2021 Virtual Summit

Serving a Diverse Veteran Population
Conrad Washington

Director
Center for Faith-Based and Neighborhood Partnerships (CFBNP)
U.S. Department of Veteran Affairs

Conrad Washington serves as the Director with the U.S. Department of Veteran Affairs, Center for Faith-Based and Neighborhood Partnerships (CFBNP) within the Office of Public and Intergovernmental Affairs (OPIA). In this capacity, he provides collaborative strategic leadership to develop and cultivate partnerships nationwide with faith-based, non-profit, and community organizations. These partnerships assist to increase awareness of VA programs and services for Veterans, their families, survivors, caregivers and other beneficiaries.

Previously, Mr. Washington served in the Corporate Senior Executive Management Office (CSEMO) delivering an enterprise-wide approach to executive personnel management for the VA.

Mr. Washington retired from the United States Marine Corps with 20 years of active-duty service to include an infantry battalion combat tour in 2004 in support of Operation Iraqi Freedom II (OIF-II). Positions during his military career include; Administrative/Personnel Chief, Senior Drill Instructor, Formal Schools Instructor, and Adjunct Faculty.
Suicide Prevention: “Be There” Video
Chaplain Matthew A. Cassady

National Program Manager
Community Clergy Training and Chaplain Virtual Education
Veterans Affairs Chaplain Service
U.S. Department of Veteran Affairs

Chaplain Cassady is entrusted with the sacred honor of developing relationships with rural community clergy partners and providing virtual education for onboarding chaplains. These programs ensure the spiritual well-being of our Nation’s Veterans from transition from service through end-of-life care.

Chaplain Cassady received the 2020 Distinguished Service Award from the Military Chaplains Association. Chaplain Cassady co-created both the orientation and advanced virtual chaplain education courses.

Chaplain Cassady is an RV’er and avid outdoorsman who enjoys hiking, hunting, and glamping.
VA COVID19 Administration Site Video
Cheryl Rawls

Executive Director
Outreach, Transition, and Economic Development
Veterans Benefits Administration
U.S. Department of Veterans Affairs

Cheryl J. Rawls was appointed as Executive Director for Outreach, Transition and Economic Development on April 26, 2021. Ms. Rawls is responsible for department-wide, Veteran and family-centric outreach and direct services, community stakeholder engagement, and Veteran service recovery programs throughout VBA's 4 Districts and 56 Regional Offices.

Ms. Rawls has oversight of VA’s Transition Assistance Program (TAP) at over 300 installations worldwide for active duty, Reservist, and National Guard Personnel across all branches of Service: Army, Marine Corps, Navy, Air Force, and Coast Guard. As each earned and provided benefit has an economic coupling, Ms. Rawls is responsible for ensuring knowledge is transferred and aligned with the military life cycle that empowers right choices at the right time.

Additionally, Ms. Rawls provides direct oversight of the Overseas Military Service Coordinator program that connects Veterans living overseas to their benefits and she operates all 14 of VBA's Veteran special emphasis programs.
Conrad Washington

Director
Center for Faith-Based and Neighborhood Partnerships (CFBNP)
U.S. Department of Veteran Affairs

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Overview

• Mission

• History

• Partners

• Faith-based Data

• Objectives

• Actions
Mission

Our mission is to engage, educate and inform faith-based, community, and non-profit organizations with VA information and resources to better serve the needs of Veterans, their families, survivors, caregivers, and other beneficiaries within their respective organizations.
History

February 14, 2021: Executive Order 14015 - Establishment of The White House Office of Faith-Based and Neighborhood Partnership


April 5, 2013: Executive Order 13640: Continuance of Advisory Council

November 17, 2010: Executive Order 13559: Fundamental Principles and Policymaking Criteria for Partnerships with Faith-Based and Other Neighborhood Organizations

June 1, 2004: Executive Order 13342: Establishment of Centers for Faith-Based and Community Initiatives at the Departments of Commerce and Veterans Affairs and the Small Business Administration

December 12, 2002: Executive Order 13279: Equal Protection of the Laws for Faith-Based and Community Organizations

January 29, 2001: Executive Order 13199: Established the White House Office of Faith-Based and Community Initiatives
Federal Centers for Faith-Based and Neighborhood Partnerships

White House Office of Faith-Based and Neighborhood Partnerships (WHOFBNP)
U.S. Department of Veterans Affairs
U.S. Department of Health and Human Services
U.S. Department of Housing and Urban Development
U.S. Department of Homeland Security
U.S. Agency for International Development
U.S. Department of Agriculture
U.S. Department of Commerce
U.S. Department of Education
U.S. Department of Labor
U.S. Small Business Administration
U.S. Department of State
U.S. Department of Justice
Environmental Protection Agency
Securities and Exchange Commission
Corporation for National and Community Service
Executive Order

Establishment of The White House Office of Faith-Based and Neighborhood Partnership – Reestablished February 14, 2021

Faith-based and other community-serving organizations are vital to our Nation’s ability to address the needs of and lift-up low income and other underserved persons and communities. Principal functions include:

- Promote awareness among diverse civil society leaders of opportunities to partner—both financially and otherwise—with the Federal government to serve people in need and to build institutional capacity)
- Assist in organizing more effective efforts to serve people in need across the country and around the world, in partnership with civil society, including faith-based and secular organizations
- Empower faith-based and secular organizations by assisting in the delivery of vital services in neighborhoods across the nation
We are the “door” into the VA for faith-based and community organizations:

- Establish a Veterans ministry or welcome center in your organization where Veterans can connect regularly

- Partner with VA CFBNP to host outreach events that consist of suicide prevention training, E-Benefits, homelessness, survivor assistance, and much more

- Serve as a resource and referral point for your community of Veterans, their families, and beneficiaries
External Partners

- The Warrior's Journey
- USAA
- Volunteers of America
- K-LOVE
- Google
- Music City Baptist Church
- Workforce Solutions Greater Dallas
- The Salvation Army
- National Council of Churches
PSA Development and Distribution

Faith and recovery PSA

- Podcast with The Warriors Journey (TWJ):
  - Episode 56; “Serving Those Who Serve”
- Featured on Dallas radio station K-Heaven 970 AM (KHVN, Dallas) to promote VA’s “2019 Symposium: Suicide Prevention in Faith Communities”

Radio PSA

- Podcast with KLOVE syndicated radio station that reaches nearly 24,000 listeners nationwide
- Podcast with "Frontlines of Freedom", weekly, two hour syndicated Military News & Talk Radio show that reaches over 100,000 listeners per week with over 170 radio stations
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<thead>
<tr>
<th>Religious Affiliation</th>
<th>Count</th>
<th>Percentage</th>
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<td>4,816,270</td>
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<td>Eastern Orthodox</td>
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<tr>
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<td>1,198,391</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Total: 20,165,625

Source: 2020 National Center for Veterans Analysis and Statistics
Veteran Population-Nationwide
Objectives

• Provide FBCOs with tools and resources about VA programs and services.

• Disseminate to FBCOs comprehensive community-based Veteran suicide prevention resources and training.

• Connect FBCOs with housing and VA services for homeless Veterans.

• Develop and coordinate partnerships for outreach efforts to disseminate information and resources to faith-based, community, and non-profit organizations.

• Continually growing partnerships nationwide. Join us to reach the 20 million Veterans in the United States!
Actions

- During COVID-19, we have conducted over 30 collaborative webinars in partnership with our faith-based and community partners.

- Established partnerships with external faith-based and non-profit organizations; Unity Freewill Baptist Church, Global Ministries for Lutheran Hour Ministries, Mighty Oaks Foundation, Boeing Corporation, University of Utah, Concordia University, Purdue University’s Military Family Research Institute (MFRI), Detroit Pistons, and numerous houses of worship nationwide.

