FOURTH ANNUAL INCLUSIVE EXCELLENCE SUMMER SYMPOSIUM

TAR Heel Approach – Training, Access, and Respect to improve accessibility: with focus on the international, veteran, and disabled communities

Module 3: Military-Connected Student Experiences & Support

TRANSCRIPT:

StreamBox

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(Recording in progress)

>> DR. RAMSEY-WHITE: Good morning, everyone, give us just a minute, we have people coming in and then we'll get started.
All right. Good morning, everyone. And welcome to our fourth annual inclusive excellence summer symposium, day three. We have had an amazing first two days of the summer symposium, just so full of really interesting information and strategies and ways in which we can just be so much more accessible for the three communities that we've identified but the information was really so good for us all, just in terms of being a good community to each other. So thank you, all for being here, this morning.
Next slide, please.
Before we move any further, I would like to do our land acknowledgment. Long before the campus existed, there were teachers, students, elders, and youth inhabiting the spaces we enjoy today, trading knowledge and goods with one another.
North Carolina is home to the Occaneechi, Lumbee, Coharie, Haliwa-Saponi, Eastern Band of Cherokee, Meherrin, Tuscarora, Sappony and Waccamaw-Siouan Nations, along with many Other indigenous peoples living in both tribal homeland and urban settings. In fact, North Carolina Has the largest Indigenous population

east of the Mississippi River. We acknowledge and give Thanks to the First Peoples of this land and their descendants.
It is also important to acknowledge and honor the crucial role of enslaved people in the early Days of this campus. Enslaved people were sold as escheated property to help fund the Establishment of UNC, and the labor of enslaved people built UNC-Chapel Hill and undergirded Its operations until Emancipation. We acknowledge and give thanks to the enslaved people who Built UNC and their descendants.
May we build upon the memories and goodwill of all who walked and labored here before us with Truth, integrity and honor.
Next slide.
So I would like to just go over a couple of ground rules before we start. When you are talking about your experience, please make sure that you use I statements, if you make a comment. Something happens, somebody says something and you feel some level of discomfort or anger, try to lean into that discomfort and anger and try to identify for yourself, where is it coming from and why do you have the feelings that you have.
Assuming that people have the best intentions but attend to the impact of what might be said. Listen your head and heart connection, be aware of how much space we are taking up in the Zoom. Panels will not be recorded. What is said in this space stays in this space, but what's learned here, leaves here, and I think that's really important point to clarify and that is that people are going to share their personal stories to help make relevant the information that we're teaching, that we're presenting or that they're presenting. And so what we would ask is that you would allow people's stories to be their stories and not share them as if they were your own. But take what it is from their story that you have learned so that you can take it back into your classroom and into your neighborhoods and how you interact with your friends and your peers or any others. The last thing is to treat the chat like you are speaking aloud.
And what that means is that there are those that are using screen readers and the chat automatically gets read aloud if you're using the screen reader. So this can be very distracting. And it will speak over the presenters, or panelists, please remember to use the chat sparingly or only when you're prompted to do so. And finally, if you want to ask a question, please type it in to the Q & A box at the bottom of the Zoom. Thank you, and I'll turn it over to Dr. Bryan.
>> DR. ADRIAL BRYAN: Thank you, Dr. White. Good morning, welcome to the third and final session of this year's symposium. We have the pleasure of having real-time closed captioning if provided for us for this symposium this year, and this service is being provided by Carolina Captions, and you can view the real-time

closed captioning either here on Zoom, or by visiting the Carolina Captions website. That's www.carolinacaption.1cap.com. We will drop that link in to the chat for you. And there it is.
So to begin for today, I would like to introduce our first speakers for today.
Dr. Shawn Kane is a physician and associate professor with the transforming health and resilience in veterans or THRIVE program. In the UNC Department of Family medicine, he's also a veteran of the U.S. Army. Dr. Wes Cole is a research associate professor with the Matthew Gfeller center in the center for exercise and health science and a neuropsychologist for the THRIVE program, please welcome Dr. Kane and Dr. Cole.
>> DR. SHAWN KANE: Thank you, we're just getting our slide show up. I'm super excited to be part of this and over the next couple of minutes, myself and Wes, are going to talk about two things, one, I'm going to do a little bit of an introduction or kind of a what is a veteran discussion. And then, Wes will talk specifically about our THRIVE program, which is a program we have here at UNC, which has been up and running for actually just about a year now, a little bit over a year.
Again, as I said, that is our overview and I'll give Wes credit for this slide, he likes to use really, you know, pictures and stuff that motivate people, so a nice path through the Forest and as he discussed the THRIVE program, he's going to use one of our first veterans actually, you know, to discuss their path from service to now.
So the veteran population, so what is a veteran? I mean, it is interesting, there is a official definition per the U.S. Department of veterans affair, most of it makes sense, someone who served but is not currently serving in the army, Navy, Air Force, Space Force or the Coast Guard, and interestingly enough, this is just an interesting fact that those that served in the U.S. merchant marine during World War II are also considered veterans, obviously, that population along with the general World War II population is, you know, rapidly, you know, dying off, based on their age. But just a little interesting fact that the merchant marine from World War II count. As you can see, you know, the number of veterans in the United States was about 18 million in 2018.
And it's projected to be about 12.9 million in 2040. This does reflect obviously the aging population of our veterans as you know, obviously, World War II veterans, Korea, Vietnam, that is decreasing. In the North Carolina, South Carolina, Tennessee, Virginia, there are greater than two million veterans and on the map, you can see, you know, just military installations in the state of North Carolina, itself. So North Carolina has a very veteran-rich population.
So what are veterans stereotypes? And I show this slide with, you know, maybe some pictures from movies that everybody has seen. You know, you've got Rambo, up on the top right. Tom cruise in born on the 4th of July in the top left and

lieutenant Dan on the bottom left. And these are the stereotypes that you see of veterans in the have you movies, angry, depressed, just have a lot of rage and trauma and substance abuse.
And while, you know, they do have some issues, you know, this is not the administer you type of veterans, I men -- stereotype of veterans, you never see a veteran movie on the Hallmark channel, always these interesting stories, you know, or dramatic stories but these are the stereotypes of the veteran population that our community has.
But what do veterans look like? And, you know, I could -- came up with the idea of getting pictures of, you know, UNC students, UNC crowds, and because this is actually what veterans look like.
Not just veterans here, you know, that are enrolled in school, but everywhere. I mean, they represent, you know, all ages, all races, you know, sexes, demographics, and so, this is what veterans look like. They look like normal people. They are not, you know -- they're not Rambo. Or Tom cruise, etcetera, so.
veterans are people, veterans look like all of us. And, you know, veterans are us. You know, and so this is what they look like. You know, so for the post-9/11 veteran, which is the majority of the ones that probably are, you know, enrolling in universities, and stuff, at this point, I mean, I don't think that veterans stereotype is accurate. It's very inaccurate, as a matter of fact, and it's disingenuous and not beneficial at all to the veteran or to the general population. And this post-9/11 veteran population is younger, it's more diverse than any prior service area.
And I think more importantly, I mean, they're ready and eager to use their experiences to have a positive impact, you know, both locally and globally. They want to learn. They want to better themselves, they want to be challenged. They want to make a difference. So they are going out of their way to change that stereotype.
So what are the healthcare needs of veterans? I mean, you know, veterans are a heterogeneous population, just like everything else. And they do have some unique, you know, physical behavioral and psychosocial health needs, from being a veteran. But I would say from a physician standpoint, you know, they're people. You know? And every person has some of those issues, right? No one joins the military as a clean slate, you know, by the time you're 18, 19, 20, years old, you've had preservice life experiences, some could be good and bad. Not just their military experience, again, it's their overall being a person.
You know, and like I said, veterans and nonveterans have similar medical issues, I mean, chronic pain, behavioral health issues, substance abuse, traumatic brain injury, these are all things that I see in all of my patients, whether it's in the family

medicine center, you know, just taking care of regular people, regular North Carolinians, or, you know, here in our THRIVE program.
One thing that might be a little bit maybe more I don't know maybe more common but not exclusive to this civilian population or moral injuries, and that's a very interesting topic. You know, that, you know, plays a role in, you know, behavioral health issues and so this might be something that is different between the veteran and nonveteran populations. But there is an overlap. And again, everything exists on a spectrum. You know, PTSD, you know, to use that as an example, has a wide range of, you know, presentations, and people can have ups and downs, that, you know, they have symptoms, they don't have symptoms. And they're fine.
I mean, I can share, you know, my story is, I have the diagnosis of PTSD, and now, much later, you know, as time has gone on, I'm definitely better. But uniquely, I can tell you that my body knows when I have had a couple of experiences and the anniversaries are come up, because I stop sleeping, you know? And I just feel grumpy for a couple of days and, you know, Facebook reminds me. As Facebook reminds us of many things, good and bad. And I'm like, okay, that explains why I feel grumpy these days. So it's very interesting. It's a spectrum. Do not think that every veteran with PTSD is again, Rambo, or Lieutenant Dan from Forrest Gump.
Overall, post-9/11 veterans, they're hardy and they're resilient, probably terms that, you know, many people on this, you know, Zoom are familiar with. You know, from a psychological -- a psychological or a social work standpoint, so they're again, they have been through a lot and they are ready to do a lot. One of the things that I would like to share, you know, with the group, you know, is some really good advice that I got many years ago. This is back in 1995, the day one of my internship at Fort Bragg as a family medicine doctor. And one of our, you know, people who had been around a lot said, you know, we needed to talk to the Red Cross volunteers. Ask them what they did. Now, that was their advice. And I share this story with you, three of these gentlemen, particularly. You know, sergeant major Brown, sergeant major brown ran the photocopy we are. He was very little short old man with white hair, but very intimidating, and you would ask sergeant major brown, how many parachute count, four, sergeant major brown had made four combat jumps, three in World War II and one in Korea and those on the Zoom who are not military, don't understand the military, kind of a combat parachute jump puts you in the cool guy group forever.
Something we train for, but don't do, and sergeant major brown had four of them. Sergeant Major Lane was another one, he brought your mail to you. And if anybody has ever seen or wants to go watch the movie the Green Berets with John Wayne in it, the Gabriel demonstration, they brought JFK to Fort Bragg and showed him about Green Berets, historical significance.

Sergeant major Lane was one of the Green Berets in that movie, in real life, one of the original Green Berets and he's delivering my mail to me. And then, sergeant major Aston, I used to say -- he was eastern European by birth, I forget if he- Polish or Ukrainian, was captured by the Germans, then liberated by the United States army. Came to the United States, joined the army, was again an original Green Beret and the guy that changed the paper on the exam table in your room. And if you did it without him doing it again, you got yelled at. And he was not very happy with you. And this gentleman, you know, fast forward a bunch of years, he came to my promotion to major, and he had dusted off his uniform that he hadn't worn in many years and, you know, presented me with my rank. So kind of a big deal. So here's three gentlemen, three veterans that were doing -- volunteers and they were just doing this stuff, but by asking them what they did, you got to learn a lot and appreciate them and so, my advice today is actually the same advice I got in 1995, when you're around a veteran, working with a veteran, you know, be genuine. Ask them what they did.

And basically, treat them with dignity and respect, just like we would everybody. And, you know, I have a friend who's a professor here or is a professor here, and, you know, he asked me, like, I have a veteran in my class, I'm afraid to like, you know, con front him about something, you know?

And I don't want to make him mad or something.

And I'm like, what are you talking about? And playing back into that stereotype, I'm like, he's a student. You know, he's here and, you know, fine, you know, let him know what he did wrong or did right, you know, what the standard is, and go from there. Don't be afraid of them.

So be genuine. Ask him what they did. And just like everybody else, you know, be nice to everybody and, you know, be a human being, and everything will work out.

So I'm going to -- the last slide here and then I'm going to hand it over to Wes.

>> DR. WES COLE: All right. Well, thank you.

What I'm going to do is kind of steer off of talking about vet veterans as a whole, as Shawn just did, which I really value and appreciate and especially his firsthand knowledge and SPERNS and talk specifically about the THRIVE program that was mentioned earlier. We were fortunate to start a program about a year ago, that is designed to treat veterans and retired first responders, who have a history of TBI and PTSD.

So the program mission is there on the slide to fulfill our duty, to serve veterans and first responders by improving the evaluation and TRAEMENT of service related traumatic brain injuries and PTSD through clinical practice, research and education.

What's really unique about this program is it was established through a $12.5 million gift that was given to the University in June 2021.

And the what this does is it reduces all of the barriers to care. So we're able to pay for travel, and lodging while the veteran or the first responder is here. And we're able to cover whatever insurance does not cover. So there's no out of pocket costs to any of our patients. So we received the gift in June, about just under a year later, saw the first veteran, who I'll talk about, and this program is part of a larger network called the Avalon action alliance, and so there's multiple programs across the country, the original one was in Colorado.

