicide in Veterans

The current health pandemic has increased the need for suicide prevention measures as Veterans may be experiencing increased isolation, barriers to care, financial problems, and concerns over being at-risk for COVID-19 given pre-existing medical conditions. Now more than ever, suicide prevention remains a top priority across the VA system. With existing programs like REACH VET to identify Veterans who are at the highest risk for suicide and the expansion of VA care through telehealth modalities, the importance of connecting Veterans to care is crucial.

Veterans in crisis and others who are concerned about a Veteran can call, chat, or text the Veterans crisis line which is a private and free resource available 24/7. Mental health applications, including the "Moving Forward" coach, are available for download which provides Veterans with resources they can use independently. The VA has also developed a website with tips about how to stay connected, informed, and manage stress and anxiety during the pandemic.

Several research projects at the WRIISC are dedicated to better understanding and preventing Veteran suicide. The behavioral health research lab in NJ was awarded a National Institute of Health grant to conduct a clinical trial of a suicide prevention treatment for Veterans with chronic pain. Additionally, the team is working on a manuscript exploring self-reported hopelessness, pain, and treatment preferences among individuals with varying levels of suicide risk. The WRIISC is also collaborating with researchers at VA New Jersey’s Mental Health Research and Program Development. Led by Dr. Alejandro Interian, the team recently completed a randomized controlled trial examining a mindfulness intervention for Veterans at high-risk for suicide. Preparations are being made for scientific publication, with results showing reductions in suicide attempts and psychiatric hospitalizations. Based on this trial, the team received a grant from the VA Office of Rural Health to adapt the intervention for use via telehealth so that it can be provided to Veterans in rural areas. For more information about VA Suicide Prevention, resources, and how to get connected with care, visit:

- US Department of Veterans Affairs Suicide Prevention:
  https://www.mentalhealth.va.gov/suicide_prevention/
- Find VA Facilities and Vet Centers:
  https://www.va.gov/find-locations/
- To Access VA Mental Health Applications:
  https://mobile.va.gov/appstore/mental-health

To connect with a Veterans Crisis Line responder anytime day or night: Call: 800-273-8255, then select 1. Text: 838255. Chat: https://www.veteranscrisisline.net/get-help/chat
Research Matters
WRIISC research related to Veterans’ health concerns.

**PUBLICATION TITLE:** Brainstem Atrophy in Gulf War Illness (GWI)
**QUESTION:** Is GWI associated with damage of the brainstem?
**STUDY:** Review of Magnetic Resonance Imaging (MRI) scans and self-reported health questionnaires from 111 Veterans with GWI at CA WRIISC.

**FINDINGS:** Veterans with GWI presented greater damage of the brainstem when compared to age-matched healthy civilians. Additionally, in a subgroup of the GWI Veterans, a greater reduction in the size of the brainstem was associated with greater fatigue, memory loss, depression and breathing difficulties.

**MEANING:** This study suggested that brainstem injury may be affecting the presentation of multiple chronic symptoms of GWI for some Veterans. Severe brainstem injuries lead to a failure of multiple functions of the body including the controls of pain, energy, stress, sleep/wake cycle, gastrointestinal functioning, body temperature control, and others.

**IMPLICATIONS:** Changes in deep brain regions – particularly the brainstem – are a promising target region in better understanding GWI and should be carefully considered in future research focusing on GWI pathology.

CA WRIISC researchers include: Dr. Yu Zhang, Dr. J. Wesson Ashford, Dr. Ansgar Furst (Principal investigator).

Partnering with individuals and teams across VA, Department of Defense (DoD) and other federal agencies, as well as universities and research foundations is critical to advancement in the field of Veterans health.

The Airborne Hazards and Burn Pits Center of Excellence (AHBPCE) located at the NJ WRIISC has established a network of experts in respiratory health referred to as the Post Deployment Cardiopulmonary Evaluation Network (PDCEN). The PDCEN is establishing best practices for the clinical evaluation of Veterans with unexplained dyspnea (shortness of breath) as well as supporting research to understand the impact of airborne hazards on cardiopulmonary health. Currently there are four PDCEN sites at VA Medical Centers, including VA Ann Arbor under the direction of Site Director and pulmonologist Dr. John Osterholzer.

In addition to his role as Site Director, Dr. Osterholzer is the Principal Investigator on a VA and DoD funded project that is collaborating with the AHBPCE to develop novel non-invasive imaging biomarkers to identify small airway disease in deployed pre- and post-9/11 Veterans. This imaging analysis technique, referred to as parametric response mapping (PRM), was pioneered at the University of Michigan. PRM combines images of one breathing in and out to determine lung density or how much air the lungs can hold. An example of these lung density maps is shown in the image below. Using CT-PRM, regions of “functional small airways disease” which are difficult to identify in traditional radiographic images are now highlighted yellow which makes them easy to locate and measure.