- Coordinated suicide prevention training to over 100 clergy leaders and faith-based leaders across the nation.
5 STEPS TO START A VETERAN MINISTRY or WELCOME CENTER

Step 1: Identify the number of Veterans in your organization
• Set-up recruiting tables before and after service/event (awareness and sign-up)
• Create a tracking system to identify veteran population within organization

Step 2: Create a Veteran Ministry or Welcome Center group mission/vision statement

Step 3: Elect Veteran group leadership council officers (President Vice President, Secretary, etc.)

Step 4: Hold monthly meetings with officers and members

Step 5: Develop a strategic plan for the upcoming year
• Weekly/monthly group, activities, trips, seminars, etc.
• Connect with local VA Medical Center (VAMC)
“How to Start a Veterans Ministry or Welcome Center”

• **Goals:**
  • Recognize Veterans in your organization:
    • Recognize Veterans during primary service/event during month of November
    • Host formal banquet during the month of November in honor of your Veterans
  • **Partner with the VA Center for Faith-Based and Neighborhood Partnerships (CFBNP)**
    • Visit our website and download:
      • “How to Start a Veteran Ministry or Welcome Center Pocket Guide”
    • Host an annual collaborative outreach event
    • Request current VA resources and information
What does it look like?

- Small “cell” groups (example: Every Tuesday)
- Veterans group for men/women (example: Every Wednesday)
- Fishing/coffee (example: 2nd Saturday of each month)
- Supporting spouses of Veterans (example: oil changes, mowing grass)

Sign-up to join and start a Veteran Ministry or Welcome Center
https://public.govdelivery.com/accounts/USVA/signup/19966
A Glance at CFBNP Events
Donate needed items to homeless Veterans, provide deployment care packages, organize conferences & workshops, visit Veteran homes, recognize service members and Veterans during military appreciation month, and participate in community events.
CFBNP Contact Information

Director: Conrad Washington
conrad.Washington@va.gov or at (202) 461-7865

Senior Program Specialist: Trulesta “Tru” Pauling
Trulesta.Pauling@va.gov or at (202) 821-3848

Program Specialist: William Morales Jr.
William.Morales2@va.gov or at (202) 461-0753

Program Specialist: Nicholas Walters
Nicholas.Walters@va.gov or at (202) 443-5374

CFBNP WEBSITE:
www.va.gov/cfbnp

CFBNP EMAIL:
VACFBNP@va.gov
Melissa Rogers

Executive Director
White House Office of Faith-Based and Neighborhood Partnerships
Senior Director, Faith and Public Policy
White House Domestic Policy Council

Ms. Rogers previously served in the Obama Administration, as Visiting Professor at Wake Forest University School of Divinity, as Executive Director of the Pew Forum on Religion and Public Life, as General Counsel of the Baptist Joint Committee on Public Affairs, and as a Nonresident Senior Fellow at the Brookings Institution. She is a graduate of Baylor University and University of Pennsylvania Law School.
Dr. Richard A. Stone

Executive in Charge
Veterans Health Administration
U.S. Department of Veterans Affairs

Dr. Stone serves as the Executive in Charge, Veterans Health Administration (VHA), with the authority to perform the functions and duties of the Under Secretary for Health. As the Executive in Charge, Dr. Stone directs a health care system with an annual budget of approximately $68 billion, overseeing the delivery of care to more than 9 million enrolled Veterans. The Veterans Health Administration (VHA) is the largest integrated health care system in the United States, providing care at 1,243 health care facilities, including 172 VA Medical Centers and 1,062 outpatient sites of care of varying complexity (VHA outpatient clinics). VHA is the nation’s largest provider of graduate medical education and a major contributor to medical and scientific research. More than 73,000 active volunteers, 127,000 health professions trainees, and more than 306,000 full time health care professionals and support staff are an integral part of the VHA community.

Dr. Stone previously served as the Principal Deputy Under Secretary of Health in VHA. His focus on VHA organizational transformation, ensuring Veteran access to health care and restoring trust in the Veterans Health Administration has been broadly recognized. Dr. Stone is retired from the US Army where he served as the Army’s Deputy Surgeon General and the Deputy Commanding General of Support for US Army MEDCOM. His final assignment was leading the operations cell of the Defense Health Agency Transition Team that developed business case analysis and business process reengineering for the 10 “shared services” assigned to the new Defense Health Agency.
Kayla M. Williams

Assistant Secretary
Office Of Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs

Kayla M. Williams assumed the duties of the Assistant Secretary, Office of Public and Intergovernmental Affairs (OPIA) on January 20, 2021, at the Department of Veterans Affairs (VA). Prior to that, she was a Senior Fellow and Director of the Military, Veterans, and Society Program at the Center for a New American Security (CNAS) focused on issues facing Veterans, military readiness, and civil-military relations. Ms. Williams provides executive level oversight and direction to OPIA’s team of up to 95 employees who help to build and maintain public confidence in VA by developing, routinely updating and communicating the Department’s key messages to many audiences through media relations, public affairs, intergovernmental affairs, outreach and Veteran engagement to reach Veterans and their families, and other stakeholders.

Ms. Williams has a distinguished career as a leader focusing on policies, programs, and support related to Veterans and their families. Previously, Ms. Williams served as the Director of the Center for Women Veterans at VA, where she was the primary adviser to the Secretary on department policies, programs, and legislation affecting women Veterans. Ms. Williams was enlisted for five years as an Arabic linguist, serving in a Military Intelligence company of the 101st Airborne Division (Air Assault). She is the author of the memoirs Love My Rifle More Than You: Young and Female in the U.S. Army and Plenty of Time When We Get Home: Love and Recovery in the Aftermath of War about her military service and her family's journey from war trauma to healing. She is the former chair of the Department of Labor Advisory Committee on Veterans’ Employment, Training, and Employer Outreach; a former member of the Army Education Advisory Committee and VA Advisory Committee on Women Veterans; and recipient of recognitions including 2013 White House Woman Veteran Champion of Change and 2017 We Are the Mighty 25 Veterans to Watch.
Mr. Dennis May, currently serving as Acting Executive Director was assigned as Deputy Director, Center for Minority Veterans in October 2017. He previously served as Director, Veterans Employment Coordination Service, Deputy Director, Veteran Employment Services Office and Deputy Director, Central Office Human Resources Service. Mr. May came to VA after a successful career in the U.S. Air Force, where he retired in the grade of Colonel in 2007. He was commissioned in 1981 as a graduate of the Air Force ROTC program at the University of Arkansas, earning a Bachelor of Science degree in Public Administration. He later earned a Master of Science degree in Public Administration from Central Michigan University and a Master of Science in Human Resources Management from Strayer University. Mr. May is also a 2013 graduate of the Federal Executive Institute’s Leadership for a Democratic Society. While on active duty, Mr. May held a variety of key assignments in administration, manpower and personnel career fields. He served on the Air Staff, at Joint Commands and at Major Command levels. He commanded the 17th Mission Support Squadron, Goodfellow Air Force Base, Texas, which was twice named best mission support squadron in Air Education and Training Command. He served in the Pentagon as Director of the Headquarters Air Force Executive Secretariat, as well as Chief of Personnel Issues for the Secretary of the Air Force’s Executive Issues Team.

Mr. May’s military awards and decorations include the Legion of Merit, the Defense Meritorious Service Medal, Meritorious Service Medal, Air Force Commendation Medal and Global War on Terrorism Service Medal. He also earned “Best in the Air Force” recognition as Air Force Senior Personnel Manager of the year for 2000. Mr. May is a Life Member of the Alpha Phi Alpha Fraternity. He’s also the recipient of the 2013 University of Arkansas Distinguished Alumni Citation. He and his wife, Teresa are the parents of three adult daughters.
Center for Minority Veterans (CMV)

Dennis O. May
Acting Executive Director
November 1994, Public Law 103-446 required SECVA to create Center for Minority Veterans (CMV) and established the Advisory Committee on Minority Veterans (ACMV).