And it was actually started by the man who was the first director of the National Military Medical Center on the campus of Walter Reed, a holistic service for active service members with traumatic brain injury and PTSD and so this program is really modelled after that active duty military program, but again, for veterans. What's really nice is this is housed in the Matthew Gfeller center on campus, housed within the university. And just gives us a lot of flexibility to design the program, the way that we see fit, and to build off of a lot of the great research regarding concussion that's been done in the Matthew Gfeller center, and, you know, what's also nice about this being housed here is, you know, the institution's chancellor, Dr. -- was the founding director of the Matthew Gfeller center, himself, a traumatic brain injury researcher there's a lot of support from an organizational standpoint.

And here you can kind of see where we're housed, it's really unique in that we have a footprint, you know, in that Avalon action align, kind of from up top. But then, we're housed within the University, but also, are staffed with UNC health and UNC School of Medicine. As well as UNC physicians network. So we're a little bit of a unicorn in terms of all of these entities coming together, you think that they were a lot more aligned but, you know, they're really three separate entities that come together and support this program. So it's a really unique program in terms of that structure.

So I just want to start out by giving a broad description of our program and then I'll get a little bit more specific. So our program starts with a comprehensive three day evaluation where the patient meets with multiple providers across multiple disciplines so it gives us a whole person holistic look at the patient and after that, you can see that little RAR arrow on the side, they go through discharge planning, and receive a summary of everything that we did, and everything that we found, and a list of recommendations that they can take back to their primary care provider and hopefully implement and receive a lot of, you know, positive treatment gains from them.

For about 50% of our patients, they qualify for IOP intensive outpatient program, and here they get a combination of group and individual services, over three week, where they are here at the clinic for up to eight hours per day. And then, for all of our patients, they have a minimum one-year follow-up where they keep in touch

with our case managers, and we can just check in, see if they're encountering any other issues and any barriers to care, anything that we can help them problem solve. So we've been seeing patients for about a year now, which leaves us wondering, who is our typical patient?
And here you can see we do receive most of our referrals from North Carolina and the surrounding states. But we have seen patients from all over country, and veterans from all branches except Space Force and we have had three retired responders with no veteran status come through.
What's also interesting is that we've had veterans from multiple time periods, so Vietnam, cold war, desert storm and shield, and pre9/11, and post-9/11 conflicts in Iraq and Afghanistan.
And when this data was pulled, right out at a year of seeing patients, we had 63 people come through our doors, 53 males and 10 females. And the average age has been 43 years old, but a range from 25 to 73 years old. And our patients are primarily identified as white, but multiple races and ethnicities. These track with the military's larger demographics. And so in general, our quote unquote average patient is a mid 40s white male, a veteran of the army, but that doesn't capture our patients, we truly don't have a typical patient and even within that average demographic, our patients are presenting with very unique and different types of symptom constellations, this goes back to what Shawn was saying, it's important to treat that person as an individual and talk to them about what they did, what their story and background is, and what they're coming to the clinic with.
So I want to talk about the actual program in a little bit more detail, but rather than going through slides in the program, I thought it would be more interesting to describe it through the first patient, Matty, his story and images and there's a couple of other folks that I'm including, they're all used with their permission. And Matty is an army veteran who is in one of the first big units in the Afghanistan back in 2001, he came out of training and right into combat and was involved in some pretty intense stuff.
And he also then went on to serve in special forces.
Where he was deployed multiple times. Through pretty kinetic environments. And into pretty kinetic environments and involved in intense combat, he was eventually medically separated from the army around 2015 due to back pain. So what he did first is found our program and filled out a form online, one of the intake coordinators contact him, this is what happens with all patients and they go everything, verify that he's eligible and then get him scheduled and make all of the arrangements for him to travel and stay here. And attend the three-day evaluation.
And so the first step of our evaluation is the fish bowl and that happens here in the room that we're sitting in now. And the patient sits down with many of our

providers and tells their story and lets us know what their priorities for the evaluation and treatment are.
And the what's nice about this is it's a little intimidating for them to sit down in a room full of providers but we've done a good job of making folks feel comfortable, and we just let them know there's no structure, it's their time.
It allows them to do it once, they're not sitting down and repeating their story over and over and over, and that way, when they get one-on-one time with the provider, they can jump into the treatment that they're getting.
During Matty's fish bowl, it was scheduled for 30 minutes, it went on for an hour and 45 minute, he gave a very intense emotional testimony about his time in the Afghanistan and the infantry and special forces and the issues he had once he started dealing with chronic pain and symptoms of PTSD, that led to him being medically discharged from the military. He had felt like he had been on his own without help for, you know, the 7 or 8 years he had been out of the military. And it was just a very intense emotional story.
And after he left the room, Jason who is sitting there in the jacket, the CEO of the THRIVE program, just looked around to the group and said, if you had any doubt about why we are doing this program, that doubt should now be gone.
So Matty touched on many of the common symptoms we hear.
And other patients often report the symptoms you can see here on this slide, so he reported a lot of physical pain, particularly, neck and back pain. And a lot of emotional distress, and mood symptom, consistent with PTSD.
And some concerns about memory and attention were his big symptoms and we hear a lot of that, we hear a lot of reports of pain, memory and attention problems, post- traumatic stress disorder, sleep disturbs, relationship distress, problems with parenting kids, problems, you know, in jobs, and we hear a long list of different issues and the constellation of SOFRP symptoms really is unique to each individual. But the common thread are most are looking for answers on how to improve the quality of life.
Most of the patients have not received a lot of intense services or if they have, they don't feel like it's bringing all of the pieces together so, they're hoping we can be that answer for them.
So Matty went through that evaluation over the course of three days, to include medical, psychiatric, musk lo skeletal and the bottom line included severe mood and PTSD symptoms, mild cognitive issues, neck issues, and recommendations to increase the frequency of mental health counselling and make medication changes, address cognitive issues through services and address neck pain and sleep through targeted treatments. So Matty then returned to us ten months later to be part in the first IOP cohort, the first patient through the doors and part of the first cohort,

he is our true Alpha patient. He was joined by Leah, another army veteran and Ted, a retired first responder, again, their images we used with their permission. Over the ten months between the evaluation and the IOP, continued an ongoing mental health care to include medication changes and started doing more self-care types of behavior, getting back into skateboarding, something he loved and reengaging in his art, he's a talented artist but he had not engaged in the other recommended treatment, experiencing a lot of the same symptoms but going through the evaluation and having his symptoms legitimized help him felt better. He felt craze I and all in his head, so that helped film feel a little bit more grounded and hopeful.
So as I mentioned earlier, the IOP is three weeks long, he received education, group therapies and individualized treatments. Some of the 13ESH8 sized services we offer include equine therapy, art therapy, a reading group, a moral injury group, as well as cognitive rehabilitation, medical management, vestibular balance therapy and training and treatment of physical pain. And I mentioned the moral injury group, which is emerging as one of the most impactful treatment for patients, it's facilitated by our psychologist, Dana and through discuss and process those actions and events that the patients were involved in, or were exposed to, as part of their service. And the things that conflict with their core values and morals. This group works in concert with the reading group that's led by one of UNC's English professors where they read various texts related to combat PTSD, and moral injury and process those together and also works in concert with art they are Fl and equine therapy. And it's our goal for all of the treatments and interventions that they receive to work together and supplement and support each other in that way.
And for the last three days, we invite family members, or significant others to join and take part in the IOP where they can see what their loved one has been going through and receive some training themselves and some education themselves.
So I mentioned the equine therapy, and we're really fortunate to partner with farms and -- to provide this service and I included a few pictures, because it's such a beautiful place. And all of our patients have really enjoyed this service. And Matty, you know, this is the horse he was paired with and what was really interesting, he said, you know, that horse was so in tune with his own emotions, that it raised Matty's awareness to his emotional state in a way that he had not experienced. The animals are so in tune with the person's emotional states that it creates this sort of increased awareness by the person, really fascinating.
And they all love it and just a beautiful spot and wonderful people that we work with.
You know, but those groups that I mentioned including equine therapy are a few types of the therapy they receive. I don't expect anyone to take specific information

away from this slide, but how jam packed we keep their schedules during the two weeks.
So this is what one of Matty's days during the IOP looks like. So we start with yoga at the Rizzo center or the hotel they stay at, we have a wonderful partnership to house our patients there.
And they then travel here, we provide them with transportation, and they might receive something like acupuncture, nutrition consultation, one-on-one behavioral health check in, vestibular, they work with the clinical pharmacologist to review their medications and get consultation and education about that and touch Bates with the case managers. Each day is a little bit different but it might include a schedule like, where they're getting a lot of services, jam packing quite a bit.
And at the end of the three weeks, we have what we call a bridging ceremony, where we present them with a gift and a coin, and military coin, from our program. And we call it a bridging ceremony rather than a graduation, because we don't want to view it as an end point, we want it to be viewed as an a transition to the next phase of their ongoing recovery and improvement. So just really quickly, I want to touch on how Matty did.
Before the three-day evaluation, that first data point, he reported very high symptoms across the board, PTSD, cognitive issues, mood disorders, physical pain and issues. He had some improvements in those and that was attributed to being normalized to some degree.
And across the IOP, he showed slight improvements across symptoms with the exception of physical pain, which actually worsened and as he said, when you send a couple of weeks poking and prodding at the areas that hurt, my pain is going to go up. But he recognized it's for long-term gain. Most importantly, when we asked hum a simple one question questionnaire, how are you doing compared to how you began the IOP, he had improved. A lot of other symptoms started coming to the surface so the IOP was key to begin to address those issues that started to surface for him. He indicated a significant sense of hope that he had not had in years.
So we really view the IOP as sort of a starting point. And that's why I have a picture of the hardware store here. It is before any home renovation, you go down to the hardware store and you buy your materials and take it back home and that's when the real work starts. Coming to IOP is like that.
You can give you the information to implement back home with their primary care providers, their other counselors, therapists that they are working with. And continue to make any slight gains that they make in the IOP. And we are seeing general trends towards improvement, talking about three weeks, we're not go unwind years and years of issues in three weeks, but what's interesting is our

clinical assessments, so the things that the clinicians are doing, the objective testing, is actually showing greater change than they self-report.
So our hope is that the self-report catches up to the clinical measures as they're experiencing the benefits in day-to-day life and will con to follow up for that. We have numerous opportunities to learn, grow and expand. We would love to explore ways to expand and diversify our patient population. And we want to look at the inner play between all of the symptoms that the patients come to us with to see how those influence each other and how we can kind of untangle them.
And we'll always look for ways to improve our current methods and treatments, and identify the components and seek to replicate those successes across the program. And eventually, we would love to expand our services beyond veterans and first responders to active duty and civilians.
And we just wanted to end with an acknowledgment of our team, there's a huge team that works behind the scenes and for the patients for this program, we're housed within the Gfeller center, and so, we couldn't -- we wouldn't be here and couldn't do this without the support from the Matthew Gfeller center, so I wanted to acknowledge our team. And a slide up that is a QR code for more information as well as our website, so if you want more information, we encourage you to please go check it out, if you have a veteran or a retired first responder in your life, or if you are one that has a history of TBI or possible PTSD and you think they would benefit, please, please, please, let them know about our program, we would love to be able to serve them as they served us.
Thank you. I'll post that website in the chat, so people have it, so once I stop sharing, you won't be able to see this.
>> DR. ADRIAL BRYAN: So now, we'll head into our Q & A portion, so if you have any questions, for Dr. Shawn Kane or Wes Cole, please post those in the Q & A function.
>> DR. WES COLE: Okay, what are the next steps for the THRIVE program, if you could expand it? Did you want to take a stab at that.
>> DR. SHAWN KANE: Yeah. I would say that our ideal next step would be one, maybe be able to see more veterans than we currently do, just to increase our capability there. But I then think that the next best thing would be to expand to the active duty population.
And then the civilian population, and I say that not necessarily in that order. It is really just comes can down to the next step would be to expand our services to anybody and everybody to help more people. And then the trick just comes down to like a lot of things in life, how is it paid for? You know, right now, we're limited with our gift to do veterans and first responders and, you know, if anybody on the Zoom has a rich philanthropic friend that wants to donate a lot of money to help us

take care of civilians or active duty folks, let us know. But that is our goal and just a matter of time and then finances, we've been very intentional with what we have done. We wanted to make sure that what we're doing is really-- we're really good at what we're doing, and we're taking care of this population before we bite off something else.

