

VETERANS FOR CHRIST, INC.  
P.O. BOX 362234  
DECATUR, GA. 30036



January 31, 2018

My fellow Veterans, Grace and peace to you and your family.

## **Letter from your Commissary Director, Susan Edmonds**

Our next On-Site Sale in Marietta will be held 15-17 February 2018. Times for the sale are Thursday and Friday 9:00 AM - 5:00 PM and Saturday 9:00 AM - 1:00 PM.

The address is 1901 Terrell Mill Rd, Suite 200 and is located at the corner of Terrell Mill Rd and Cobb Parkway. We are next door to Burlington in the Marietta Square Shopping complex.

Take I-75 North to Windy Hill Rd (Exit 260). Turn left and travel about 3 miles to Cobb Parkway. Turn left onto Cobb Parkway and travel approximately 1/4 mile. Turn right into Marietta Plaza.

If you would like to place a special order to pick up at this sale your orders must be received in my office no later than 6 February. Special orders must be placed by the case. (This does not include special cuts of meat you would like.)

**If you have any questions, please let me know. Robins Commissary 478-926-3714**

## **Married veterans face greater risk of suicide**

WASHINGTON – Veterans who are married or in a live-in relationship have a higher risk of suicide than their single counterparts, according to a new study from the Department of Veterans Affairs and the University of Connecticut. Researchers reviewed survey responses from 772 Iraq and Afghanistan veterans and found variations in suicide risk based on age, income, marital status and religious beliefs. Being married significantly increased the risk, researchers concluded. “It certainly makes sense when you think about it,” said Crystal Park, a psychology professor at the University of Connecticut and one of the co-authors of the study. “There are added pressures that come with maintaining a relationship and meeting household needs. “ People may have expectations when they’re away, and when they return it’s not what they imagined, the romance may not be there. It’s just the daily grind and that can drive up stress levels and increase feelings of despair.”

The study was funded by the VA and published in the Archives of Suicide Research.



According to the latest available data from the VA, an average of 20 veterans succumbed to suicide every day in 2014. The suicide rate for veterans is significantly higher than for civilians, and the difference for women is even greater. In 2014, 19 female veterans for every 100,000 died by suicide – more than 2 1/2 times greater than civilian women.

New findings published in this study confirmed VA statistics that show women veterans have higher risk of suicide than men.

Researchers also found older veterans — ones in their 40s and 50s — have higher rates of suicidal thoughts than veterans in their 20s. Veterans who are negative toward religion and spirituality are also at higher risk of suicide, the study concluded.

Even with changes in income, age and feelings toward religion, married veterans have higher suicide risk than veterans who've never been married.

Researchers created a high-risk scenario -- veterans who are 50-years-old, low-income and experience high depression -- and predicted how many experience suicidal thoughts or have attempted suicide, using findings from the survey. In that scenario, 41 percent of married male veterans struggle with suicidal thoughts or already have attempted suicide, compared to 27 percent of single male veterans.

For women, the difference between being married and single is even greater. In the same scenario — 50, low-income with high depression — 45 percent of married women veterans previously attempted suicide or had suicidal thoughts, researchers predicted, and 22 percent of single women veterans have.

The findings point to the need for gender-specific support options and more focus on helping veterans re-integrate immediately after military service, the study stated.

VA Secretary David Shulkin said recently that the agency will work with the Defense Department to put more focus on veterans in the first year after they exit the military. Earlier this month, President Donald Trump signed an executive order paving the way for servicemembers to be enrolled automatically into VA mental health care services.

## **The Obstacles Facing VA in Its Fight To End Veteran Homelessness**



At a time when the Department of Veterans Affairs has its hands full combating [the opiate epidemic among veterans](#); walking a tightrope on [medical cannabis research](#); chipping away at its claims backlog; and [ending veterans suicide](#), it's struggling to find time and resources to end veteran homelessness.

For the first time in seven years, the number of homeless veterans has increased in the United States. There were 585 more homeless veterans in 2017 than the year prior — the first time that number has risen since 2010, when then-President Barack Obama set the goal of ending veteran homelessness by 2015 — [a deadline that obviously was not met](#).

The VA and the Department of Housing and Urban Development — the two federal agencies taking lead on that front — have made considerable gains in the last seven years, with vet homelessness dropping overall by 46%. But watchdogs worry that efforts to shelter more than 40,000 veterans still living on U.S. streets are stalling.

“It seems to us there is no longer an emphasis and determination to get every veteran off the streets,” Stephen Peck, the president of [U.S. VETS](#), a nonprofit that provides housing and employment assistance to homeless veterans, said at a Jan. 18 congressional hearing on veteran homelessness. “This is no time to be taking our eye off the ball.”

Here's what you need to know about the challenges facing the Department of Veterans Affairs as it seeks to end this longstanding problem.