CMV serves as principal advisor to SECVA on adoption and implementation of policies and programs affecting minority Veterans.

CMV serves: African Americans, Asian Americans, Hispanic Americans, Native Americans (American Indians, Alaska Natives, Native Hawaiians), Pacific Islanders, and women Veterans who are minority group members.
What We Do

- Educate Veterans, their families and survivors through targeted outreach and effective advocacy.
- Promote the use of VA programs, benefits, and services for minority Veterans.
- Disseminate information and provide culturally relevant programs that enhance Veteran-centric services to minority Veterans (*men & women).
Veteran Demographics 2016

Note: Categories are mutually exclusive. ‘Black’ and ‘All other races’ are not Hispanic. ‘All other races’ includes American Indian/Alaskan Native, Asian, Pacific Islander, and Other (Some other Race and Two or more Races).

Source: U.S. Census Bureau, American Community Survey, 2016
Projected Veteran Population 2043

Increasing Diversity in Veterans Population

Note: Categories are mutually exclusive. ‘Black’ and ‘All other races’ are not Hispanic. ‘All other races’ includes American Indian/Alaskan Native, Asian, Pacific Islander, and Other (Some other Race and Two or more Races).
Minority women comprise 34% of the total women Veteran population compared to 21.9 percent minority men Veterans.
Outreach to Minority Veterans

- Staff/Minority Veteran Liaisons collaboration with internal/external organizations and other closely aligned non-government minority organizations (CMV)

- Secretary’s Advisory Committee on Minority Veterans (ACMV)

- Minority Veterans Program Coordinators (MVPC)
Secretary of Veterans Affairs’ Advisory Committee on Minority Veterans (ACMV)

- Advise the Secretary on VA’s administration of benefits and provision of health care benefits and services to minority Veterans
- Provide annual report to the Secretary outlining recommendations, concerns, and observations on VA’s delivery of services to minority Veterans
- Meet with VA officials, Veteran Service Organizations and stakeholders to assess the VA’s efforts in providing benefits and services to minority Veterans
- Make periodic site visits and hold Veterans Town Hall meetings
Minority Veterans Program Coordinators (MVPC)

- Interdepartmental program (approximately 276 coordinators collaterally assigned within VHA, VBA, and NCA)
- Support and initiate activities that educate and sensitize internal staff to the unique needs of minority veterans
- Target and participate in outreach activities and educational forums utilizing community networks
- Assist the CMV in disseminating information
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<th>Administrations</th>
<th>Number of Reports Submitted</th>
<th>Number of Activities</th>
<th>Number of Veterans Seen</th>
<th>Number Minority Veterans Seen</th>
<th>Percentage of Minority Veterans Seen</th>
<th>Average hours of Outreach Per Month</th>
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<tr>
<td>VHA</td>
<td>450</td>
<td>26,604</td>
<td>264,389</td>
<td>79,012</td>
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<td>47</td>
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<tr>
<td>VBA</td>
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<td>217,807</td>
<td>100,378</td>
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<tr>
<td>NCA</td>
<td>276</td>
<td>11,514</td>
<td>126,812</td>
<td>42,474</td>
<td>36%</td>
<td>11</td>
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<td>OVERALL TOTAL</td>
<td>950</td>
<td>164,164</td>
<td>609,008</td>
<td>221,864</td>
<td>34%</td>
<td>15</td>
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</table>
CMV Strategies

1. Biennial National Minority Veterans Summit

2. Initiatives/ Campaigns- Million Veteran Program/PREVENTS

3. Collaborate on Research Projects with Office of Health Equity, Center for Health Equity, and Research Promotions

4. Host Lunch and Learn Sessions – Federal Agencies

5. Weekly GovDelivery Email

6. Develop MOUs with national organizations (i.e. NAACP, Women Veterans Interactive, Veterans Employment Service Office etc.)

7. Encourage minority Veterans to self-identify
Dr. Harold G. Koenig, M.D., MHSc.

Professor of Psychiatry and Associate Professor of Medicine
Duke University Medical Center

Dr. Koenig completed his undergraduate education at Stanford University, his medical school training at the University of California at San Francisco, and his geriatric medicine, psychiatry, and biostatistics training at Duke University. He is board certified in general psychiatry, and formerly boarded in family medicine, geriatric medicine, and geriatric psychiatry. He is on the faculty at Duke University Medical Center as Professor of Psychiatry and Associate Professor of Medicine. He is also an Adjunct Professor in the Department of Medicine at King Abdulaziz University, Jeddah, Saudi Arabia, and is Adjunct Professor in the School of Public Health at Ningxia Medical University, Yinchuan, China. In addition, he is a Visiting Professor at Shiraz University of Medical Sciences in Shiraz, Iran.

Dr. Koenig has nearly 550 scientific peer-reviewed academic publications, 100 book chapters, and 55 books. His research has been featured on many national and international TV programs (including ABC’s World News Tonight, The Today Show, Good Morning America, Dr. Oz Show, NBC Nightly News) and hundreds of national and international radio programs and newspapers/magazines (including Reader's Digest, Parade Magazine, Newsweek, Time). Dr. Koenig has given testimony before the U.S. Senate (1998) and U.S. House of Representatives (2008) concerning the benefits of religious involvement on public health. He is the recipient of the 2012 Oskar Pfister Award from the American Psychiatric Association and the 2013 Gary Collins award from the American Association of Christian Counselors. He is the former editor-in-chief of the International Journal of Psychiatry in Medicine and is the currently Associate Editor of the Journal of Religion and Health. Finally, Dr. Koenig is the lead author of the Handbook of Religion and Health, 3rd edition (2021-2022, forthcoming, with professors Tyler VanderWeele (TH Chan School of Public Health at Harvard University) and John Raymond Peteet (Department of Psychiatry at Harvard).
Faith, Mental Health, and Suicide Prevention

Harold G. Koenig, M.D.
Professor of Psychiatry and Behavioral Sciences
Associate Professor of Medicine
Duke University Medical Center, Durham, North Carolina USA
Adjunct Professor, King Abdulaziz University, Jeddah, Saudi Arabia
Adjunct Professor, Ningxia Medical University, Yinchuan, People’s Republic of China
Visiting Professor, Shiraz University of Medical Sciences, Shiraz, Iran
Outline

1. The importance of Faith to U.S. Veterans
2. Causes of suicide
3. Religious faith and causes of suicide
4. Religious faith, suicide, and mental health
5. How religious faith affects mental health
6. “Moral injury” in the setting of PTSD
7. Religious faith and moral injury
8. Further resources
Importance of Faith to U.S. Veterans
(based on a multi-site study of 585 veterans and active duty military)

Religious characteristics

82.1% Christian
69.5% religion important or very important in their life
78.1% spirituality important or very important in their life
81.0% either religion or spirituality important or very important

### Faith of Future U.S. Veterans

(US Army)

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<th>Religion</th>
<th>Active duty</th>
<th>National Guard</th>
<th>Reserves</th>
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<tr>
<td>Atheist</td>
<td>0.7%</td>
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<tr>
<td>Buddhist</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.5%</td>
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<td>Protestant</td>
<td>53.6%</td>
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<td>Catholic</td>
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<tr>
<td>Jewish</td>
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<tr>
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<tr>
<td>None</td>
<td>24.5%</td>
<td>33.0%</td>
<td>32.1%</td>
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Why are many Veterans religious?
[Answer: Often used as a coping strategy]