>> DR. WES COLE: Yeah, and one thing to point out is that we, you know, we haven't seen a huge number of patients but again, the services are so intense that we're limited in terms of how many we can see and we moved into our current space in January. Which really allowed us to basically triple the number of patients we could see. But we're already tight in this space, part of the next steps would also be to grow the physical space as well. And continue to do that. So we're a little bit limited logistically, but just to echo everything Shawn said, just continually look for ways to expand our services as we also improve our services. We were asked from what geographic region are patients recruited?

Everywhere. We'll take patients from everywhere. And now, one thing that I will mention is that if we get a patient, say, from California, that contacted us, we might tell them, hey, you know, you're flying over two or three other programs and those might be just as good for you, because again, we're part of that Avalon action alliance.

But we've had patients come from all over the country.

And if we feel like we're the best fit for them, then we welcome them here, we're not limited by geographic region. So the question, could you say more about Dana's work and the various therapies to address moral injury? I've heard of this condition in connection with first responders and healthcare providers during COVID. Yeah.

>> DR. SHAWN KANE: Yeah, you're right, I mean, I think that -- the moral injury that term moral injury, definitely got a lot more attention or maybe became a lot more forefront during, you know, the pandemic. And, you know, as Wes said, right, so a moral injury is, you know, any time you have experienced something, seen something, you know, that conflicts with your, you know, internal moral compass, it's something that we think is very, very important. And so, what Dana does in combination with the reading group and the other stuff is to one, introduce the concept of -- introduce the concept of moral injury, it's not that common, people have not heard of it.

The first step is to introduce it, what it is, and how it affects you, and then, really just kind of explore the why about it. And the why it bothers you and how it affects you, and that it is again, more of a normalization that what you're feeling is normal. This exposure you had has challenged that. And it's okay. And the it's normal.

So it's really a lot of -- again, normalization, letting people know that this is real. It's not in your head. I'll be honest with you, of the six people we've had in the IOP, to

date, none of them had heard of the term. And as we did it all, they were all like, yeah, I understand it, that's what I've had, I've just never known what I've had. And truly, you know, yes, you know, during the height of the pandemic, you know, we had -- that is one of the issues, and one of our veterans we brought through, interestingly enough, he probably had some moral injuries from events he participated in, in the military, and then, I don't know for good or bad, once he got out of the military, he got sick and had some lung problems and worked a lot with respiratory therapists. And he really liked it and he became a respiratory therapist, then COVID happens, and he was a travel respiratory therapist working in a lot of the small hospitals like on the Navajo reservation in Arizona and other tiny hospitals and that experience, the moral injury, associated with that, literally deciding who lives, who dies, you know, treating three people with one ventilator, etcetera, you know, that event weighed on him a lot and kind of -- that event and then, it brought to highlight his prior experiences, so. Moral injury is real. And it's something to be aware of. Because we know if it's not addressed, it's not -- there are other symptoms aren't going to improve.

>> DR. WES COLE: Yeah, and one interesting thing about this, it's a relatively new area of the field that's emerging, as Shawn said, education, normalization, but then, it's rooted in a lot of processing types of therapies like you would use for trauma. But I think that we're going to see this approach really evolve over the coming years, as we recognize this is a very prevalent issue in a lot of our service members and in those healthcare workers that had to deal with, you know, a ton of different things during COVID. An excellent question. There's a question, do you need or allow people to volunteer within your organization? I would encourage you to go to the website that I posted and just reach out through the contact information. Let us know who are and what types of things that you might be interested in doing, and I think that if there's ever a space for that, we would be happy to -- we would be happy to explore that with you.

And Student 3 asked, this sounds like an amazing program, thank you. And as an active duty service member, gone through civilian IOP, before, thank you for your service. I couldn't be more thankful for services like this, what do the check-ins look like in the year following the completion of the THRIVE program and are there after care programs that provide continuing education?

Excellent question. Student 3.

The check-ins are really kind of dictated by the patients. Some patients want frequent check ins and our case managers will give that to them, they reach out, ask them how things are going, if they have any needs, and other people don't want that frequent of a check in, so maybe it's just a monthly call, we do some follow up, questionnaires and measures.

Just to see if we're seeing any kind of backslides from the symptoms, and but it really is patient by patient.
It depends on what they need.
And then the after care group is something that we've talked about, and almost thinking about like a booster group, bringing them back, you know, a year or so afterwards to just kind of boost some of the improvements that they have made, something that we have discussed.
But we also have a veteran outreach coordinator who he himself served for 29 years in special forces, and he is a great asset to our program, because he is connecting these folks that have gone through the IOP and keeping in touch with them and they are staying in touch with each other and creating that mini community. So that's part of our follow on care as well and anything else to add about that?
>> DR. SHAWN KANE: No, as Wes said, we're looking at expanding, one of the ideas that is on the horizon along with those kind of continued veteran check in groups is a similar program for their spouses, family members, caregivers, you know, again, to have a peer support network and again, just a place to reach out with questions. The two groups that have gone through the IOP, you know, as Wes mentioned, Sammy Rodriguez, linked them up, now the two IOPs are together, he also is in kind of constant contact with everybody who's been here. So it's really -- we look at it as once you're in the THRIVE net in the THRIVE family, you're never done. You know, the program guarantees one year of follow-up. When you hit 365 days, it's not like we dump your data and delete your phone number. We're going to continue to follow up with people for as long as we're here doing this stuff. And the go, you know -- our two social workers, case managers are amazing at it, and as Wes said, it's all based on the veteran, how often they want to -- how often they want to get checked in on.
>> DR. WES COLE: Don't have any other questions in the Q & A period now, make sure nobody asked anything -- okay.
>> There are a few questions in the chat.
>> DR. WES COLE: Questions in the chat, let's see. We answered the volunteer. How do we recruit veterans, do we capture demographics on the veterans, regarding educations, income, race, gender sexual orientation?
Advertising at different conferences or organizations, and our veteran outreach coordinator, Sammy Rodriguez, who we both just mentioned, attends veterans events and, you know, honestly, word of mouth has been one of the best sources of recruitment. And we do capture the demographics I reported on some of those, I didn't report on everything that we capture, but we do capture all of those demographics that you mentioned.

>> DR. SHAWN KANE: Income might be the only one.
>> DR. WES COLE: Yes, income might be the only one we don't capture. Great question.
>> So there's one other question from Rob Palermo. It says thanks Dr. Kane and Cole for all you do, our student vets, what types of future partnerships are you looking forward to?
>> DR. SHAWN KANE: Anything. You know, we are -- we are looking to partner and interesting in partnering with, you know, anybody and everybody. That's involved in the veteran, you know, space, just to help out.
I mean, and again, Sammy Rodriguez, our veteran outreach coordinator who Sammy and I work together about 20 years so bringing him on board was awesome. And he's a great guy, and he's out and about everywhere. If there's a veteran something place, he is there. We'll partner with anybody.
Rob allowed us to speak last year at the start of this school year for the incoming, you know, veterans, so. Anything and everything, you know, -- any partnership out there, we will explore it.
And even if we're not the people, the right people to see you, one of the things that we've tried to do and have kind of asked our case managers to do is kind of create a Rolodex of stuff, veteran-related stuff. You know, we had a veteran that reached out to us a couple of weeks ago now who not eligible for care or not an ideal candidate for our program right now, based on a lot of the other problems and severe mental illness issues, homelessness, etcetera.
And, you know, but we linked him up with our case managers, they got him plugged in with services where he was, got him housing, etcetera. So even if we're not the ideal place for you, we're not going to turn you away, and we're going to try to help you.
>> DR. WES COLE: We have two other questions that -- we have I believe we have time for continuing questions, correct?
>> Yes.
>> DR. WES COLE: You might be able to answer this one. Have you explored the possibility of any sort of screening mechanism to identify THRIVE candidates as active duty soldiers that are transitioning out through DOD partnerships, etcetera?
>> DR. SHAWN KANE: Great question. And yes, and part of the --
I'll sum it up, the main limitation we have is funding. And again, our funders, you know, have empowered us, charged us to take care of veterans. What we've kind of done is we've expanded our definition of veteran to if
they're about 90 days from getting out of the military, they have a copy of their DD214, maybe your diploma from the military, saying you're getting out, we'll see those people, you know, we'll see those active duty soldiers who are about to be

veterans, just because they're pretty much veterans already. They're just, you know, not. So that -- that currently is about as far as we can go. The answer is yes, I mean, in terms of exploring it, obviously, Fort Bragg is 72 miles down the road, there's a lot of soldiers there that are transitioning that are going through stuff, that have these things. Having spent a lot of time there and knowing a lot of the current senior leaders there, we are involved in that stuff, and trying to work out a program to see them as you can imagine, there's some hurdles just comes can down to money, who's going to pay us.

And so but we're never turning people away, I mean active duty service member, if they get hurt at Fort Bragg or an issue, we can get them referred up here and see them, you know, but from a THRIVE program standpoint, we're limited to kind of those veterans on the way out with a DD214 in hand.

>> DR. WES COLE: And I want to tag on to that, Shawn alluded to it. We have great relationships through the Gfeller center with special operations command and through a lot of previous connections, Shawn was a provider, you know, in special forces and attached to the medical center for a long time. I worked at the Fort Bragg intrepid center, the informal connections and partnerships that allow us to start exploring these things. And, you know, we are not in this business to make money, we've mentioned money a few times, the reality is, you know, if we're going to operate this clinic, kind of outside of standard managed care, BOMENT line driven healthcare model, we need those kind of gifts to be able to expand our services and we're constantly exploring that and I think have some good things on the horizon that we will look to explore.

The other question is, I'm impressed by-- I meet them with where they are without judgment, multidisciplinary approach, I love that. If you were to expand to include nonveteran populations, what groups would be relevant for your approaches? Security workers, firefighters, retired law enforcement, so firefighters and retired law enforcement are eligible for the THRIVE program. We do see retired first responders, they can come here. And so security workers is an interesting one, it depends on what their veteran status or, you know, if they are lumped under first responder, but. You know, we really would look to expand this to civilians, I mean, brain injuries happen to civilians as well and it would be wonderful to be able to provide this type of service to anyone that's had a Connecticut -- concussion, whether related to a first responder, on an athletic field, a car accident, you know, anything. We love to be able to expand that. But again, it just -- there's some logistical hurdles that we have to overcome, but we're exploring those and hope to do that in the not so distant future.

>> DR. SHAWN KANE: And obviously a lot of -- sometimes overlap in military service and being a first responder, so some of our demographics, if somebody was

a veteran, we count them as that. Even if they were a, you know, firefighter, paramedic, police officer, outside. And that's just how we capture the data. So that the first responders is that we have seen that are listed on our slides, they were just first responders. Like the one guy in the IOP, Ted, a Virginia beach police officer, we've seen a police officer, a Pennsylvania state trooper, the other one I think was a firefighter. But they had no military service at all. So if the first responder has some military service, we count them as a veteran. So there might be more first responders in there. But as Wes said, all -- most of those people you listed would be lumped under our first responder category.
>> DR. WES COLE: Great questions, I really appreciate all of those.
>> DR. ADRIAL BRYAN: Yes, and thank you very much, Dr. Kane and Dr. Cole for -- your time, thank you for the service you provide and coming and sharing that with us, and for answering all of our questions. And we are now going to take a five-minute break. And when we return, we will have our student panel, led by Rob Palermo, so I look forward to seeing you all again in five minutes.
(Recording stopped)
-- (Break)

Student Panelist Introductions:

>>STUDENT 2 introduction missing.>>
>> STUDENT 3: I was stationed in San Diego as a medical surgical nurse, Spain as an emergency nurse, and then my last duty station I was at was in Chicago where I trained corpsman, the Navy's version of medics in trauma medicine and I finished my first year at UNC in mastery in public health.
>> STUDENT 1: Hi, everyone, and my name is Student 1, and I served a little over 7 years on active duty in the U.S. Army as a field artillery officer and para trapper, an undergrad at west point, and did three and a half years in Germany, of which I spent about 18 months on rotation in eastern Europe. And then, my last assignment was at Fort hood in Texas.
>> ROB PALERMO: So we start with a general question for all of you, what are the challenges of transitioning from military to student live at Carolina?
>> STUDENT 3: K I'll start with that, I think there's been a few for me, I think there's a big adjustment in the cultural norms. From the military community. And that a large campus, it can be sometimes hard to relate with peers.
For me. That are younger, and may not have had similar experiences. And I think there's also for many that are leaving the military, there's an identity shift that can for me, it -- there's been I guess a sense of loss in that community and a need to re-establish myself in this new context of this civilian world. Another aspect is that I've

been out of this school environment for about a decade now. Whereas a lot of my classmates, you know, are coming straight from undergraduate. So a lot has changed. You know, while we had the Internet when I was in undergrad, we didn't use things like Canvas, everything was turned in and written by hand, so that can be a bit of a challenge. Let's see. I think additionally, with the cultural norms, there's a lack of community for graduate students with military background. I know that there's more in the undergraduate setting and this could be also be in part to life stages that many vets are in graduate school, working full time or part-time and family duties. And then I would say the last thing would be the lack of a structure. And a routine that we mostly have in the military. It's great to have that flexibility in the college setting, but it can also be tough for us that are used to waking up at 5:00 or 6:00 in the morning and having set things to do.