In addition to his role as Site Director, Dr. Osterholzer continues to work collaboratively with the AHBPCE to develop research questions, gather data, and conduct research which supports the development of new clinical guidelines to care for Veterans who have been exposed to airborne hazards and burn pits.

Thank you, Dr. Osterholzer, for your continued partnership and dedication to our mission!
DC WRIISC

Diversity in Research: Representing the Whole

INVOLVING ALL VETERANS, including those who are under served is an important component of the DC-WRIISC research program. Our VA-funded study entitled Complementary and Alternative Medicine for Sleep, Health Functioning, and Quality of Life in Veterans with Gulf War Veterans’ Illnesses (PI: Matt Reinhard) just concluded and included a diverse group of Veterans: African American (69%), Native American (2%), Asian (1%), White (20%) and Other (8%) ethnicity. Moreover, this study population included 19% female Veterans, a level which was higher when compared to the percentage of female Veterans that were deployed to the Gulf War (6.8%). Finally, a critical aspect of engaging Veterans who may have barriers to VA care and other services is through the development of remote research protocols that enable Veterans in both rural and urban communities the opportunity to participate in research.

NJ WRIISC

Gulf War Illness State of the Science Virtual Conference

IN AUGUST 2020, WRIISC team members and experts in post-deployment health participated in the first ever Gulf War Illness (GWI) State of the Science Virtual Conference. This highly successful conference near the 30th anniversary of the first Gulf War, was devoted to bettering the health of Gulf War Veterans. was co-hosted by the Department of Veterans Affairs (VA) Office of Research & Development (ORD) and the Department of Defense (DoD) Congressionally Directed Medical Research Programs (CDMRP) Gulf War Illness Research Program (GWIRP). This event highlighted the state of the science on GWI, a forum for interaction to stimulate future collaborations, and most importantly provided Gulf War Veterans a forum to engage the scientists and learn about the studies that are being conducted to further understand and treat symptoms of GWI. Ranging from the keynote speakers, the Veteran panel members, the lively and engaged participants (Veterans and researchers alike) and the moderator - the conference covered all the bases it intended to.

WRIISC CONTRIBUTORS INCLUDED:
Drs. Falvo, McAndrew, Wiley (NJ)
Dr. Reinhard (DC)
Drs. Ashford, Furst, Zhang (CA)

Of note, there were many researchers exchanging ideas for future projects and plans to engage further in the field of Gulf War related health concerns. As a result of this event, the journal, Life Sciences (published by Elsevier), will devote a special issue focused on the broad spectrum of research being conducted to better define, understand, and treat GWI (Submissions accepted up to January 31, 2021). The planning committee for this event, which include WRIISC researchers, plans to evaluate what worked, what needs to be changed, and what can be added to improve future events. WRIISC researchers and clinicians aim to be a part of future, similar events and remain at the for developing better treatment interventions for Gulf War Veterans with GWI.

UPCOMING EDUCATION CLASSES FOR VETERANS

- AIRBORNE HAZARDS & BURN PITS: FEBRUARY 25
- GULF WAR EXPOSURES & HEALTH CONCERNS: MAY 27
- AGENT ORANGE: WHAT YOU NEED TO KNOW: SEPT 30
CA WRIISC
Continuation of Key Research for Gulf War Illness

CA WRIISC RESEARCHERS are always looking at ways to help Gulf War Veterans who live with chronic, debilitating symptoms resulting from GWI. Recently published research by the CA WRIISC points to the brainstem as a promising target region to better understand some of the frequently reported health complaints in GWI (see the "Research Matters" section of this newsletter for details about this highlighted publication). In addition, a new recently VA-funded research project will continue to investigate the role of the brainstem in regulating pain and sleep in Gulf War Veterans, specifically. Wide-spread pain and sleep disturbances are some common symptoms found in GWI.

Gulf War Veterans with and without GWI will be invited for a 2-day assessment at the CA WRIISC in Palo Alto, California. This visit could be part of a scheduled compressive evaluation with the WRIISC or independently, and all travel and lodging costs will be covered for participating Veterans. The visit will involve an MRI exam and several cognitive and psychophysical tests. Based on results, researchers look to continue their work to develop therapeutic (treatment) trials leading towards better methods to care for Gulf War Veterans with GWI. CA WRIISC looks forward to inviting all Gulf War Veterans to help with this initiative through their generous participation in research!

ATTENTION READER: Would you like to receive the WRIISC Advantage newsletter electronically? Email us at NJWRIISCEDTEAM@va.gov with your full name and preferred email address.
On-demand post deployment training for providers now available on TRAIN (public) and TMS (VA-internal) with accreditation:

Access our training by visiting:
- https://www.TRAIN.org (public) or
- https://www.TMS.va.gov (VA-internal)