1. Many Veterans turn to religion to maintain their emotional stability in the face of past traumatic experiences

2. Religion used to cope with common problems in life, especially during high stress situations

3. Religion often used to cope with challenges such as:
   - uncertainty
   - fear
   - anxiety
   - situations where control may be difficult

4. Particularly true for some religions, such as Islam, where 98% reported using religion to cope, even more than turning to family

Religious Faith and Mental Health

*Handbook of Religion and Health*
(Oxford University Press, 2001 (1st ed); 2012 (2nd ed; 2022, 3rd ed, forthcoming)

*Religion and Mental Health: Research & Clinical Applications*
(Academic Press, 2018)


Primary Causes of Suicide

- Depression
- Loss of hope
- Seeing only the negative; unable to experience gratitude
- Loss of meaning and purpose in life
- Inability to experience joy, happiness, and psychological well-being
- Alcohol and drug use
- Social disconnection
Depression
Religious involvement is related to:

Less depression, faster recovery from depression
272 of 444 studies (61%)
[67% of the highest quality studies]

More depression (6%)
Neuroanatomical Correlates of Religiosity and Spirituality
A Study in Adults at High and Low Familial Risk for Depression

Lisa Miller, PhD¹.²; Ravi Bansal, PhD².³; Priya Wickramaratne, PhD².⁴.⁵; Xuejun Hao, PhD².³; Craig E. Tenke, PhD⁶; Myrna M. Weissman, PhD².⁴.⁵; Bradley S. Peterson, MD².³

Religion/Spirituality and Cortical Thickness: A structural MRI Study

Areas in red indicate reduced cortical thickness

Citation: Miller L et al (2014). Neuroanatomical correlates of religiosity and spirituality in adults at high and low familial risk for depression. JAMA Psychiatry 71(2):128-35
Loss of Hope
Loss of Hope

Religious involvement is related to:

Greater hope

29 of 40 studies (73%) based on systematic review

The same is true for U.S. Veterans
Koenig et al. (2020). Hope, religiosity, and mental health in US veterans and active duty military with PTSD symptoms. *Military Medicine, 185*(1-2), 97-104. [Religiosity was significantly related to hope ($p < 0.0001$) after controlling for demographics, military characteristics, as well as PTSD, depression, and anxiety symptoms; the relationship was partly but not entirely mediated by social factors (marital status, relationship quality, community involvement); religiosity was assessed by 10-item Belief into Action Scale (BIAC)]
Seeing only the Negative
Those at risk for suicide focus on the negative experiences in life, and seem unable to focus on the positive. Consequently, they have difficulty experiencing gratitude for the good things in life.

Religious involvement has been shown to be associated with and predict greater gratitude in all 4 of the 4 (100%) quantitative studies that have looked at this, and 26 of the 32 studies (81%) have found this for optimism.
McGuire, A. P., Fogle, B. M., Tsai, J., Southwick, S. M., & Pietrzak, R. H. (2021). Dispositional gratitude and mental health in the US veteran population: Results from the National Health and Resilience Veterans Study. *Journal of Psychiatric Research, 135*, 279-288. [cross-sectional study involving national sample of 3,151 U.S. Veterans; multinomial logistic regression controlling for age, education, marital status, income, retirement status, enlistment status, branch of service, number of years in military, number of lifetime traumas; more frequent private religious activities (prayer, meditation, scripture reading) was associated with having high vs. low gratitude (OR=1.25, 95% CI=0.10-1.42), as well as moderate vs. low gratitude (OR=1.27, 95% CI=1.10-1.47)]]
Loss of Meaning and Purpose in Life
Religious involvement is related to:

Greater meaning and purpose

42 of 45 studies (93%) based on systematic review
Purpose in Life (B from regression model)

B=0.29
(95% CI=0.27-0.30)
(p<0.003)

B=0.13
(95% CI=0.12-0.14)
(p<0.003)

< Once/Week vs. Never

B=0.3

=/> Once/Week vs. Never

Religious Service Attendance

Low Levels of Happiness or Psychological Well-Being
Well-being and Happiness
(systematic review; see Handbook of Religion & Health, 2nd ed, 2012)

Religious involvement is related to:

Greater well-being and happiness
256 of 326 studies (79%)

[82% of best quality studies]

Lower well-being or happiness (3 of 326 studies, <1%)
Mental Health and Well-Being in U.S. Veterans

Analysis of 74,480 respondents from the National Survey on Drug Use and Health for the years 2013–17. The respondents were split into four groups; veterans with combat experience before September 2001, veterans with combat experience since September 2001, veterans with no combat experience and non-veterans.

Mental distress decreased in the general population along three different measures of religion; the importance of religion, friendships that shared religious beliefs and attendance at religious services. The relationship was weak and disappeared when controls for non-religion variables were included. A major exception was combat veterans, for whom the religious effects were limited to attendance at services, and the effect survived with the addition of non-religion controls.

Alcohol & Drug Use and Abuse
Religious involvement is related to:

Less alcohol use, abuse, and dependence

240 of 278 studies (86%) based on systematic review
Stefanovics, E. A., Gavriel-Fried, B., Potenza, M. N., & Pietrzak, R. H. (2020). Current drinking patterns in US veterans with a lifetime history of alcohol use disorder: Results from the National Health and Resilience in Veterans Study. American Journal of Drug and Alcohol Abuse, 46(6), 784-794. [Cross-sectional study of 1,282 U.S. Veterans with lifetime alcohol use disorder (AUD); 48% with subthreshold drinking, 24% with hazardous drinking, and 28% abstinent; regression analyses controlled for age, education, employment, annual household income, social phobia, hostility, current smoking status, some of traumas, hostility, physical health, and social engagement; religiosity assessed by 5-item Duke Religion Index]
Religious involvement is related to:

Less drug use, abuse, and dependence

155 of 185 studies (84%) based on systematic review

Surprisingly, little published research on the relationship between religiosity and illicit drug use in Veterans – but findings unlikely to differ from that in non-Veterans
Logistic regression coefficient = 30.45, \( p < 0.0005 \)

Benda, B. B. (2001). Predictors of rehospitalization of military veterans who abuse substances. Social Work Research, 25(4), 199-212. [2-year prospective study of 600 homeless veterans with substance use problems (32% alcohol, 14% drugs, 55% both), examining time of survival without rehospitalization for this problem; analyses controlled for age, education, race, pattern of employment, mental health problems, social support, resiliency, memory problems, abuse, combat experiences, number of hospitalizations, and more; religiosity=5-item measure of prayer, attendance, belief in Divine, importance, talk about religion]
Loss of Social Connections
Loss of Social Connections

Religious involvement is related to:

- More social connections & greater social support

61 of 74 studies (82%) based on systematic review

Similar findings in Veterans
Conclusion

THUS, if religious faith is related to less depression, greater hope, gratitude and optimism, more purpose and meaning in life, greater well-being and happiness, less alcohol/drug use/abuse, and more social connections, then it ought to be related to less suicide (including in Veterans)
Religious Faith and Suicide
Religious involvement is related to:

Less suicide and more negative attitudes toward suicide (106 of 141 or 75% of studies)
Kleiman, E. M., & Liu, R. T. (2014). Prospective prediction of suicide in a nationally representative sample: religious service attendance as a protective factor. *British Journal of Psychiatry, 204*(4), 262-266. [18-year prospective study from 1988/1994 to 2006 involving a random U.S. national sample of **20,014 persons age 18 years or over (NHANES-III)**; findings remained significant after controlling for gender, age, size of household, previous suicide attempt, and marijuana use]
Religious Attendance and Deaths of Despair Among U.S. Health Professionals (men)

Chen, Y., Koh, H. K., Kawachi, I., Botticelli, M., & VanderWeele, T. J. (2020). Religious service attendance and deaths related to drugs, alcohol, and suicide among US health care professionals. JAMA Psychiatry, 77(7), 737-744. [26-year prospective study (Health Professionals Follow-up Study, 1988-2014) of 43,141 men (dentists, pharmacists, optometrists, osteopaths, podiatrists, veterinarians) examining “deaths of despair” (from drugs, alcohol, or suicide); Cox proportional hazards regression models age adjusted only]
Suicide and Mental Health in Veterans

[772 recently returned U.S. Veterans from Middle East; regression analyses controlled for suicide risk threshold, gender, race, marital status, income, employment, frequency of missions, depression]
Dramatic increases in suicide rate from 1999 to 2014 in the U.S. (40%) according to latest CDC reports.