>>STUDENT 2: I can speak on that next. So prior to starting my graduate degree, at Gillings, I was deployed and so, all I've known was deployed environment and prior to that, I was away from school for a year. And so returning to school, I was used to, you know, the military standard of structure, set schedule, just my daily day-to-day for the past year, prior to school, was just set. I knew what I was doing every day. And on top of that, I was also, you know, suffering from imposter syndrome, and so, not knowing what it was going to be like, transitioning from active duty deployment to, you know, school, structure, was very hard. And with school, you don't get a set, you know, schedule, your day is spread out throughout and you really don't know what to expect and also not having a community or knowing who was a military vet or currently serving in the military was very hard. And you don't go about just saying, you're in the military, because then it brings up different questions, so. Not having that support from my peers, or whoever was in the military at the time, was a hard transition to school. So for the most part, just kept to myself. And just, you know, drowned in school work, so to speak.

>> STUDENT 1: I'll add what I can here at the end to this question. I would definitely emphasize and reiterate what Student 3 and Student 2 have said, our experience, all of that myself as well. And I wanted to add, re-emphasize the difference in life stages and when I talk about this a little bit more, but I did my undergrad ten years ago and my undergrad experience as a service academy graduate was very, very different from what most people experience. In undergrad. So am and was in a very different place in life than most of my classmates, who have very different life responsibilities than most of them. And as Student 3 said, you know, my-- what we call formal education was ten years ago. Now, in the military, like most professions, it's a continuing education system.

You are regularly going to training, some of those trainings are several months long, some of them are very short, just a -- week or two.

But they are very structured and there's a set schedule, and you know everything to expect the whole time. And so that was a -- a huge mentality shift. Luckily, the military gave me some really good skills to be able to build my own schedule. So, you know, had to create some structure for myself. The final thing that was a big shift for me is my last assignment at Fort hood was as a commander. And I came out of that active duty while on command, right after the COVID lockdowns. So I came from, you know, in the military, when you're commander, every room that you walk into somebody expects for you to have an opinion and for you to voice your opinion.

And that's also true for other levels of leadership. Squad leaders experience the same thing within their platoons. For instance, but I went from that where I was in the position of legal authority over 120 people, and expected to make a decision and to give my opinion on something, to coming in as a student, and was a welcomed shift but very drastic. And I think that is one of the things a lot of the people don't really talk about.

>> ROB PALERMO: Thanks. So the second question, this is probably a little more Student 3 and Student 2, but Student 1, please contribute as you see fit. What are some of the challenges of balancing responsibilities between your military obligations and classes?

>> STUDENT 3: I can start with that. Now, so I am still active duty, but thankfully I've had a bit of a break from my formal military duties and have been able to commit most of my time now to school. But I did do my first semester, my first two semesters on line.

In 2021. While I was stationed in Chicago. And my work schedule had me up early and there was little wiggle room for family and hobbies.

And then there's also the always the looming threat of the deployment. Especially in the COVID environment, and being a nurse, and this is when the vaccines rolled out.

And we had a lot of those members going and doing the vaccine-type missions. So I think another challenge was the changes quickly if the military, PCS or TAD, temporary assignments of duty, or deployments. And prioritization can be a challenge, because yes, I'm a student and I want to make good grades, that's the perfectionist in me but the military doesn't care that I'm a student really. Like they -- they expect that to be the priority. So making sure that I balance those requirements can be challenging.

>>STUDENT 2: Going off of what Student 3 said, my job in the military is area evacuation medic and with that comes with having responsibility of meeting certain flight hours for the year, certain flights that you have to go on, you go on several missions, and the schedule is unpredictable because you could be away for a week,

or three days within the week. And as Student 3 said, the military just does not care whether you're in school, your job, your priority is military.
And of course, school is secondary. And being in the guard is very difficult because you have your monthly obligation, but as a flyer, you have other obligations, it's very difficult, especially the first semester of school, hectic, all trying to get our footing in. But you have your occasional just leaving school without your peers knowing.
Or talking about certain missions. Because you can't disclose that information. So it's just -- it was tedious, but you -- in the military, you learn to adapt, you learn to be resilient, that's what I hold on to and just I guess thrived within that first semester because it was very tasking, but I'm glad that is over with for now. (Laughs).
>> ROB PALERMO: All right. So our third question. As Student 1 alluded to earlier, you all three are in a much different place in life than maybe a lot of your more clinical traditional colleagues are.
So how do you balance, you know, the alternate responsibilities that come with that? With also being not just a student but a military connected student?
>> STUDENT 1: I'll start, so I was very blessed in my first year as an MPH student at Gillings, to have my daughter be born. And had a lot of support from my peers and from my professors. And I was in a very different place in life than most of the classmates. And kind of, you know, similar to what Student 2 said, as far as, you know, the -- and Student 3, the military takes priority. I think anyone here with the family understands that especially when it's your children and your spouse, they take priority first. And the truth is that most military students have family priorities. And it's not necessarily children or offspring, the spouse. I had a peer that I served with who had legally adopted his brother. And he was legally accountable for him, his brother. I've had soldiers that supported their parents.
Whether it was officially through legal means or just unofficially. And the trueing of the matter is -- truth of the matter is, we bring those relationships with us when we come to school. So those complicate our ability to be students. Those relationships really take priority, so for me, I like my academic achievement, I strive to perform very well. I am a perfectionist. And I had to deal with things that - settle with things that were a little less than perfect when I turned them in, because the well-being and the relationships with my spouse and my daughter were far more important.
>> STUDENT 3: To add to Student 1's, I think that he did an excellent job at that. I have a three-month-old daughter as well, so I -- this semester has been just a new type of challenge and I think -- I mean, I know time management has been really important for me, and in my emergency nurse mind set, it's like I try to triage my task. You know, between academic work, military, and family. And like Ryan alluded

to as well, keeping open line of communication with my professors, hey, you know, I have a baby coming in, I'm going be out for a couple of weeks, they've been very accommodating. To me. Which has been really great. And then, just finding support in my classmates, which it's looked different than my military community. But I've been able to kind of go out of my comfort zone and connect with nonmilitary connected students and it's been really refreshing for me to see some people with different life experiences than my own. And then lastly, I would say just trying to take care of myself by as far as like exercising regularly, we don't really get that structure like I mentioned earlier, but trying to do that on my own without having the force, you know, PT is important. And then doing things that I enjoy, just to -- just to, you know, get away from the chaos of life. Over.

>>STUDENT 2: I can add a little bit to what Student 3 and Student 1 said, as Student 3 was saying with working out, I had to set a routine for myself to not forget, even if I'm -- whether I'm in school or not, I have to be physically fit and also, one thing I had to keep in mind is leaning on my family and not isolating myself from them, because it was tasking.

And, you know, balancing school, military, sometimes you're in a place where you feel like you have no support, but understanding that your family or your friends are available to speak with something that had to redirect my mind on because I tend to keep to myself, and just feel like I can handle it all. But in that circumstance, especially the first semester, family was number one and of course, my professors were also some people that I could lean on in those times, too.

>> ROB PALERMO: So whether it's something you personally experienced or observed in other military connected or veteran colleagues, are there service connected physical or mental challenges that also affect academic endeavors?

>> STUDENT 1: I can go first on this one as well.

So yes. There are. To share a little bit of my story and my perspective. I left active duty on a voluntary discharge under honorable conditions.

You know, as far as the military was concerned, it's completely healthy functional human being. And soldier. And within a year of leaving service, I had a service connected disability rating of 60%. And I'm not going to go into the details of what that means because it's pretty complex, but I have, you know, I'm still very athletic, as Student 3 and Student 2 both talked about, for most of even leaving the military, being physically fit is still very important and it actually took a mental -- I did not prioritize that my first year.

I worked out three times in the first year of grad school and a huge negative impact on my mental health. And I ended up having a serious discussion with my wife about it. And reprioritized my physical health and got back on track with that and did better the second year. But, you know, so I'm still an athlete, I still consider

myself an athlete and a soldier. But I have chronic pain conditions that most people will never see or hear me talk about.
The significantly limited me in doing things the way that I wanted to do them. And I was very grateful to UNC and to Gillings, I had parking accommodations both years, they really helped with my mobility. Because I cannot be on my feet or walk long distances. Unless I really have to, it causes quite a bit of discomfort when I do. So but, yeah, you know, that's my personal experience. My wife is also a veteran, she's actually 100% disabled, she has a max out, maximized her disability rating through the V.A. And I most of the people I served with that are no longer on active duty have disability ratings as well.
And some of them are very visible. Most of them are not. And most disabled veterans have multiple ratings, not just one.
And so they might have, you know, muscle skeletal or PTSD as well. So
>> STUDENT 3: To add on to Student 1's, for me, I was personally diagnosed with PTSD back in 2020. Working in emergency Department of COVID kind of brought back a lot of things for me. That I saw working in the trauma center, and working overseas. And now, I would say, how that affects academic endeavors, you know, manifests itself with anxiety, and intrusive thinking, you know, can impact concentration and memory issues. But I would say for, you know, plenty of other veterans have things like traumatic brain injury or TBIs, as it's known as. As Student 1 talked about, I think there's a lot of physical challenges that can be a barrier to accessing campus, which I'm really glad to hear that UNC accommodated that for Student 1.
And so, yeah, I think there's plenty of service connected challenges and I'm glad that with between the THRIVE program and thing like accommodating for parking, UNC seems to be doing a pretty good job at that, though.
>> ROB PALERMO: Our next question kind of builds on some of what we just talked about. What type of classroom policies would the three of you say would be inclusive to military connected students? Whether veterans or otherwise?
>> STUDENT 1: This is more of an artifact of COVID, but having the ability to attend classes virtually when needed has been the single-most valuable tool that I have been given by professors. To succeed.
Student 2 and I both graduated, you know, two weeks ago, but over the past two years.
Especially with the birth of my daughter. And I was able to, you know, attend classes from home, she was just a few days old and I didn't have to go to campus and I could balance, you know, still attending class while not, you know, giving up the commute time and energy and all of that kind of stuff with having a baby at home. So and I think that that's applicable to anybody with responsibilities outside

of academics and all students have those responsibilities, right? And so I just want to emphasize the value that that has had and did have on my life at home, and on my educational experience. Because I was able to remain connected with my professor, and with the course material, here, you know, I could at least listen in if not actually participate on in-class discussions over Zoom. And was still able to be mostly present with my family when I needed to be.
As well as, you know, dealing with my disabilities and I've -- my pain is very manageable.
Relative to what it used to be at this point. And I think I only had one or two times when I decided that I needed to stay home due to pain. But that does happen. Chronic pain can affect your ability to commute to school or work.
And to be present and to focus and participate in academic discussions, so. Having the Zoom option, like I said, just the single handedly the easily far and away the most valuable tool and opportunity that my professors gave me was that.
>>STUDENT 2: I can add on to that and with having virtual classes, I think recording classes was one valuable tool that was very beneficial for me. Especially when I was away, because there's times when you're in remote areas, you have no access to Internet service, and so, being able to come back, actually, watch the recordings and, you know, take notes or do your assignment was very valuable for me. And also, being able to attend classes virtually, too, because it gave me some flexibility where there had been times where I had to go on base to do paperwork, and sometimes it can be a half day event or a full day event, and so having that flexibility to tune into class while, you know, doing other things, that was a great tool and to have access to trying to think of others, but. I'll get back to it.
>> STUDENT 3: I agree with everything that Student 1 and Student 2 said. I have written about the online aspect and the ability to do things asynchronously, and remotely, has been really valuable for me. Especially when I was stationed over in Chicago, doing UNC online. Where everything was a synchronous, just -- I mean, it was busy, but I was able to get things done on my own time, and truly important for us, and I think -- I think most people, but military, especially.
>> STUDENT 1: I wanted to add that the syllabus, when done correctly, can also be a fantastic tool and it can be a source of frustration and stress when done incorrectly. And I experienced both extremes. At Gillings. For students who have any kind of, you know, again, family responsibilities, work responsibilities, away from school, commute limitations, all of those things having a well- defined, well-written thorough syllabus that has been published ahead of time, makes the entire semester so much easier. You know, and this is -- a habit and, you know, something that I learned in undergrad and from the military, but at the beginning of every

semester, I took all of my syllabi and put them on an Excel spreadsheet and a one-page calendar of every assignment due that semester, taped to the top of my desk. And because my life needed to be that predictable and scheduled and transparent to myself and to manage my other responsibilities. And when syllabi changes were happening six weeks into the semester or assignments weren't being published until a week or two before they're due, you know, after spring break, those all create stress and turbulence in our lives and unpredictability and having all of that ironed out as early as possible is easier on everybody, and especially I think for military connected students.