### **It's not just about housing.**

Since 2010, [when the VA rolled out its plan to end veteran homelessness](#), more than 480,000 veterans and their families have been permanently housed, quickly moved into new homes, or otherwise prevented from becoming homeless through various federal programs, [according to](#) a statement by HUD last month. Housing programs provide sunny metrics for administrators, but they don't get at a lot of root causes for homelessness.

“I think it's important we look at the entire continuum,” Peck said at the hearing. “There has been a tendency to look for a single fix — [Housing First](#) was the answer there for a while — but I think it's critical that we provide those more intensive services.”

### **Here's what else is required.**

Housing takes care of homeless veterans' most immediate need, but it doesn't get at the root causes of homelessness. That requires a broader approach “so that veterans coming in from off the street get the services they require, whether it be mental health, substance abuse, education, or whatever it may be,” Peck said.

[Related: Federal Agencies See No End In Sight For Veteran Homelessness »](#)

On the ground, this could mean pairing homeless veterans with social workers; getting those who

need it into substance abuse programs; assisting veterans in finding gainful employment; and childcare service for veterans with children.

### **Women veterans face nearly twice the risk of homelessness as male peers.**

Women veterans face a greater risk of becoming homeless — 2.4% — compared to male vets, who face a 1.4% risk. Contributing factors include post-traumatic stress disorder; loss of employment; dissolution of marriage; and a lack of gender-specific support, [according to](#) a Jan. 18 Veterans of Foreign Wars' statement. Additionally, one-fifth of homeless female veterans have dependent children, which places added emphasis on the need for support services like child-care.

### **Minority veterans, urban dwellers, and those suffering from substance abuse are at the highest risk.**

The majority of homeless veterans are single; live in urban areas; suffer from mental health, substance, and/or alcohol abuse disorder; and account for roughly 11% of the adult homeless population, according to the [National Coalition for Homeless Veterans](#). Roughly 45% of all homeless veterans are African American or Hispanic, [even though those groups only make up about 30% of the active military ranks](#). Homeless vets are younger on average — compared to the entire vet population — and nearly half of all homeless veterans served during the Vietnam War, and a third of all homeless veterans served in a war zone. A further 1.4 million veterans are considered “at risk” of homelessness, due to a lack of support, poverty, overcrowded and substandard housing.

### **Housing and support programs require significant funding.**

In December, [Politico reported](#) that the VA planned to pull \$460 million specifically set aside for the HUD-Veterans Affairs Supportive Housing (or [HUD-VASH](#)) program, which provides vets with housing vouchers. The plan was to redirect those funds to local VA hospitals, where individual directors could determine how the money was used. That proposal prompted an outcry from veteran advocates and lawmakers who feared funds would go to other uses, and the VA backtracked on the decision.

### **Advocates continue to worry about VA cuts to homeless programs.**

“While VA has backed away from this decision for the time being, this could’ve dramatically reduced case management for vulnerable veterans,” Kathryn Monet, chief executive officer of the [National Coalition for Homeless Veterans](#) said at [Thursday’s hearing](#). “To remove it would be catastrophic to the housing stability of veterans using these vouchers.”

At a Senate Committee on Veterans Affairs hearing Jan. 17, VA Secretary David Shulkin stated that any changes to changes to veteran homelessness programs would bring more resources to bear on the problem. “We need to do this better,” Shulkin said. “We have to rethink our effort. We need to double down on things that work and come up with a fresh approach here. I’m not satisfied with the progress we’re making.”

### **It’s not entirely clear where veteran homelessness stands as a VA priority.**

The obstacles facing veteran homelessness don’t boil down to funding alone, but resources play a major role. They also serve as an indicator of the Department of Veterans Affairs’ priorities.

“Our feeling is that they’ve either given up thinking this is going to work, or they have other priorities,” Peck told Task & Purpose. “Secretary Shulkin [has five priorities](#), but homelessness is not one of them.” Indeed, Shulkin told lawmakers last May that his priorities are greater health care choices for vets, modernizing VA, increasing efficiency, improving timeliness, and ending veteran suicide — all laudable, but not directly addressing homelessness. “One of the things we’ve heard is that he wants more money to use for those five priorities,” Peck said.

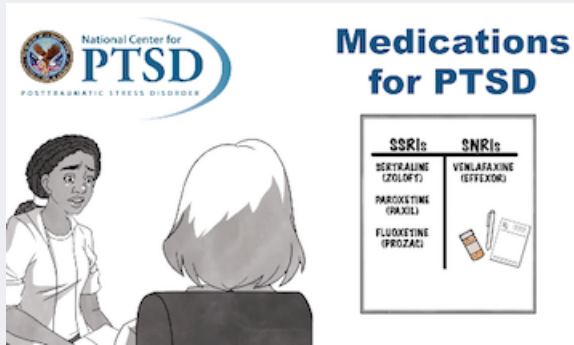
When asked for a comment, VA Press Secretary Curt Cashour said in an email: “We have a dedicated team of more than 5,000 staff across the country focusing on Veteran homelessness as their primary responsibility every day. But there are limits to what VA can do affect the supply of affordable housing, which is more dependent on state and local policies and community involvement.”