Based on the effects of religious attendance on suicide rates in the last slide, these researchers indicate that the increase in suicide rate reported here may be attributed to the decline in weekly religious attendance between 1999 and 2014 (VanderWeele et al., 2017).

Does this have implications for increasing suicide rates among U.S. Veterans?

Moral Injury in the Setting of PTSD among U.S. Veterans

“Moral injury” is a mental health state commonly found in Veterans who have experienced trauma during stressful combat operations.

According to Litz et al. (2009) “moral injury involves an act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness…”

Moral injury can block successful treatment of PTSD and may increase risk of suicide.
Events

- Killing
- Violence to others
- Witnessing violence
- Not protecting
- Morally compromising position
- Witnessing others, especially leaders, violate moral codes
- De-humanizing others (the enemy)
- Plundering the enemy (dead or alive)
- Rape, torture (victim or perpetrator)

Transgress moral code

Moral Injury (religious)
- Religious Struggles
- Loss of Religious Faith

Moral Injury (psychological)
- Guilt
- Shame
- Moral Concerns
- Feeling Betrayed
- Loss of Trust
- Difficulty Forgiving
- Loss of Meaning/Purpose
- Self-Condensation

Clinical Outcomes
- PTSD Symptoms
- Depression
- Anxiety
- Substance Abuse
- Relationship Prob
- Pain
- Physical Disability
Levi-Belz, Y., & Zerach, G. (2018). Moral injury, suicide ideation, and behavior among combat veterans: The mediating roles of entrapment and depression. Psychiatry Research, 269, 508-516. [191 Israeli combat veterans; 25% with suicidal ideation or behavior (SIB); MI acting primarily through depression, caused by entrapment (perception of being trapped by internal and external events, as well as the desire to escape from those events)
Faith & Moral Injury
(multi-site study of 373 U.S. Veterans)

Moral injury was widespread in this study, with over 90% of Veterans reporting high levels (9 or 10 on a 1-10 severity scale) of at least one MI symptom and 59% reporting 5 symptoms or more of this severity.

Religiosity was inversely related to MI in bivariate analyses ($r = -0.25$, $p < 0.0001$) and multivariate analyses ($B = -0.40$, $p = 0.001$). This inverse relationship was particularly strong among Veterans with moderate to severe levels of PTSD ($B = -0.65$, $p = 0.0003$).

Summary

1. Veterans frequently used their religious faith to cope with problems, particularly traumas that may have been experienced during their time in the military.

2. Religious involvement has been consistently related to less depression and better mental health more generally (including more positive emotions that help to neutralize negative emotions).

3. Religious involvement is related to less suicidal ideation, attempts, and completed suicide, because it is associated with less depression, greater hope, greater purpose and meaning in life, and less substance use and abuse. This is also true in Veterans.

4. Moral injury (MI) is common among Veterans, particularly those suffering from PTSD. MI is due to having transgressed moral values, often occurring when engaged in combat operations. Greater religious involvement among Veterans is related to less MI, and there are spiritually-integrated interventions that utilize Veterans’ religious beliefs to combat MI.
Further Resources

- Protestant Christianity and Mental Health: Beliefs, Research, and Applications. Amazon: CreateSpace Platform, 2017.
- Buddhism and Mental Health: Beliefs, Research, and Applications. Amazon: CreateSpace Platform, 2017.
Summer Research Workshop  
August 9-13, 2021  
Durham, North Carolina

5-day intensive research workshop focus on what we know about the relationship between spirituality and health, clinical applications, how to conduct research, and how to develop an academic career in this area. Faculty includes leading spirituality-health researchers at Duke, Yale University, Emory, and elsewhere.

- Strengths and weaknesses of previous research  
- Theological considerations and concerns  
- Highest priority studies for future research  
- Strengths and weaknesses of measures of religion/spirituality  
- Designing different types of research projects  
- Primer on statistical analysis of religious/spiritual variables  
- Carrying out and managing a research project  
- Writing a grant to NIH or private foundations  
- Where to obtain funding for research in this area  
- Writing a research paper for publication; getting it published  
- Presenting research to professional and public audiences; working with the media

Partial tuition Scholarships are available  
Full scholarships for those in undeveloped countries

If interested, contact Dr. Koenig: Harold.Koenig@duke.edu
Welcome

The Center was founded in 1998, and is focused on conducting research, training others to conduct research, and promoting scholarly field-building activities related to religion, spirituality, and health. The Center serves as a clearinghouse for information on this topic, and seeks to support and encourage dialogue between researchers, clinicians, theologians, clergy, and others interested in the intersection.

Mission

The five main goals of the Center are to:

- Conduct research on religion, spirituality and health
- Train those wishing to do research on this topic
- Interpret the research for clinical and societal applications
- Explore the meaning of the research for pastors and theologians
- Discuss how theological input can advance the research
Intermission
5 minutes
Dr. Shelley MacDermid Wadsworth

Distinguished Professor of Human Development & Family Studies
Executive Director, Family Impact Institute
Director, Center for Families
Director, Military Family Research Institute
Purdue University

Dr. MacDermid Wadsworth is a Distinguished Professor of Human Development and Family Studies at Purdue University, where she directs the Center for Families, as well as the Military Family Research Institute, which she co-founded. Her primary research interest is the relationship between work conditions and family life, with special focus on military families. She is an author of over 150 articles and chapters. Her research has been supported by the National Institutes of Health; the Departments of Defense, Veterans Affairs, and Agriculture; state governments; and numerous private philanthropies.

Dr. MacDermid Wadsworth is a fellow of the National Council on Family Relations, and in 2019 was named a “Top Ten Extraordinary Contributor” among work-family researchers worldwide. She has served on federal advisory committees for the National Academies of Science and the Department of Defense and has testified in Congress on multiple occasions regarding military and veteran families.
Strategic vision

Founded in 2000, the Military Family Research Institute’s work is guided by five strategic goals:

- **Support** the military infrastructure that supports families.
- **Strengthen** the motivation and capacity of civilian communities to support military and veteran families.
- **Generate** important new knowledge about military and veteran families.
- **Influence** policies, programs and practices supporting military and veteran families.
- **Sustain** a vibrant learning organization.
Goal 1: Support the military communities that serve military and veteran families.

- **Star Behavioral Health Providers**
  - Delivers evidence-informed training for behavioral health practitioners to improve care for military-connected clients
  - Offers a registry to help service members, veterans and their families connect with trained providers in their geographic areas.

*Aligns with the work of the VA...*
IMPACT

- Nearly 15,000 participants trained to date, including community-based, VA and other providers
- 949 providers from 23 states in the registry
- More than 4,300 new military-connected clients including service members, family members and veterans
Goal 2: Strengthen the motivation and capacity of civilian communities to support military and veteran families.