>>STUDENT 2: Adding to that, at least from my experience, my instructors or professors were very flexible when there were, for instance, say, flexibility in assignments, turning in assignments and they tried to offer as much help as they can, to accommodate you to ensure that you're not stressed out, or feeling -- feeling neglected in any shape or form so that was a bonus in knowing that I could rely on my professors to, you know, take my time and turn in an assignment without it being affected, my grade reflecting that as well.

>> ROB PALERMO: The next question.

What are some transferable skills that you feel like you have gained from your military experience?

>> STUDENT 3: I think there's a few. I think -- I'm in the leadership and practice concentration, and so it really just kind of went well with being in the military, you're provided with several opportunities to lead others under challenging circumstances, and circumstances where you may not have the resources that you would typically have, like especially when you're working overseas. I think also, the ability to work as a team and, you know, understand that, you know, diverse group of people working towards a common goal is really important. I think the ability to adapt under, you know, new environments and changing roles at a moment's notice has been important and it's kind of similar to the idea of resilience that you learn. I think as well as the ability to maintain your cool under pressure, the crisis management, you know, being an ER nurse, working in an emergency department overseas, we had -- I'll tell you a little bit how small the hospital was. We had overnight, I was the emergency nurse, I worked with three corpsman who were like medics and they also ran the ambulance, we had an ambulance as well. So they drove the ambulance. So in the hospital, overnight, it would be me, my three medics, and then there would be two other nurses in the whole hospital.

And there would be one doctor that was usually in the back sleeping. And so, whenever there's a crisis, you're kind of like the front person and so remaining calm under pressure was really important.

And then also, the idea of like the analogy of putting your own oxygen mask on first was something that I learned during the COVID crisis. When everything seemed really overwhelming, and I wasn't taking care of myself at first, and realizing how important it is to care for yourself and provide -- I think that translates to anything in life. So...

>> STUDENT 1: Student 3 touched on it, the number one transferable skill that I got out of my military experience is the way that I sum it up to people, the military is a people business. And everyone, you know, (Rob is nodding his head), everybody that's been in the military knows what somebody says when we say that, because it doesn't matter what you do, whether you're a flight medic, or an ER nurse or a field artillery officer and para trooper but all of us worked with people in the military to get a job done. And you cannot get anything done in the military without working with other people, it's impossible, it won't happen.

And most times get shut down by other people, if you try to do things without coordinating with others. So the biggest thing that I realized I brought to grad school was being able to work with others. And like Student 3 said, under time constraints and changing environments with little direction, and oftentimes, you know, changing objectives or goals too.

And keeping a level head as Student 3, you know, very well described. There were many times in grad school when my classmates were getting very stressed over something that was happening and I was calmly telling myself, this is not a stressful situation. I've been in stressful situations before.

And it is resilient, you know, what's now called resilience but I think it is a huge life skill for everyone that can be beneficial to everyone. And something that most veterans walk away from -- most service members walk away from service with. Out of either hard lessons learned, or good coaching and mentorship that helped kind of facilitate and it's usually a combination of the two.

Excuse me. I think I'll stop there.

>>STUDENT 2: I'll add two more to that. And I think communication is very big in the military because your lack of communication could cause someone else's life. And so, that's one big thing I took away from military and to transitioning to school, because you need to be able to communicate with your peer, because there's a lot of group work involved in our program.

And you need to be able to communicate with your professors and your mentors and without that, you're not -- you can't really achieve a lot. And you'll be letting a lot of your peers down or professors out of the loop and things that you're going through. And another one is integrity. For the Air Force, one of our core value is having integrity and integrity first in all that you do and part of that is especially in the school settings or school of public health is speaking up when you think justice

should be done. Or if there's some inequities that are happening in leadership or school in general. You should be able to have integrity to speak up. And willing to stand up for the right thing in general, so these two things where I would say something that I took over while transitioning into school.
>> ROB PALERMO: All right. I couldn't help but smile because the -- I attended the ROTC commissioning ceremony and the exact same words that you said about people business, as did the retired colonel at red white and Carolina blue graduation, remarkable. Even for somebody who's an E6, how much that's hammered down into everybody in the leadership position from the most senior ranks down to, you know, senior enlisted. Really--
yeah.
Anyway. Moving on.
So how did your time in the military influence your path to public health?
>> STUDENT 1: I'll start, I'll try to make this short. Very directly. My undergrad was BS in life science, which is the premed program at west point. And then I decided I wanted to get my boots dirty instead of going to a med school and give the army 12-16 more years of service.
(Laughs) so I became a field artillery officer and I was very blessed to be stationed in -- with the 173rd airborne in Germany. And I arrived in Germany, in March of 2014.
The same week that Russia invaded Ukraine, the first time. And three weeks later, I was packing my bag for PRI -- brigade headquarters. And the that was the next two years of my life was doing very fast rotations in eastern Europe. Supporting our partners and allies there.
And during 2015, what most people call the refugee crisis, I was in southeastern Europe. And got to see particularly in Belgrade, firsthand, just the amount of refugees coming in to Europe and the issues that they were facing and the lack of support and the lack of policy and structure. And that is really what turned my eye towards public health. And as I started to consider what my legacy and what my life story was going to look like as I got older, I decided I wanted to move away from destroying things and move towards building things. And so I looked into public health.
And I looked into the ways that refugees can be supported and that ultimately led me to MPH with a global concentration.
>>STUDENT 2: I have my undergrad in public health and parents who are providers with a background in public health as well, so being a medic in the military you're exposed to a lot, especially in the clinical settings, I've had opportunities, rotating through different areas in the hospital in deployed area, you're in a theatre, you know, just working as needed. By the needs. And also, I think one thing that also

solidified my passion in getting my degree was the quality of care given, especially with certain providers. I -- it was very poor, there wasn't a lot of education given to patient of course with medicine comes patient centered and not community centered. And so I wanted to be an advocate for some of these patients that come in on unaware of what's going on, they're just there receiving treatment without understanding the root causes of things. Or knowing, you know, how their social environment can influence what they're going through. So having a back ground in public health and seeing firsthand how some providers provided treatment or care to their patient in the military Fostered my passion in pursuing my master's in public health.
>> STUDENT 3: So for me, being a nurse in the military has been a pretty unique experience that shapes my path.
Towards public health.
I think that the military population is unique. As far as their health needs.
There's certain mental and physical challenges that the military faces that I think will be, you know, having a public health degree as a nurse will really benefit that population. My first exposure really to I guess the idea of public health when pandemics, epidemiology type stuff, I was a baby nurse in 2014, 13.
When Ebola kind of was on the rise. And I remember preparing on the task force for that. And thinking, okay, this is -- I don't know, for me, this was -- it was the first experience that I -- in my working life that I was look like, okay, this is pretty crazy. And so I -- it sparked a little bit in me about the public health thing.
And then COVID, you know, really was the true catalyst for me, seeing it from the beginning to, you know, from not knowing what the disease was, working in the emergency department, I was the lead provider giving vaccines to all of the recruits, at great lakes and Chicago, a really cool experience and something that I really wanted to be a part of. In the future. And so, I'm excited to see what having an MPH at UNC will provide my toolkit, working with that population in the future.
>> ROB PALERMO: Moving on to the Q&A section, Adrial, correct me if I'm wrong. But we'll move onto that to so we'll see what we have. If you have questions as before, put them in the chat. So we have one that says can a primary expected pedagogy active duty and veteran students. I can answer that but I want to give all of our panelists a chance to answer it first.
>> STUDENT 3: Well, I know there is a training that is provided for faculty, I forget the name of it. And Rob probably knows it. Rob, what's the name of the training?
>> ROB PALERMO: It's green zone, yes, come take green zone.
>> STUDENT 3: Yeah, that's what I've been told. And yeah, we have several faculty members that are green zone trained. And so, I think that that is a valuable

resource that can help our faculty better understand our military population. But Rob can speak to that or Student 1 or Student 2.
>> STUDENT 1: I can speak to the green zone training because I actually took it this past semester because I was very curious and honestly a little skeptical about what the university was providing. Faculty and staff to help provide for veterans and military students and I was skeptical because in two years as a student at Gillings, not once did anyone ask me what they could do to help support me as a military student. I was never asked that. And other than going to like CVRC events, which I did do. I would say starting with the green zone training.
Absolutely.
After that, I think more than having set guidelines, it's creating dialogue and discussion with your students.
And, you know, having the open communication and the maturity to handle those situations individually. Because they're going to be individual.
Yeah.
>>STUDENT 2: I agree with you, Student 1, with having open communication, I think that is the -- it's a start in supporting veterans or active duty military students. Because it just gets a conversation started and without setting and opening up that conversation, you really are not going to be able to understand your people. And that -- I think that's a start and of course, I've heard about the green zone training from some of my peers, and some people outside of the school community, too. And they said it was helpful.
It helped them really engage with military affiliated personnel.
>> ROB PALERMO: Also, I want to add and this goes back to something that was said earlier, both my personal experience and many veterans that I've talked with, the military -- the culture is changing a little bit, and there is still an emphasis on being -- being able to solve problems yourself. And especially for leaders but really for any individual, and asking for help only when it's absolutely necessary. And really just this mentality on not wanting to be a burden to your unit is really what it comes down to. And in the -- in the academic world, what that translates to is not wanting to or feeling uncomfortable about or not thinking that you have the option to ask for help. And so most veterans students really struggle asking for help. My undergrad was at west point, only once in my four years there did I get any kind of a change of a due date of an assignment, it basically like you didn't even ask because it didn't happen. It took two semesters for me to realize, Student 1 you're allowed to ask for an extension, it's not a big deal. All you have to do is ask.
And so, telling all of your students and especially military affiliated ones, that if you need an extension, please let me know.

Kind of saying, what your extension policy is, that goes back to the syllabus that I mentioned earlier, if you --
if you're a professor, or staff member that likes having a set extension policy, outline that thoroughly in the syllabus so your students know what to expect. Because that is also a huge help and it's usually a resource that a lot of veterans are reluctant to ask for.
>> ROB PALERMO: Yeah. That's -- asking for help thing, Student 1 is right, though, the military has definitely changed in that way, in some ways as you can probably tell by looking at me. In my -- the gray in my Beard, my days in the military are a lot longer ago than for these folks and it's different now the asking for help thing is –
>> STUDENT 1: There's really nothing more important than that, if we stress any one thing in the programming here, to send that message, to normalize that. It's okay to ask for help.
Like this school, honestly, is sort of designed, especially on the undergraduate level to make you ask for help and to build, you know, the skill and being a self-advocate, so do that, it's cool and it's okay.
>> ROB PALERMO: I guess we have time for one last one. And this is a good one to close out with, I feel like. What are the misconceptions surrounding the military affiliated staff and students?
>> STUDENT 3: I really like what Wes and Shawn talked about, the stereotypes. (Laughs) because I still think that those stereotypes persist among people that don't have any military background.
Maybe not to the lieutenant Dan that, you know, level which Gary SE niece – he's nice, I met him, he's a great guy. But those stereotypes do persist and, you know, many of us, especially in the public health realm, we break those stereotypes and we, you know, are not all, you know, gunning to kill or anything like that.
(Laughs) we are, you know, wanting to make the world a better place. You know? We're peaceful people. We --
I don't know, we are educated. You know? I don't know.
That's -- I think that that --
it's changing that stereotype a little bit. But it still does persist a little bit.
>> STUDENT 1: I know a lot of my classmates and people outside of academics that I've met, and again, this has been addressed a little bit, but consider the military to be fairly homogeneous. And it is the most diverse setting that I've ever been in. And I think that is one of the major misconceptions of the military. Especially for American civilians, is they don't understand just how diverse it is. It is -- It is a true microcosm of the United States and I mean that in the best ways because the U.S. is a very diverse and very large country. And then on top of that, you can serve in the