### **VA’s spokesman says the main culprit is expensive big cities.**

The high rate of homelessness in urban centers like Los Angeles— [which saw a 26% increase in overall homelessness since 2016](#) — is closely tied to rising housing costs, and a workaround

requires coordination between city, county, and state organizations and the federal government, but there's only so much the VA can do alone, Cashour said. "An inadequate supply of affordable housing and major increases in rental costs, particularly in Seattle and Los Angeles, are the top challenges, considering that those two cities are where we've seen the largest uptick in Veteran homelessness recently." By [James Clark](#) on January 22, 2018

## Medication for PTSD Explained



The symptoms of PTSD can affect every area of your life. The good news is that there are treatment options that can help. While psychotherapy, sometimes called "counseling", has been shown to be the most effective treatment for PTSD, certain medications have also been proven to help decrease many of the core symptoms.

### Is Medication is Right for Me?

Medication may be a good choice if you don't want to try talk therapy now or if you can't fit weekly therapy appointments into your life. Some people find that taking certain medication for PTSD while they are in therapy makes the process easier. Talk to your health care provider about which medications are right for you.

- Learn about all your treatment options with the [PTSD Treatment Decision Aid](#)
- Hear from Veterans about [How Treatment Has Helped](#)

### How do Medications Work?



Watch a [short video](#) to learn more about PTSD how medications work.

### What Medications Work Best?

Recommended medications for PTSD are called Selective Serotonin Reuptake Inhibitors (SSRIs) or Selective Norepinephrine/Serotonin Reuptake Inhibitors (SNRIs). They are both types of antidepressant medicine. These can help you feel less sad, worried, and improve your overall functioning. SSRIs include sertraline (Zoloft), paroxetine (Paxil) or fluoxetine (such as Prozac), and the SNRI venlafaxine (Effexor).

### Do I Need to be Cautious about Certain Medications?

Some doctors have prescribed medications known as benzodiazepines for patients with PTSD to help with symptoms such as anxiety or insomnia. These medications may be known as Valium, Xanax, Klonopin or Ativan.

Benzodiazepines may help these symptoms in the short term, but we now know that they do not improve the overall symptoms of PTSD. Their helpful effects do not last and they come with possible safety concerns.

Atypical antipsychotics are another class of medication occasionally used for symptoms of PTSD. They also can have concerning side effects and are not typically recommended to treat PTSD.

### What Medications Can I Take to Improve my Insomnia or Anxiety?

The first-line medication recommendations for PTSD, the antidepressants, are effective in treating your anxiety and insomnia symptoms. You also can benefit from cognitive behavioral therapy. Talk to your provider about safer, more effective treatment options.

Prazosin is a medication that works by decreasing the adrenaline produced by your body when you are stressed and has been shown to help some Veterans with trauma-related nightmares. Ask your health care provider if it may be right for you.

*This message is from the Lord. "I have good plans for you. I don't plan to hurt you. I plan to give you hope and a good future."*

JEREMIAH 29:11

## **YOU TOO CAN BE A MEMBER OF THE VETERANS FOR CHRIST, INC.**

Sign up online to become an associate member. The annual associate membership of \$120.00 which can be used as a tax deduction for supporters. Registration fees can be paid online through our PayPal account. You will get a free VFC T-shirt with your associate membership. Your tax deductible membership fee will support the VFC mission.

All Honorably Discharged Veterans are welcome to come and observe the VFC; feel free to ask questions and learn more. If we don't know the answer we know someone who does. Please browse our web site [www.veteransforchristinc.org](http://www.veteransforchristinc.org). There you'll find information on many subjects of interest to veterans. You'll also find a Newsletter for your branch of service and links to Social Security and many other links with an abundance of information.

Our monthly meetings are held at the God's Amazing Grace Christians Ministries 3576 Covington Hwy, . Decatur, Ga. Our meetings are the third Tuesday of every month and start at 6:30 (PM) for approximately one hour and a half, unless otherwise advertised. We will be respectful of your time.

Thank you for your interest in the VFC. We look forward to communicating and fellowshiping with you soon. We are looking for a corporate sponsor for our VFC Gerald Prince College Scholarship which is donated each September at our Anniversary Luncheon

"Be on your guard, stand firm in the faith, being men of courage, be strong." 1Cor 16:13

Sincerely,

**William A. Harris, Jr.**

William A. Harris, Jr., USAF Retired  
President, Veterans for Christ, Inc.  
[www.veteransforchristinc.org](http://www.veteransforchristinc.org)