- Reaching Rural Veterans
  - In collaboration with food pantries and faith-based communities, RRV connects former service members with healthcare, housing, and other benefits through resource fairs and one-on-one education at food pantries in rural areas
  - Currently running in five counties in rural Illinois

Reaching Rural Veterans

Aligns with the work of the VA...
Reaching Rural Veterans

IMPACT

- Findings from our pilot study in Indiana and Kentucky showed decreases in food insecurity and increases in use of needed programs and services.
Goal 2: Strengthen the motivation and capacity of civilian communities to support military and veteran families.

- Joining Community Forces Indiana
  - MFRI leads this partnership with the Indiana National Guard, the Indiana Department of Veterans Affairs and other organizations
  - Features the annual statewide Battlemind to Home Conference, planned in partnership with the VA Center for Faith-based and Neighborhood Partnerships

Aligns with the work of the VA...
IMPACT

- In recent years, JCFI has:
  - Coordinated suicide prevention trainings around the state.
  - Distributed more than 300 gun locks to military members and veterans.
  - Initiated financial literacy support groups and training in partnership with the Indiana Family Relief fund.
  - Supported CVEBs around the state.
Goal 3: Generate important new knowledge about military and veteran families.

- **Operation Military Experience (Operation ME)**
  - Explores the long-term consequences of children who experienced a parental deployment at a young age.
  - Participant recruitment is targeted to begin fall 2021.
Goal 4: Influence programs, policies and practices affecting military and veteran families.

- Measuring Communities
  - Compiles data from 32 sources to yield valuable insights about the characteristics and needs of military personnel, veterans and their families across the United States.

Aligns with the work of the VA...
Measuring Communities

IMPACT

- ‘Snapshot’ reports delivered to 435 U.S. Congressional districts to help inform policymaking and legislation.
Goal 5: Create and sustain vibrant learning organizations.

- **Focus Forward Fellowship**
  
  - A nationwide competitive program for women veterans pursuing undergraduate or graduate education.
  
  - Helps women veterans build skills, leadership and a sense of community through group activities and intensive mentoring.

Aligns with the work of the VA...
Focus Forward Fellowship

IMPACT

- Former Fellows have reported changing career trajectories or sharpening their professional goals as a result of this flagship educational program.
THANK YOU

Shelley MacDermid Wadsworth
Director, Military Family Research Institute
shelley@purdue.edu

www.facebook.com/MFRIPurdue
www.twitter.com/MFRIPurdue
www.mfri.purdue.edu
Chaplain Matthew A. Cassady

National Program Manager
Community Clergy Training and Chaplain Virtual Education
Veterans Affairs Chaplain Service
U.S. Department of Veteran Affairs

Chaplain Cassady is entrusted with the sacred honor of developing relationships with rural community clergy partners and providing virtual education for onboarding chaplains. These programs ensure the spiritual well-being of our Nation’s Veterans from transition from service through end-of-life care.

Chaplain Cassady received the 2020 Distinguished Service Award from the Military Chaplains Association. Chaplain Cassady co-created both the orientation and advanced virtual chaplain education courses.

Chaplain Cassady is an RV’er and avid outdoorsman who enjoys hiking, hunting, and glamping.
Serving the Spiritual Needs of our Veterans

May the 4th, 2021
Chaplain Matt Cassady, M.Div., BCC-MH
National Program Director, Transitional Care and Chaplain Education
VA Chaplain Service
(202) 873-5244
matthew.cassady@va.gov
MISSION STATEMENT

• VA Chaplain Service provides meaningful spiritual care for Veterans family members, and caregivers, as well as provides bereavement care for families after the death of Veterans.

• VA Chaplain Service develops innovative chaplain and spiritual care policy, provides inspirational chaplain education and training, implements effective and diverse spiritual care programming, and gathers and reports reliable spiritual care data about Veterans.
Profile of a VA Chaplain:

• A VA Chaplain is someone who has a call within a call.
• A VA Chaplain is someone who has a strong foundational faith – endorsement.
• A VA Chaplain is called to ministry to people of all faith traditions and backgrounds.
• A VA Chaplain is someone who serves as a clinical provider in a healthcare setting.
• A VA Chaplain is not a lone ranger and serves on an interdisciplinary treatment team.
• A VA Chaplain is someone who hears the Veterans’ story.
• A VA Chaplain is someone who honors the faith of the Veteran.
Concentric Circles of Care

- Veteran
- Spouse and Family
- VA - Interdisciplinary Team
- Community - Churches

Support at any level ripples back to Veteran, and throughout the community.
Training events include:

- Suicide Prevention Training
- Pastoral Care with Veterans and their Families
- Building Community Partnerships

“One suicide is too many, especially when that one is your loved one. Because Veteran suicide impacted my life, I’ll do what I can to mitigate the suicide rate. Pastors need to be reminded that troubled Veterans need support and community.”

— Stated by Female Pastor at recent RCCTP Event.
Da Costa Syndrome – Following Civil War, term used by Dr. Da Costa who discovered unexplainable heart palpitations in some Veterans.

Soldier’s Heart – Another term for the Da Costa Syndrome.

Shell Shock – Following World War I, term given to describe hopeless panic and confusion present in some Veterans.

Post Traumatic Stress Disorder – Flashbacks, Hyper-arousal, Avoidance

Moral Injury - Happens when we transgress our basic moral beliefs and expectations. It can occur when we’ve done our best in impossible circumstances or when we’ve simply failed.

Confession and Restoration of King David – Psalm 51

4 Against you, you only, have I sinned and done what is evil in your sight; 7 Cleanse me with hyssop, and I will be clean; wash me, and I will be whiter than snow. 12 Restore to me the joy of your salvation and grant me a willing spirit, to sustain me. 17 My sacrifice, O God, is a broken spirit; a broken and contrite heart you, God, will not despise.”
This injury is brought about by bearing witness to perceived immoral acts, failure to stop such actions, or perpetration of immoral acts, especially those that are inhumane, cruel, depraved, or violent, bringing about pain, suffering, or death of others. - R. Brock & G. Lettini, *Soul Repair: Recovering from Moral Injury After War.*

“Many traumatized persons have felt the bonds and connections of life tragically severed. Trauma made them feel cut off from God, from others, and from themselves.” - J. McBride, *Spiritual Crisis*

“Crisis no matter what its source – emotional, physical, economic, political - is always in some way a spiritual crisis. Crisis always involves the destruction of meaning.” - A. Boisen, *Religion in Crisis and Custom*
Spiritual Reactions to Moral Injury

1. Confusion about God
2. Loss of community
3. Altered sense of meaning in/of life
4. Loss of previously sustained beliefs
5. Confusion about core ethical beliefs
6. Confusion about morality
7. Grief/loss of relationship with God and others
8. Questions of Theodicy
9. Feeling dirty and unworthy
10. Feeling permanently damaged
11. Feeling angry at self – blaming self
12. Feelings of guilt
Needs of a Person in Spiritual Distress

1. A safe presence with whom to lament.

2. A journey of meaning making and discovery.

3. A supportive network to “hold them up” during difficult times of painful struggle.
“Man’s search for meaning is the primary motivation in his life, it is not a secondary rationalization of instinctual drives.”

– Victor Frankl

What is needed on the journey?
• Sitting in spiritual pain and struggle, when there are no answers.
• Conversations which are honest and straightforward.
• Conversations about difficult subjects, especially the mystery of life and death.

Consider a **Meaning Triangle**:

- **Creativity**: Given to Life
- **Attitudes**: Stances Toward Life
- **Experiences**: Received From Life
Participating in Rituals

1. Rituals evoke a sense of “sameness” and continuity.

2. Rituals renew our commitment to culture, faith, and family.

3. Rituals reaffirm meaning.

4. Rituals set boundaries that allow a freedom and safe environment within which to express conflicting emotions.

5. Rituals symbolize an encounter with the transcendent.
The American Veteran is God’s gift to us. Freedom is their gift to the world.
Dr. Sabrina C. Clark

Director
VA Center for Development & Civic Engagement
U.S. Department of Veterans Affairs

Dr. Clark was appointed Director of VA Voluntary Service (VAVS) on September 23, 2013. As the largest integrated volunteer program in the Federal government, with more than 7,400 national and community organizations, Dr. Clark leads a dynamic corps of Volunteer Resource Professionals, who managed approximately 46,000 volunteers, serving approximately 4.4 million hours and donations totaling more than $119 million in 2020.