U.S. military and not be a citizen. You have to be in the process of getting your citizenship, but you can be enlisted and not be a citizen.
So I served with a refugee from Burma. I served with a refugee from south Sudan. I served with a senior NCO who came to the U.S. as a refugee from Moscow, Russia in 1991. I served with several people from South America. And that's just my experience. I have met and that's just people wearing the U.S.
uniform. I also served with lots and lots of partners in &
allies all over the world.
So I think to kind of wrap this up, is that most of the people that I served with in the military are the most culturally humble people and understanding people that I've ever met. Diversity within the team is welcomed. And embraced and people usually are like, you have experience with this? You're comfortable with this? You like let's use that. Which goes back to, you know, being a people-centered organization. And people-centered business. But that's the biggest misconception to me, is that people think that the military, you know, I grew up in Cincinnati, people think that the military is me. Like, male, White, middle class, from the Midwest. Or the South. You know?
And lots of other political and religious kind of stereotypes that go along with that. And the truth of the matter is it's the most diverse setting I've ever seen or been in.
>> ROB PALERMO: Thank you to all three of you again for taking the time to be with us today. And to share a lot of wisdom. And I think that's it for this portion.
>> DR. Adrial Bryan: Yes, thank you very much, Student 2, Student 1, Student 3, for all of you who are here, and for sharing your insights and sharing your experiences with us. And we are now going to take a five-minute break.
When we come back, we will have the last portion of this year's symposium and we look forward to seeing you in five minutes.
(Break)

>> ROB PALERMO: Kind of discussing what do we mean when we say military-connected students?
The system office has given us a useful definition of this, that you can see here in front of you on your screen, the simple way to think about this is basically, military students are those who are serving or who have served --
>> I'm sorry, Rob, we can't see your screen.
>> ROB PALERMO: Let's try again. I'm sorry about that. I win the award for least technically competent presenter today.
I'm sorry about that. So as you can see on your screen, the -- we use the UNC system office's definition of who military connected students are, there's two types of military connected students, our, you know, simple way to think about this is

basically military students are those who either are serving or have served in some capacity, and you can see sort of what the different options for that are, military affiliated students are basically all of the others, whether those are dependent TS and spouses like you see, or are ROTC cadets, which we have about 120 or so on campus.
And they're kind of a -- they can often be a mixture of those things as well, so most ROTC candidates are traditional students, that have decided to participate in that program, but we also have active duty military folks who participate in that, usually senior enlisted people and they'll come to campus and spend two years and get a degree and directly commission as officers. So these are not always -- there's not always a bright line between those two things.
>> Rob, just to let you know, you're not in presenter mode.
>> ROB PALERMO: You guys, how about now.
>> That's perfect.
>> ROB PALERMO: This is the perfect time for me to stop doing this, I was going to ask Jess to put up the poll that we're going to quickly do before I move on. So I need to stop sharing to did that. ((Poll).
>> Does everyone see the poll up on the screen?
>> Yes.
>> ROB PALERMO: I'll give people a few seconds to do that. Just tell what he the results
>> People are still trickling in responses, we'll give it another minute or so. All right. Here are the results.
>> ROB PALERMO: So you guys are pretty on the nail with that one. There are approximately 2400 military-connected students on campus, of that number about half of them are dependent OSS of veterans or active duty folks, and the other half are evenly split between graduate and undergraduate students and professional school students of various sorts.
Out of that number of military students, about half of those who -- probably a little more than half, about 55% of those are former enlisted or currently enlisted and the other half are people who basically, they were officers so they already had a college degree and they're here in some on of graduate or professional program.
The primary thing I'm going talk about today is what accessibility looks like for primarily student veterans and active duty folks.
I thought it would be useful to start with kind of seeing what the breakdown is of who these people are. And what differentiates them in a demographic sense from the more quote unquote traditional students, especially among the undergraduate population, one of the big differences there is age. If you joined the military out of high school and only served one enlistment, you're going to be four years old than

any other quote unquote traditional student that comes in as an undergraduate. The reality is the vast majority of folks that we get in as undergraduates in the mid 20s to early 30s and the reason for that is because that's real will I the point at which you need to decide okay, am I going to stay for 20 years and retire and move on? To the next chapter of my life? Or do I want to get out and start that now, that's the inflection point around there when you need to decide. We tend to mostly get people who do the latter. Not always.

We have, you know, several folks here now that are -- that serve 20 or more years and then came to get an undergraduate degree. And we have had for example, last year, someone graduate, he was a 22 year Air Force veteran and came here, got his degree, and he's going to med school in his 50s, which I think is awesome.

Graduate students, again, tends to be the same thing, because you'll have somebody like Student 1, for example, who comes in and, you know, spend some time, he get his degree, went into the military and spent time serving before he decided to either get out and in his case, or, you know, serve out the term that he planned to serve, in the military, and then they go to grad school, so it's still tends to be folks that are older than their colleagues, whether they're graduate or undergraduate. As a result of that, you as our panelists alluded to, tend to have these students tended to have responsibilities that are much different oftentimes especially as undergraduates but even as graduate students their panelists and those tend to be related to family, whether it's responsibilities for to a spouse, and for children, or to older relatives that, you know, folks who are responsible for care of and that's something that we've seen significant increase in since COVID and after.

As many of you probably are aware, it's very expensive to live in this area. Graduate students are not known for their affluence and I can also tell you that if you're trying to live off of the V.A.

benefits, the GI bill, which most undergraduate student veterans are trying to do, you're not going to eat great off of that, you can get by, but it will be pretty difficult, for example, especially if you have a family, so live near campus, so one of the things that really matters a lot with accessibility is this tends to be a group of students that live further from campus, therefore, we have, you know, challenges related to commuting and related to scheduling when you take into account those responsibilities they are going to have that aren't typical of maybe many other colleagues.

This is a group of folks that when they come to us, here at Carolina, they're facing the unique set of challenges.

Again, some of these are things that you heard the panelists allude to, and explain in ways that, you know, are much better than I could. But the culture shock is

definitely a big one. It's probably true for anyone who comes, you know, here from some other environment. But it is very hard to imagine a more different environment than say, you know, someone who spends 8 or 10 years in the Marine Corps and comes to a liberal arts university like UNC, I mean, that is .abou.t as polar opposite a set of culture that you can 1mag1ne.

And as a lot of our panelists said, the lack of structure is a big part of what makes that really difficult. You know, when you're in the military, what you need to do to accomplish a given assigned task or goal is very, very clearly delineated. You know, there are certain milestones you have to meet and either you do or you don't to get promoted. I'm not going to pretend the military is a perfect marry -- MER RA to being RA SI. But the expectations of how you meet those are clearly laid out and you come to a university like UNC, and, you know, there's 100 and some odd different degree programs you can do, 70-some odd different majors and you take any general education, and there's 60 different classes you can take to fulfill that and, you know, all of these -- you're encouraged to do this this exploring, etcetera, you know, to a lot of people that looks like great, a on the off choice, to a lot of people coming out the military looks like anarchy, and the lack of structure is a huge challenge, when you add to that the idea that we have a university that's sort of pedagogically designed to get you to explore all of these different things, that's direct odds with expectations placed on veteran students who are relying on V.A. benefits because they only have 36 months total of those period.

And even if they have never used any of them prior to coming here, like that's the maximum amount of time that they have to be here and finish their degree, and they don't have time to explore that stuff. And that's not what they want to be told. They want to know, you know, what are the goals I need to meet to get this degree. That's also true of the active duty folks that are here that I alluded to, they have two years, period, get it done in two years, or they don't and their out of the program, which obviously is not a good outcome. Those things are, you know, pretty big challenges, maybe not directly related to a lot of the type of accessibility that we're talking about. But certainly that have, you know, affect that.

The big ones really are the physical and mental illness challenges related to service. -- mental health challenges related to service. As our panelists said, most of them, but not all, but most are ones that we think of as invisible, physical challenges that you can't tell if somebody has a TBI and the effects that that might have. But as I'm going to talk about in a little while, that can matter across a whole spectrum of things if the student has to do essentially on a DI to day basis. -- day-to- day basis. There's a unwritten law in the military that if you spend more than four or five years there, your back, your knees or both are going to cease work, like they just do.

That's again something that's really hard to look at somebody that, you know, and tell that they are facing those types of challenges. But they are.
Because of our proximity to Fayetteville and the different military installations that are there, we tend to have a disproportionately large amount of combat veterans that attend UNC, sometimes the center here looks like an 82nd airborne reunion, because these are often people that have multiple combat tour deployments, even more at risk than probably the general, you know, student veteran population, most places for things like PTSD, moral injury, as well as for physical, you know, combat related injuries and problems.
On top of just the nature of work generally, whether you're, you know, whether you're someone who is in a combat zone or someone who worked in some other capacity, the nature of the work almost always regardless of what you're doing is physically demanding, I mean, in my case, I was, you know, in engine rooms of ships and things like that a lot, I have a hearing deficit as a result of that among other things. The military again while it's improved, not necessarily the most OSHA friendly environment you'll ever be in. So you're going to have a lot of that.
This is a generally at risk population in terms of mental health related challenges, generally, for a number of reasons. One of the biggest ones and one that maybe people who are not necessarily familiar with the military don't know about is that when you're serving in the military, you don't have the same right and expectation to privacy afternoon your medical records and medical condition that a civilian would have, so if you go to your command, deal, you know, and express or share with them that you're dealing with PTSD or depression or something like that is extremely likely that it will be a career killer, whether you're enlisted an officer, if you're officer, it's guaranteed it's going to be. Because you're not going to befit for duty, you're not going to befit to do the things that the military requires you to do, if you're struggling with that, it's an irony that the military needs you to be in good mental and physical condition to do things that put those things at risk. A result, I would say most members who are dealing with something like that, simply don't go seek help for it and find other ways to deal with on their own, the result of that, I mean, many of you in this virtual room, are medical professional, you know what that can lead to, many of the different things that can lead to. The other thing that it leads to is a general hesitancy after the military service to ask for help with those types of challenges.
Whether physical or melt mental health related but especially the latter. Folks may know that they have this right to privacy and confidentiality now that they're in the civilian world but the general he hasty --
hesitancy to ask for help, it makes it very difficult oftentimes for folks when they come to us here at UNC to seek the type of help that they need. And we're going to

talk about ways to encourage that, normalize that and what some of that looks like and what some of the accessibility challenges on campus are going to be. And, you know, some of this is going probably be fairly self-evident.
But I think that maybe people don't think about some of the things that we'll talk about here. The other thing is that I'm, you know, I'm going to say aware up front that some of the stuff that I'm going to talk about initially are not necessarily things that we can do anything about, the way that the campus is physically built, you can't alter that.
A lot of the buildings very, very old and they're difficult to make accessible. We're not able to stop using those, we need all of that space, you know, for classes, for offices, for things like that.
So you're not going to be able to change things like that in the immediate future, but what we can do are work on ways to make those accessing those spaces less of a challenge and, you know, less difficult, not just for student veterans, but for everybody. But, you know, the student veteran population tends to reflect a lot of accessibility challenges, more so than the general student population might in many ways. This is a parking map and you may be feeling some anxiety looking at this, because like, parking for anybody on this campus, I'll just say it's a challenge, it's not necessarily easiest thing to access.
But the problem with this, if you take a look at it is you can see how spread out this campus is and if you have someone like, you know, one of our panelists discussed that moving long distances, physically is difficult for them. And causes pain. The problem with this is this is pretty self-evident, or you may have someone who -- they're able to negotiate those types of walks or those types of travel over distance fairly well, but they can't do it particularly quickly. So it becomes really difficult to get maybe if you have to park at a park and ride and then, you know, come ride a bus in and walk from wherever that stops, wherever your class is, that may end up taking an inordinately long amount of time and the reason that's particularly a problem, often types for the veteran population, is you're combining that with some of the other responsibilities that they may have that most students don't that we talked about in the earlier slide.
You have kids, you have to get somewhere, and you're on a tight schedule to then, you know, get here. That may become a really big challenge.
So the general just physical nature of the campus can be a problem for a lot of people.
And, you know, parking, again, is something that we're working on to be able to get people that need it priority, you know, parking, so that they can actually park somewhere on campus that makes where they need to be at least somewhat

