SENATE STANDING COMMITTEE ON VETERANS, HOMELAND SECURITY & MILITARY AFFAIRS
ASSEMBLY STANDING COMMITTEE ON VETERANS' AFFAIRS
ASSEMBLY SUBCOMMITTEE ON WOMEN VETERANS

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Good morning Ladies and Gentlemen. Thank you very much for the invitation to present testimony at this Hearing on the impact of Covid-19 on New York's Veterans. By way of introduction, my name is Eva Usadi and I am the Founder and Executive Director of Trauma and Resiliency Resources, a public charity based in New York City.

Trauma and Resiliency Resources, TRR, was founded in 2004 as a result of the work I was doing with first responders after the events of September 11th, initially serving as an online resource and for referrals to trauma therapy.

I have been in the field of mental health for 34 years, 24 of which have been in private practice in Manhattan where I specialize in the assessment and treatment of PTSD, Complex PTSD and Moral Injury, and where I continue to work with first responders, in addition to Veterans, and National Guard members, and health care personnel, and I am a preferred provider for Doctors Without Borders. I am also the daughter of a World War II Veteran. I have presented at trauma conferences nationally and internationally for 12 years.

When TRR went operational with our weeklong, residential Warrior Camp® program in 2013, we took the very bold step of letting providers know, both in the community and at numerous military installations that we would accept suicidal combat Veterans. We believed we had the skills to treat them and our experience over the past 7 years has proven that suicide can be prevented – we have a 100% survival rate post all programs, and a 99% program completion rate.

We believe strongly that this is because early on we identified Moral Injury, rather than PTSD, as the issue that was haunting our combat veterans. However, as this term has become very popular and is used in a variety of ways to signify a variety of things, we now use the term Military Moral Injury© or MMI. MMI describes the wounding to the heart and soul that can be the result of having to override one's personal ethics during combat operations. No matter how necessary or justified at the time, these events are the ones that haunt combat veterans and we believe fuel suicidal thoughts and attempts. Moral Injury began as a military concept and is accepted as such by the Department of Defense and Veterans Administration. As far as we know, TRR is the first organization to build an entire program for combat veterans around

repairing Military Moral Injury©. We say “repair” with respect to MMI as we do not consider it a disorder, and therefore, do not “treat” it.

The Covid-19 pandemic has significantly impacted our capacity to address veteran needs. We had to cancel our March Warrior Camp® program, then June, and likely will need to cancel the October program as well. These programs are quite intimate. Warriors, clinical and support staff are together every day for a week, lodge in the same facility and eat all meals together. The VA Adaptive Sports desk approved our request to transfer some deliverables from Warrior Camp® programs into a virtual webinar series, which we have called TRR’s Azimuth Check, and that began in May. The series highlights how each modality we use at our Warrior Camp program serves to repair Military Moral Injury©. So far, we have professionally produced 7 webinars that are archived as videos on our website. The series has been attended by around 100 people so far, approximately 1/3 of whom are veterans. This series will continue.

Numerous training events for veteran service providers and mental health professionals also were cancelled in April, June, and July, so far. The last in-person training we conducted was our January Suicide Prevention Summit, after which we were asked to make it an annual training – it is unclear that we can do this even in January 2021.

Overall, due to the pandemic we have served far fewer veterans than typical and what was projected given the expansion of services to professional trainings and webinars that are supported by our VA grant. We intended to serve 36-45 veterans at Warrior Camp programs and from 90 to 150 at professional trainings. We have served 0 veterans at Warrior Camp programs this year. We served 23 veteran service providers and 11 clinicians at the January Summit, and around 30 veterans through the webinar series so far this year. We are not yet tracking how many are viewing the recorded videos.

The impact of substantially reduced services on veteran suicides is unknown. But I will tell you this. The decision to cancel last March’s Warrior Camp program was a very painful one. The discussion with our support staff, all of whom are combat veterans, made it clear that our work is not non-essential. Our veteran staff know, very personally, how needed this programming is, and that without it our participants are at greater risk of suicide.

I have three recommendations that would help lessen the impact of the pandemic on the veterans we serve:

1. Amend NY state restrictions on licensed providers to allow clinicians to treat veterans in underserved areas in other states, via telehealth. Prior to the pandemic the restrictions on telehealth allow this, however, they are state based. Most of the veterans accessing our in-person Warrior Camp programs and trainings come from areas of the country that lack adequate services for veterans.
2. Support a national license for trauma therapists in particular, to be able to work with veterans in whatever state the veteran resides, via telehealth.
3. Mandate that these services be reimbursed by VA and Tricare for eligible providers.

Thank you very much.