Leading one of the largest transformations in the 75-year history of VAVS, the organization has changed its name to become the VA Center for Development & Civic Engagement (CDCE), expanding awareness of its scope to include philanthropic engagement and strategic partnership development. COVID-19 reflected this broadening as CDCE brought in more than $30M dollars in donations directly related to COVID-relief efforts, including Personal Protective Equipment (PPE), tablets to connect patients to loved ones, and meal donations for frontline workers. Volunteer engagement branched out to virtual assignments, including the development of the Compassionate Contact Corps, connecting Veterans to community volunteers via telephone and video support. This program was recently recognized as a best practice by Beryl Institute for Innovation in Patient Experience. Additionally, community volunteers are now serving in roles to assist with telehealth training, peer support to Veterans enrolled in tele-oncology, as well as leveraging partnership efforts to support VHA’s vaccination clinics nationwide.
Center for Faith-Based and Neighborhood Partnerships
Virtual Faith Summit
May 4-5, 2021

Center for Development & Civic Engagement Report

Sabrina C. Clark, Ph.D.
Director, VA Center for Development & Civic Engagement
Happy Anniversary, VAVS!

Celebrating 75 Years of VA Voluntary Service

- 75 years of service
- Almost 1B hours of service
- Federally-chartered National Advisory Committee
VAVS 2020 Vision & Modernization

To ensure the capacity and expand the potential for VAVS to:

1. Recruit and retain quality leaders to guide facility-based programs.
2. Identify and establish critical strategic partnerships that foster more valued services and support for Veterans, families and caregivers.
3. Build stronger, better informed advocates among internal stakeholders for the purpose of establishing meaning and value through service opportunities.

- Develop a training and education opportunities, including certifications for all VAVS staff to ensure the skills and competencies are being developed and retained to the greatest extent possible for maximum program success.
- Establish a unique critical strategic partnerships that incorporate diverse communities, families, and organizations. Leverage community resources to support the following: a) Suicide prevention b) Integrative health c) Women’s health d) Health e) VET Centers f) Businesses g) Whole health Art & Humanities
- Re-establish the foundation of VAVS with a focus on improved services processes, clarity of roles and responsibilities, routine communication.
- Build more robust internal strategic partnerships with the following VH entities: a) Women’s Experience Office b) Center for Strategic Partnerships c) Office of Community Engagement.
What’s in a Name?

“That which we call a rose by any other name would smell as sweet.”
2021 Volunteer Management Report

- Lack of clear professional identity or standards
- Charged with a variety of roles
- Inconsistent, ill-defined reporting structure
- Profession requires training and organizational support
- Hardest job, but the most rewarding
The Shift in Language

From... Volunteers
   To.... Members

From... Service
   To.... Engagement

From... Commitment
   To.... Event

From... Limitations
   To.... Choices

From... Needs
   To.... Skills

From... Organization Mission
   To.... Personal Mission
What Happened?

• OPM Appeal
• Enterprise-wide review of all VAVS positions
• Systematic Downgrading
• Declining potential for talent recruitment & retention
• Declining competence and confidence
• Marginalized professional credibility
• Threat of weakening partnerships & service to Veterans
COVID-19 Reflections

- 46,000 volunteers
- 4.4M hours
- $119M in donations
- $30M COVID-19 support
- $227M value-added resource
- Donations of thousands of pieces of PPE
- Mobile phone donation for homeless Veterans
- Restocked Food Pantries
- Tablets/Facebook Portals for inpatient units & CLC patients
- Craft kits to Veterans in isolation
- Virtual Baby Showers
- Drive Through Volunteer Recognition
- **Innovation Ecosystem “Shark Tank” Recognized:** Curbside Pickup of Donations
- Telehealth Veterans Education & Training
- **Award winning** Compassionate Contact Corps
- Student Leadership Council
- Meal donations Frontline Workers across VHA
Who did you become in 2020?

Who are you becoming today?
VA Center for Development & Civic Engagement
VHA Undersecretary for Health for Operations

- Center: Enterprise-Wide Scope
- Development: Expanded Partnerships, Services, Opportunities
- Civic: Community, Belonging
- Engagement: Cooperative, Communal, Collaborative

3 Business Lines
- Voluntary Service: Our Foundation
- Philanthropic Engagement: Our Relationships
- Partnership Solutions: Our Impact—”Better Together”
Now where?

- Virtual Volunteerism/ Extended Service
- Technology
- Arts & Humanities
- Whole Health
- Innovation Ecosystem
- Rural Health
- Enhancing Youth/Student Development Programs
- Coalition-Building
- Accountability/ Measure What Matters
- JEDI Nation Development: Task Force for Socially-Conscious Civic Engagement

75th Annual National Advisory Committee Virtual Conference & Meeting
May 26-28, 2021
The Way Forward

• Leadership
• Collaboration
• Impact
• Innovation
• Inspiration

Sabrina C. Clark, Ph.D.
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Sabrina.Clark@va.gov
Mary L. Tobin
Senior Advisor
Wounded Warrior, Veteran, and Military Family Initiatives
AmeriCorps

Ms. Tobin has over 18 years of leader development, project management, community engagement, public speaking experience and she currently serves in the Biden-Harris administration as the Senior Advisor for Wounded Warrior, Veteran, and Military Family Initiatives at AmeriCorps. Ms. Tobin is extremely passionate about addressing the social justice issues that negatively affect underserved communities and is committed to working with globally minded leaders and organizations to develop solutions that will positively impact underserved cities and communities. Ms. Tobin is very active in the world of advocacy and activism as she focuses on addressing poverty through collective impact and race and gender biases in the military and the society at large.

Mary is a graduate of the United States Military Academy at West Point and the New York Institute of Technology. She is a proud combat Veteran, having served 10 years in the United States Army as a communications officer, including two combat tours in Iraq. Her previous roles include Senior Project Manager for the US. Department of Housing and Urban Development, a President’s Management Council fellow in the US Department of Treasury, a Chief Operations Officer for the City of Jacksonville, FL, and most recently the Executive Director, East Region - The Mission Continues. In her spare time, Mary serves as the Vice President of the West Point Women Alumni Organization, Committee member for the West Point Alumni Organization’s Diversity and Inclusion Committee, and Co-Founder of the West Point African-American Alumni Association. She is a proud Godmother and an avid sports fan.

Her personal motto is a quote from the late Muhammad Ali, "Service to others is the rent you pay for your room here on earth."
AmeriCorps
2021 Veteran and Military Family Impact Strategy

Presenter: Mary L. Tobin
Senior Advisor for Wounded Warrior, Veteran, and Military Family Initiatives
Agenda

• Mission
• New Brand
• Who We Are
• Model of Change
• Focus Areas
• Partners
• Programs
• Where We Need YOU
• Q&A
The mission of AmeriCorps is to improve lives, strengthen communities, and foster civic engagement through service and volunteering.
National service is an opportunity to serve your country and community. Through AmeriCorps and AmeriCorps Seniors, over 270,000 individuals commit each year to strengthen communities and bring out the best of America.
Our New Brand

AmeriCorps

AmeriCorps Seniors

MLK Day of Service

9/11 Day of Service
Who We Are

OUR PURPOSE
To bring out the best of America

OUR AMBITION
Make service to others a cornerstone of our national culture and an indispensable part of the American experience.