accessible. My understanding is that Gillings has done an excellent job with this which, you know, that's great. Keep up the good work.
The medical school also, you know, they really partnered with us to, you know, try to get help for very specific people that have accessibility challenges, especially related to parking. This is one of those things that I recognize there's not, you know, we can't completely control, because we have spaces we have. And we have the number of people that we have. But it's important to recognize, you know, as an instructor, as a staff member that deals with this population, regularly, that, you know, you've got to get to class, before you can do anything else. And that may be a really big challenge for folks.
This is the economics buildings and I don't mean to pick on them by any means, but they have issues where they are located but a lot of our student veterans or either economics majors or required to take economics courses. And therefore, have to access this building a lot. It's one that they have a lot -- that more than a few of them have a lot of problems with. You can probably just looking at the front of it see how it would be difficult for some people to access that main entrance and, you know, most of the side ones also not great necessarily. And if you look at the inside of it,
wow, that mapped out pixilated, I'm sorry about that. As with many buildings here on the campus, the corridors tend to be very narrow. There tends to be, if there's an -- there's an elevator in every building, but it's, you know, I'm sure some of you have been in some pretty sketchy elevators and small elevators on this campus. That's another big challenge especially if we have somebody in a wheelchair, for something like that, kit be really -- it can be really difficult, even though all of the things that are supposed to be there are technically in place, can be very difficult for them to navigate a lot of these buildings in the physical sense. That's something that y we can overcome to an extent but that needs to be recognized as a problem.
Then you have classrooms. I mean, if you take a look at this, you should be able to see that there's some problems that are going to be self-evident for a lot of people. There are disproportionately large number of student veteran population that have some form of difficulty negotiating stairs.
Especially particularly steep ones like this, whether it's going up or down them and even though they're -- it's great that there's different entrances in this room, there's the one you can see on the slide that's in the front but there are ones in the back in most of these auditorium-type class, as you can tell, you'll have to negotiate these stairs and once you get into, you know, you go about task of getting into one of these desks, not a whole lot of room there. And that can be really difficult for a lot of our folks to negotiate. The other problem that this sort of exacerbates, is the idea that we sort of alluded to on one of the very first slides, where there's already

this sort of cultural adjustment and age difference that makes a lot nontraditional students, be they veterans or not, feel uncomfortable and feel like they stick out, because I mean you sort of do. I remember that experience as, you know, being a much older undergraduate student when I went through that and, you know, you walk into a classroom and the other students are looking at you, who is this guy the TA, what's this guy doing here, right? They don't want to be -- you know, stick out like that or be treated differently any more than they have to, but if you add to that any need to sort of ask for help, physically, accessing the classroom, in different ways, you can see how that presents a wellness issue. All of our -- I'm sorry. All of our classrooms obviously are not the huge auditorium classrooms so we do have, you know, many more rooms in terms of raw numbers that are more like this one that you're looking at. Not as difficult to access, obviously, but you can see how some of the same problem might be, you know, --
might exist. You'll also notice the black board on one side of the room, it's a wrap around thing. And understandably a lot of instructors have the tendency to utilize both of them, walk around the classroom, which is not a bad thing, but if you're somebody that has a lot of the type of physical challenges or injuries that I've already described and especially if you're someone like many, many people who have those types of injuries, who it's very difficult for them to sit, you know, to sit still or just sit generally, in one place for a long period of time, having to kind of move around to follow from a sitting position, what's going on with the instructor, can be even more difficult. So it creates I guess that's not really an accessibility challenge, so much as it is a comfort challenge but it's a problem.
Another thing, well, let's actually, let's move on to how you create more inclusive and accessible spaces in these areas with -- as we talk about these other issues. This is one of our canine staff members of which we have several. As you can see, she's a very good girl.
She helps make our space very much more inclusive and welcoming. I'm not suggesting you have Lumon, because we won't give her up, but she will come visit on request if you would like to do that during the school year.
But what can you do to make these spaces more inclusive and accessible? I think a lot of it comes down to understanding and tolerance and a willingness to approximate flex -- to students when they need that and getting students available to the resources that can make the challenges not nearly as difficult. We'll talk about that secondly. The other big piece of that is sort of normalizing that asking for help to begin with and we've already spent time in more than one session, you know, discussing that, but that is the other big piece that's often very challenging. In terms of the classroom itself, you know, I would say that one thing to remember is

that maybe people are going to behave in ways that are a little -- may strike you as a little off, if they have some of the challenges that I discussed.

One thing that you may see people do, for example, like I can't say-- I have things going on physically that limit the amount of time that I can sit in one place. And that's certainly exceeds the amount of time that many classes would run. Especially like a Tuesday-Thursday class, it goes for over an hour.

Students who have those types of challenges, may need to just get up and walk around or go stand in the back of the room. Like, you know, be toll rent of things like that, the little things that students have to do, to be able to stay, you know -- to stay present and stay connected to what's going on in the classroom. If someone getting up and does something like that, it doesn't mean that like, they're ignoring what you're saying or anything like that. It's probably because they have to do that. Try to be accommodating if students ask for things like the ability to attend certain classes remotely, if there's any possible way to do that.

If that's something that you need help with, you know, you can come to me and I will connect you to are source, if class needs to be recorded for a student and that's a challenge for whatever reason, I can connect you to folks that can help you do those things for students.

Those are all kind of just flexibility and tolerance things that you can do that help. But there are a lot of resources out there. And I kind of want to -- my ability to use this mouse properly is as you can see, again, some of the things that make physical stuff challenging for certain people, can also be kind of annoying and I recognize that.

You know. (Laughs) that's sort of the way it for a lot of people. There are a lot of resources available for --

military-connected to help with access ability and not all of those are, you know, by any means limited to the military connected community.

But we use them a lot. The first and one of the most important things is that people should be aware of is the Department of veterans affairs because it dictates, it's a great resource that a lot of veterans rely on, it dictates a lot of what they can and cannot do at the University. So you see on the slide here, the two primary ways that we meaning folks here at the center and here on campus, the staff people, and our student veterans as well, engage with the V.A. They do other things besides healthcare and education benefits but two of the very big ones. One of the big things with the ability of student veterans, and also, active duty students who are on military tuition assistance, stringent rules, there's very strict rules about what classes students can take, how those classes need to be structured, in terms of pursuing degree requirements and this is at any level, with graduate, undergraduate, professional.

When those students can make change the changes to their schedule and the administrative things that they have to do if they make those changes. They don't -- those requirements exist irrespective of any deadlines or grace periods that the university has. And it may be very difficult just to get like the schedule that they need or to take time off if they have mental health or physical health issues that is -- that is making it difficult for them to be in class, there are some -- some rules that can tend to make it very difficult for them to make those adjustments, so that's something to be aware of.

There's another program called vocational rehab that works the say way, essentially as the GI bill, which is what most students are using to pay for school, that is for people that have some percentage of disability rating from the V.A. The rules work almost exactly the same from a practical standpoint, there's some differences but again, they tend to be rather inflexible and can be a real challenge for students. You can see on the right, basic statistics about the

V.A. The Durham V.A. medical center, downtown right across from like where Duke medical center is, it's a full service hospital. And we're fortunate to have one in the area. We're also fortunate in the triangle here to have a lot of satellite clinics that are fairly accessible, regardless of where you live in that area.

For veterans who rely on that for their healthcare. That's -- becomes less true in the rural areas, if you have students that don't live in the triangle, the ability to access V.A. medical care may become -- may become much more difficult. The V.A. is particularly important from a health and wellness standpoint, if students are struggling with mental health challenges of any kind, whether it's depression, whether it's PTSD, no matter what it is, our goal really is to get them to the V.A. If they're student veterans. For two reasons, first of all, you know, CAPS here on campus doesn't do long-term therapy, they will see students for acute problems and see students to assess and pair them with providers in the community who are already overtaxed.

Additionally, those providers are not generally -- they're certainly not experts in dealing with this population or often not the best equipped people to help with very specific problems, especially those related to PTSD, because of combat or combat related things that a person has faced.

So what we want to do is get them to the V.A., the people there, that is what they do and that's their expertise and trained to work with that specific population.

The other reason we want to get people to the V.A., is because it is -- an actual accessible source of healthcare in terms of financial issues as well, because if you're a veteran, who's eligible for that, if you were honorably discharged, basically no cost to you, the closest thing to we have to a national health care system.

So even if someone is, you know -- some of the other folks from the THRIVE program described, some of the people that they have encountered in really not great financial circumstances, this is still an option that's available to them and it's a full service medical care full spectrum option that they can take advantage of. That being said, there's some challenges related to accessing V.A. care that can also bleed over into the classroom and are important for people to be aware of in terms of creating a wholly inclusive and educational environment. For this group of folks. One of the big ones are long waits for appointments. The V.A. is a great system but like so many healthcare system, especially ones that rely on funding at the whim of, you know, who's in control of the different political levers of power, they tend to be understaffed and underfunded often times and that can result in long waits for appointments, especially if you're looking at attempting to get an appointment for any type of specialist care. I won't say that it's, you know, as difficult, as winning the lottery, but it's in the same ballpark to get those appointments and once you get them, you're not giving up, you're going to make that appointment no matter what, because you may not be able to get another one for six months or month. And, you know, if students veterans come to you, you know, with -- I've got to make this V.A. appointment, they really do mean they have got to make it, like, do the best you can to accommodate that.

As far as the location of these places, again, we're pretty lucky here in the triangle area in that most of them are fairly accessible and there's a lot of satellite clinics where they can get, you know, a lot of other things done without having to go all the way to Durham, but folks who live outside of the sort of Raleigh-Durham metro area, that's going to become increasingly challenging.

The biggest problems we see or challenges we see are really these last two. A lot of the resources I'm going talk about here in a minute, that are here on campus, require some type of documentation of a condition or a problem in order to access fully or access in the way that the students need to them to and that can -- because of some of the things that I just discussed, getting the documentation can take an exceedingly long time from the V.A., and the university deadlines and requirements for when those things need to be there, to get these accommodations, those two things don't often don't play well together. And so students have a lot o' trouble getting the needed documentation for help for example, ARS, the accessibility resource folks on campus, if a student is coming to you asking for an accommodation that you know ARS provides and they're having there problem, if it's within your power to go ahead and do it, before they have the official, you must do this note from ARS, you know, try to do that. With the understanding that they're not dragging their feet, you know,, getting this done, it's

that they're at the mercy of how long it takes the V.A. to process the paperwork, get it to the University, etcetera.
So those are some important challenges to kind of keep in mind.
What I've put here are some of the primarily -- our primary and most important accessibility and related services at
UNC.
The accessibility resource services folks are probably if hi to pick the one biggest one, would be that. There's a whole spectrum of help that they can provide to different students. Let's say, for example, you have the student who has a traumatic brain injury and they have a lot of classroom academic related challenges, because of that.
Maybe they need a note taker, for example. That's something that ARS provides, maybe they need a specialized piece of equipment to help do something in class or understand something that n class, that's something that ARS can help with, that's the single biggest one that students need to be able to connect with.
Additionally, those that ultimately the folks that are going say, okay, this student requires this type of accommodation, whether it's for example, extra time on an exam due to a, you know, a medical condition, of some sort, etcetera.
That's who ultimately provides that stuff, that's who is waiting on documentation from someone like the V.A., and may not have it in as timely as a fashion that we like, but that's a hugely important resource.
I like to think that the veterans center is also an important one. If nothing else, if a student doesn't know where to go to get a specific type of help, a student veterans cents them to us and we will get them there.
We will be able to tell them what that is. Even if it's maybe you're not sure what it is. So definitely do that.
The university approved absence office is another important resource for again, really any student, but especially someone who has potential accessibility related challenges, or long-term medical conditions requiring treatment that may require a student to be away from, you
know, campus unexpectedly for a certain period of time, the university we grant and approve absences for that, helps instructors work with students, giving them the extensions if they need to, set up incompletes or other types of things that may be appropriate for this situation.
That's something that the Dean of students office who I work for deals with a lot just generally and, you know, something that we try to balance, obviously, yeah, we encourage instructors to be as flexible as they can and work with students but we also recognize there's a limit to what a specific instructor can do, we can't expect an instructor to reteach an entire course. So one of the things that I or the people from

the Dean of students office can do help do is figure out what is the most equitable solution and maybe that solution is that the student needs to be able to medically withdraw from a class and we can when that, too, that's an important one to keep in mind. V.A. educational benefits have to be certified every semester, that's something that my office and the registrars office work together to do, so just be aware of that, that that's not a student does once and they are good until they're done, they have to do it every single semester.

>> ROB PALERMO: CAPS and student health services, again, great for acute problems. But not who we ultimately are trying to get most of these folks to, but if a student is in crisis, if they're having an acute problem, we want them to get immediate help and then CAPS and student health services can help provide that.

The learning center and writing center, I put on here mostly because once a student has identified, you know, a specific set of needs and maybe worked with ARS to help meet those, aside -- tutoring is not the only thing those two places do, they have coaches and academic folks that can -- once they understand the frame work of challenges that the student is facing, can help devise strategies to better meet those. So that can be a very good secondary resource for a student to take advantage of.

And again, that's available to students at any level, it's true that primarily, undergraduate students are the people who utilize those, but certainly not limited to them.

Graduate and professional school students absolutely can, you know, utilize academic coaching and other things from those places and can be -- they be very beneficial. Equal opportunity and compliance office, EOC is another one to be aware of if a student is having a problems where they feel like they are being discriminated against in some way because of a service related injury or any type of physical disability. Or mental health challenge that they may have.

So that's one that again the Dean of students can help connect someone with them, or they can connect directly with those folks.

Obviously, I'm going to plug the place where I work at a little bit, that's -- we offer a lot of programming here, that can help just generally, not with -- not specifically with accessibility, always, but just generally providing a place that is very accessible, physically, for students. We actually have a good elevator here. (Laughs) among other things but we provide a lot of wellness programs and social events that hopefully this group of students can benefit from, so please always feel free to send them to us, we try to create an environment where it's, you know, kind of like an USO or something like that, students can have 24 hour access to this place, we have a lot of medical students for example, residents that have come here to study, you know, nine or ten at night after their other obligations are done, there's

always people in and out. And you can see the amenities that we offer.
And in terms of acuity, I'm sure all of you are aware that there's a national suicide lifeline, which is a great resource, but we also like to encourage people to be aware that there's a one specifically for veterans. So if you want to take a picture of this or whatever and I'll send the -- AdriaI has the slides, I or her can get them to you. But again, this is sort of like the thing with the V.A. Where, you know, the regular one will be able to do the job, but the people that work on the veterans suicide hotline are either veterans themselves or people who have extensive experience in training and working with this specific population. So we want, you know -- it's sort of preferable in a really acute situation to try to get somebody to a person that has that expertise.
So we certainly encourage you to be aware of this as a resource, and to try to, you know, keep that in mind if you have a situation where you feel you need to, you know, refer a student to. To this.
And I will say that in an earlier slide, alluded to this being an at risk population and that's particularly true for death by suicide. The rates amongst veterans are very high comparatively speaking. Female identifying veterans, for example are five times more likely to die by suicide than their nonveteran counterparts, that's a staggering number. When you add to that the fact that, you know, regardless of what you've done in the military you have at least some familiarity with firearms and how to operate them and we live in a state where they are easier to get than most peoples that people want to buy, that creates an environment that's very concerning for us, and around this issue. And makes us a very at risk population. So that's something to be aware of.
So having a conversation.
About the these resource with this population and encouraging them to reach out to those when needed. The student veterans on the panel, we had earlier did a far better job of this than I ever could, but the one thing that they reiterated the most is what I would also reiterate the most, the idea of normalizing as asking for help. Making people understand that if you have to do that, it doesn't mean that like you're doing things wrong or that you don't belong here.
It honestly, at UNC, means that things are working as intended. Because again, this campus is kind of designed to try to get people to become self-advocates and to have to ask for help, and a lot of that is designed around the undergraduate population, but nonetheless, if you don't have to utilize some outside of the classroom in your time in the Carolina, you're very much the exception to the rule. So trying to normalize it is really the biggest thing.

It's important also to keep in mind that the people's experiences in the military are vastly different, some people have super positive experiences, it's part of their life, for the rest of their lives and some people have very negative experiences and never want to think about it again in the vast majority are in the middle of that spectrum. In my case, my experience was largely positive, I'm glad I did it, it opened a lot of doors and gave me a lot of skills that I might not have gotten otherwise for a much longer time. If at all.
On the other hand, I was also ready to stop being petty officer, and start being just Rob again, when I got out and I figured, you know, once that part of my life was done, I wouldn't have anything else to do with it anymore. And now, I work directly with veterans every day in veteran services so that plan went really well.
But, you know, it's going to be a different set of experiences, so try to, you know, try to be as open-ended in these engagements as you can, let the other person lead the conversation. Let them be -- let them sort of guide where things are going so they feel comfortable sharing what they are able to share, which is often not going to be everything. The panelists also did a great job of talking about what, you know, the stereotypes are. And why those are not the case. I would again, reiterate what they thought was the most important as well, and that is that the military is one of the most diverse groups of people you are ever going to encounter and obviously true of student veterans as they come here, too, they're also amongst, I would argue the most culturally competent group of students on campus, even if you were not deployed anywhere and served domestically within states, you went from wherever you came from and grew up to a place where you were serving with people from every region of the country, from, you know, every possible religious, political, social economic background you can imagine. And that goes double if you were ever deployed anywhere else overseas. And if you were deployed into a combat zone, there's a very good chance that your ability to understand and interact effectively with the local population dictated whether you survive or not. This is a highly culturally humble and culturally competent group of people and I think again that's one of the biggest --
that's one of the biggest things to understand about this population that a lot of people maybe don't inadmissible initially think would be the case. You know, and another thing is that this is a group of people that bring a lot of skills to campus that many more traditional students even some, you know,, more traditional graduate students are still trying to really get good at. Especially in the areas of, you know, leader IP SH, resilience, and --
leadership and resilience and self-sufficient Fl. If you have two stripes on your shoulder, you have led groups of people. You don't do things by yours in the military, it's people business as folks said earlier, and everything is done in a team.

So that's, you know, this is a group of people that if they got here to Carolina, they were here probably pretty good soldier or sailors, too, they are people that have leadership skills. There are also people that have a lot of self- sufficiency and resilience skills, you know, again, no matter how or where you served, on many occasions, you were probably asked to accomplish something pretty reasonably and told to figure it out. That makes you self-sufficient pretty quickly as well as building team work skills, so those are important things to remember as far as -- as far as the skill sets that are already going to be preexisting with these students, the access ability and other challenges that we've discussed, so leverage those things if you're helping someone in this situation. I will stop there and see if I -- I do not anticipate taking all of the time, so I'll stop there and see if folks have questions. Go ahead and get rid of the screen share.

Okay. When students apply and identify as being military- connected, are they automatically notified of the resources. They are not automatically notified, no. What we do every year, and this is the thing that THRIVE folks come to every year as well, but we have something called boot print to heel print, and it's basic will I the supplement the first year orientation for incoming veteran and active duty students. So we connect them with a lot of the specific resources, they're going to need during their time on campus, we show them the veteran center, we have V.A. mobile unit in case folks don't have V.A. healthcare yet, want to go sign up for it we'll try to have that accessible. You know, they'll meet the people here who deal with V.A. benefits on campus and then we have a lot of campus partners that we work with that come to that. So what we try to do there is, you know, get as many of the incoming folks as we can, every year, and like it creates also a ready-made cohort of, you know, students in a similar life situation that they can use to start to build a social network. You know, from the first day that they step on campus. And also, we -- you know, I've always advised students of one of the ways that Carolina, the big ones is to find a way to make this huge campus small for you. You know, find people to share your interests and values and experiences and we like to think boot print to heel print is, you know, a way that we start to help people do that.

I also do have, you know, access to information on all of the different, you know -- everyone who's in military-connected, how the military- connected, etcetera, we do outreach to those folks as well to, you know, let them know about various opportunities, various resources, that we have on campus, also, to invite them to a lot of the events we do, things like that. So no, they don't find out about them initially, we certainly do our best to make sure that they're aware of them as soon as they're able to be. And I think that the green zone training, people talked about earlier, too, you know, a good way to -- it makes staff and faculty and other folks on campus aware of those so they can share those appropriately. Student 1 in the

panel spoke about leading -- how skill and experience military students are at non-leadership collaboration as equals.
That's a very good and pressing question, the military is a hierarchy, absolutely. And, you know, it is very much a situation where if I tell someone of a lower rank to do something, like, they don't have a choice, they have got to do it. But that being said, that's not the most productive way to get people to do things. And anyone who is an officer for any length of time or a senior NCO for any length of time, absolutely, is going to have that, if they didn't already know it, have figured it out pretty quickly. You know, walking in, and just snapping orders at people and expecting things to get done efficiently and well, even in the military, it doesn't work, it's a people business. I would say that while student veterans come in lacking many quote unquote soft Kay skills around things like resume building and networking, things like that, team work and leadership is -- are not among those deficiencies, they are going to be better than that than their peers because with having to get yes, someone is always nominally in-charge and not a bad thing, but you have got to be able to have people be motivated for some other reason than hierarchy to do the things that need to get done, especially in, you know, then difficult situations where you don't have the resources to do what needs to be done and they're having to improve provide and figure it out, or in a highly, you know, in -- in a situation like a combat zone. Yeah, it's important, again, for there to be a clearly defined sense of who's in charge and who's in charge next if something happens to that person, but you're relying on these people to keep you alive. There has to be a dynamic of trust and confidence in one another and it has to be the strong one, if you're going to be successful. So I would say that it's -- that is not a deficiency that this population has. The hierarchical nature of leadership, it has certain setbacks, building especially in the U.S. military, where small units leadership is so heavily stressed, the ability to lead small teams of people, it doesn't prevent people from building those types of skills, if that makes sense.
How can we help diffuse -- if they arise in the classroom? I would say one way is let -- let the students themselves in question, you know, voice that. We have again, a huge spectrum of different political opinions amongst people here at the center, and it's not something that's ever a problem. I think that letting student veterans use their voices is probably the best way to dispel stereotypes about who they are or are not.
And letting them see the population and see that like, every person who served in the military doesn't look like me, there is a huge diversity of people serving and therefore, a huge diversity of opinion about, you know, regardless of what the question may be, there's going to be a huge diversity of opinion about it.

And I like to think in a lot of the conversations I have with people, I dispel some of those, you know, those various assumptions but letting students use their vices is the best way to do it and I think that's true of any student at UNC. Never underestimate our student population, they are -- they are smart and they are very capable. I don't see any other questions. Looks like we are at time, so.

>> DR. ADRIAL BRYAN: Thank you so much, Rob, for your presentation, and for sharing all of this information with us about the military connected student population here at UNC. And what are some of the concerns that they have with attending class and getting things done and even how they can bring their experiences from the military into the classroom. Thank you.

And I also would like to thank all of our presenters who have presented this week, we've been so fortunate to have so many wonderful and knowledgeable speakers come and talk to us about disability justice, understanding international student experiences, and military connected students experiences and support. As well as all of our wonderful panelists who have contributed and brought
such insight into their experiences and shared them with us. And being vulnerable to share these experiences with us.

Also, I would like to thank the team for all of the wonderful work that they have done in preparing this symposium, it could not have gotten off the ground without such a wonderful team and also Carolina closed captioning for providing the service for us, thank you very much, and I would like to now turn this over to Dr. Kim Ramsey-White for the final closing remarks.

>> DR. RAMSEY-WHITE:: Thank you, Dr. Bryan. I too, just echo all of the thanks Dr. Bryan shared, this week has been an amazing opportunity to learn so many things about best strategies and the lived experiences of our students and faculty and staff from the veteran international and differing abled communities.

I have already gotten a lot of thankyous and accolades for how well this week went. And really got a lot of support from the staff people who were excited about the fact that the symposium was a little bit more welcoming to more of the community here.

>> ROB PALERMO: And not just so faculty-focused. So I think that says a lot, a great message for us as a team, as we continually try to create a more welcoming environment here in Gillings and create space for people to feel a greater sense of belonging. Adrial already did it, I was planning to kind of go through and thank everybody individually. But she did a great job.

And I just cannot thank the Inclusive Excellence team enough. So Dr. Bryan, Jessica Roe, Yesenia and Kristine have worked tirelessly to make sure that the event happened. And went without any hitches and you guys did a wonderful, wonderful job and again, so proud to be able to be on this team with you all. Yeah, just not

wanting to belabor it anymore, I just really want to say thank you, again, to everybody. At any given point in time, over the last three days, we have had well over 150 people attending each day.
Most days, well over 150 people attending. So I think that speaks volumes to how important the topic this is.
And just speaks a lot to the great marketing work that we've done as well.
Yes, we also want to thank our technical team, Christopher Allen and OJ McGee, for all of their work that they did behind the scenes, to make sure that the technology worked as well as it did. And we thank them for all that they did as well.
And of course, just from my own perspective, I want to thank all of the panelists and presenters and I learned so much this week, and I know that others did as well, so thank you all for helping to make this fourth annual inclusive excellence summer symposium such a success. I think just the last thing will be the survey, please if you would, there should be a QR code that we're going to put up?
>>JESS ROE: yeah, there's a QR code.
>> DR. RAMSEY-WHITE: If you would please help us just to be able to improve upon what it is that we have already done by completing this survey, it won't take you very long at all to do. And we appreciate again, your time and your effort and thank you all for everything.
>> DR. ADRIAL BRYAN: I would like to offer one more thanks to our symposium advisory committee, we've had a wonderful group of people, I would say about 25-30 people honestly, who have worked closely with us, for the past five or six months, advising us along the way, what we should

include and where we should focus our attention and giving us wonderful feedback, thank you to those individuals as well, they have been a big part of making this symposium.
>> DR. RAMSEY-WHITE: Thank you, also to Carolina captions for providing the live captioning, all three days of this symposium this year. (Recording stopped)