OUR POSITIONING
We are uniting America by bringing people together to serve communities.

BRAND PILLARS

Unite
We bridge divides by bringing people together: connecting individuals and organizations to help communities tackle their toughest challenges.

Strengthen
We provide resources and people power to organizations dedicated to the improvement of communities.

Impact
We enrich the lives of those we serve and those who serve.

Lead
We empower an entire ecosystem committed to the betterment of communities across America.
Our Model

Community Serving Organizations (Grantees and Sponsors)

Members & Volunteers
Our Focus Areas

- Education
- Economic Opportunity
- Veterans & Military Families
- Disaster Services
- Healthy Futures
- Environmental Stewardship
Education
Economic Opportunity
Veterans & Military Families
Disaster Services
Healthy Futures
Some of Our Partners & Champions

- American Red Cross
- United Way
- Habitat for Humanity
- Catholic Charities USA
- SERVICE YEAR
- AMERICA'S SERVICE COMMISSIONS
- YouthBuild
- sca
- FOOD CORPS
- jumpstart
- BOYS & GIRLS CLUB
- CITY YEAR
- EQUAL JUSTICE WORKS
- CADCA
- CITIZEN SCHOOLS
- Communities in Schools
- PUBLIC ALLIES
- Big Brothers Big Sisters
- TEACH FOR AMERICA
- readingpartners: one tutor. one child. infinite possibilities.
- AARP
AmeriCorps State and National

AmeriCorps State and National supports a broad range of local service programs that engage thousands of Americans in intensive service to meet critical community needs.

AmeriCorps State and National does this by issuing grants to state service commissions, Indian Tribes, and other organizations.

AmeriCorps State and National involves more than **65,000** AmeriCorps members each year.
AmeriCorps VISTA

The mission of AmeriCorps VISTA is to combat poverty and address poverty-related issues.

8,000 AmeriCorps members serving in the VISTA program perform indirect service to build capacity in organizations and help them more effectively generate the commitment of private sector resources, encourage volunteer service at the local level, and empower individuals and communities.

AmeriCorps members serve as a catalyst for change, living and working alongside community members to address our nation’s most pressing poverty-related challenges with local solutions.
AmeriCorps NCCC

AmeriCorps NCCC is a full-time, team-based, residential program for 2,200 individuals each year age 18-24. AmeriCorps team leaders in this program can be any age.

AmeriCorps members in this program are assigned to one of four campuses in Denver, CO; Sacramento, CA; Vicksburg, MS; or Vinton, IA; where they join a team and deploy to complete hands-on projects for organizations in their region.

AmeriCorps members serving in the NCCC –FEMA Corps program, approximately 1,000, complete administrative projects in partnership with the Federal Emergency Management Agency (FEMA).
AmeriCorps Seniors RSVP

AmeriCorps Seniors’ RSVP program is one of the largest volunteer networks in the nation for individuals 55 and over, with over 170,000 volunteers.

Older Americans put their expertise to use to make a difference and address a wide variety of community needs.

AmeriCorps Seniors volunteers use skills and talents they’ve learned over the years, or develop new ones while serving in a variety of volunteer activities within their community.
AmeriCorps Seniors
Foster Grandparent Program

20,000 AmeriCorps Seniors volunteers in the Foster Grandparent program support young people with exceptional needs through mentorship.

These AmeriCorps Seniors volunteers are role models and friends to students and support their academic and emotional development. They provide one-on-one tutoring, care for premature infants, and assist children with disabilities.

AmeriCorps Seniors volunteers age 55 and over are able to stay active by serving children and youth in their communities.
AmeriCorps Seniors
Senior Companion Program

AmeriCorps Seniors volunteers in the Senior Companion program age 55 and over who make a difference by providing assistance and friendship to adults who have difficulty with daily living tasks. They help older adults remain independent in their homes instead of having to move to more costly institutional care.

These 10,000 AmeriCorps Seniors volunteers give families or professional caregivers a much needed time off from their duties, run errands, and provide companionship to their clients.
Veteran and Military Family Focus Areas

- Engaging Veterans in Service
- Connecting Veterans to Services and Benefits
- Supporting Wellness and Suicide Prevention Efforts
- Providing Independent Living Services
- Supporting Military Families
- Reducing Veterans Homelessness
- Supporting Recreational and Therapeutic Activities for Veterans
- COVID Vaccination/ Relief Efforts
- Reducing Veterans Unemployment
- Military Spouse Corps
- Expand AmeriCorps Veterans and Military Families Programming
IMPACT GOALS

Goal 1: Increase the number of Wounded Warrior, Veteran, and Military Family members who:
Serve in AmeriCorps Programs and Days of Service

Goal 2: Increase the number of Wounded Warrior, Veteran, and Military Family members who:
Are Served by AmeriCorps Programs and Partnerships

Goal 3: Increase the number of grant applicants who:
Specifically serve the Wounded Warrior, Veteran, and Military Family member population
IMPACT STRATEGIES

• **Establish** database of AmeriCorps programs that serve Veterans and Military Families
• **Promote** awareness of AmeriCorps funding opportunities
• **Renew/Develop** Interagency Agreements with Key Federal Agencies
• **Serve as** Agency Ambassador for Wounded Warrior, Veteran, and Military Family Initiatives in AmeriCorps
• **Partner with** key agencies, public and private organizations, non-profits, community-based and faith-based organizations
WHY SHOULD YOU PARTNER WITH US

• $$$
  • Grants and Living Allowances
• Pathways to Employment (Public, National, and Military Service)
• Education Benefits
• Access to Childcare Benefits
• Skills and Certifications
• Leadership Development
• Commitment to National Service
Contact Information

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Chaplain Constance G. Arthur hales from New York State Catskill mountains. Empire apples, strawberries, pasteurized milk and homemade cheesecake still runs through her blood. Chaplain Arthur attended a junior college in a suburb of Minneapolis, Minnesota. Chaplain Arthur earned her Bachelors of Science in Political Science, from Temple University in Philadelphia. Graduate school was through Boston University School of Theology and the Boston Theological Institute where she earned a Masters of Divinity degree. Additional seminary work was the completion of the National Capital Semester for Seminarians through Wesley Theological Seminary in Washington DC. Working on Capitol Hill was a dream come true. The institutional church was seen as a vehicle for social and political change.

Today she is involved with providing pastoral care and counseling to Veterans one on one and in groups helping them to recover from life’s traumas. Her training has been with the VA and DOD in a yearlong program on Mental Health Integration with Chaplain Services. Chaplain Arthur career with the Veterans Administration began in 2009. Chaplain Arthur believes that the Carl Vinson VA Medical Center has been both a place to share and learn with Veterans and her colleagues.
Conrad Washington

Director
Center for Faith-Based and Neighborhood Partnerships (CFBNP)
U.S. Department of Veteran Affairs

Conrad Washington serves as the Director with the U.S. Department of Veterans Affairs, Center for Faith-Based and Neighborhood Partnerships (CFBNP) within the Office of Public and Intergovernmental Affairs (OPIA). In this capacity, he provides collaborative strategic leadership to develop and cultivate partnerships nationwide with faith-based, non-profit, and community organizations. These partnerships assist to increase awareness of VA programs and services for Veterans, their families, survivors, caregivers and other beneficiaries.

Previously, Mr. Washington served in the Corporate Senior Executive Management Office (CSEMO) delivering an enterprise-wide approach to executive personnel management for the VA.

Mr. Washington retired from the United States Marine Corps with 20 years of active-duty service to include an infantry battalion combat tour in 2004 in support of Operation Iraqi Freedom II (OIF-II). Positions during his military career include; Administrative/Personnel Chief, Senior Drill Instructor, Formal Schools Instructor, and Adjunct Faculty.