



# Great Plains Veterans Services Center

*"Veterans helping Veterans for a better future"*



*WISHING YOU AND  
YOURS A VERY*

*Merry Christmas*

*AND A*

*Happy New Year*

*FROM ALL OF US*

*AT GPVSC*

**Decmeber  
2022**

# **NEWSLETTER**

# G.P.V.S.C STAFF

Executive Veterans	Service Driver Rocky Boy Office Weston Sutherland
Director Chauncey Parker	Veterans Transportation Supervisor Browning Office Shane Sinclair
Administrative Manager John Gardipee, Sr.	Veterans Service Drivers Browning Office Matt Webber Louis Pollock
Veterans Transportation Manager Thomas Lewis	Veterans Transportation Supervisor Ft. Belknap Office Francois Nelis
Transition Assistance Coordinator John Gardipee, Jr.	Veterans Service Driver Rocky Boy / Ft. Belknap Keith Billy
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Finance Manager Marianne Capellen	Graphic Designer Amber Lewis
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Elderly Veterans Outreach Coordinator Donald Meyers	
Veterans Outreach Coordinator Niles Wolf Chief	



## American Legion Post 67 Meeting

At Northern Winz Casino  
11275 US-87, Box Elder, MT 59521

**Tuesday  
December 13th  
6:00pm**

### Support the Great Plains Veterans Services Center and Donate



Non-Veteran-  
\$23.00

Veteran-  
\$18.00

American Legion  
Post Member-  
\$15.00



Follow us on  
Social Media



visit our website at [www.greatplainsveterans.org](http://www.greatplainsveterans.org)

# G.P.V.S.C BOARD MEMBERS

Jon Monteaux Board President	Michael Ley Member-at-Large
Robert Belcourt Board Vice President	Darrell Sun Child Member-at-Large
John Mitchell Board Secretary	Marlene Kay Azure Member-at-Large
Joseph Eagleman Board Treasurer	Brandi King Member-at-Large

**CHECK OUT OUR  
FACEBOOK AND  
INSTAGRAM PAGES  
FOR UPCOMING BBQ'S  
AND OTHER EVENTS.**

# Employee Spotlight



Decembers Employee Spotlight is featuring Coby Stump. He is a Navy Veteran who joined GPVSC Veterans Transitional Employment Program on May 16th. After successfully completing the program on October 31st, Coby was offered a full time job as the Food Truck Supervisor. Coby is in charge of all the food truck events and all day to day activities.

Rebecca Lewis, Communication Specialist stated, "Coby is such a great addition to our team and his work ethic is inspiring. His artistic talents follow him into the kitchen and his meals are always a wonderful surprise."

Coby is an enrolled member of the Fort Peck Assinaboine/ Souix Tribes.

When asked of his goals, Coby Replied, "I strive to continue my sobriety, and get back to the things I enjoy, like my artwork." He enjoys doing what he does and thanks his grandparents for his amazing work ethics.

"Working here at GPVSC has been a blessing, I enjoy it very much, without it I dont think I would be where I am at today, especially with my sobriety. I take pride in my position here, helping fellow Veterans in our community. I even got my drivers license," Coby explained.

The VTEP program has helped him by providing the tools and support needed to acquire a job.

John Gardipee Jr., Transitional Assistance Coordinator said, "A warrior's prosperity honors who witness. You are a true warrior: a true sailor. You honor your fellow Veterans, past and future generations. Keep up the good work!"

## GPVSC VETERANS TRANSITIONAL EMPLOYEMNT PROGRAM (VTEP)

VTEP is a GPVSC program that provides temporary employment and supportive services to unemployed Veterans and transitioning Service Members. Enrolled Veterans work in many areas within the GPVSC; this includes the food truck operations, maintenance, and groundskeeping of Veterans Center facilities, small home improvement construction jobs for elderly Veterans, and administravive tasks. This helps Veterans transitioning re-adjust to civilian life.

To apply for a VTEP position please contact our office for more details. Now accepting applications for the 2023 cycle.

## VETERAN'S MOST COMMON CHALLENGES DURING RE-ADJUSTMENT TO CIVILIAN LIFE

Civilians may not be aware of the unique challenges that separating from military service and returning to civilian life can present. In this handout, we highlight some of these challenges. Veterans may find difficulty:

- Relating to people who do not know or understand what military personnel have experienced (and many civilians don't know that they don't know!).
- Reconnecting with family and re-establishing a role in the family. Families may have created new routines during absences and both the family and the Veteran will have to adjust to changes.
- Joining or creating a community. When moving to a new base or post, the military helps military personnel and families adjust. This structure is often not automatically in place when someone separates from the military. The Veteran and his or her family may have to find new ways to join or create a social community.
- Preparing to enter the work force. A Veteran may have never looked for, applied for, or interviewed for a civilian job, especially if he or she had a career in the military. These are new skills he or she will have to learn and master.
- In applying for a job, a Veteran will have to determine how to translate his or her military skills and duties into civilian terms and create a resume.
- A Veteran may have never created a resume. Instead of a resume the military uses a Field Service Record to detail qualifications, training, and experience.
- Returning to a job. If deployed with the National Guard or Reserve, a Service Member will have to adjust to resuming their previous job or another similar job at the same company. For some recently returning Service Members, they may find themselves behind a desk in as little as 3 days after leaving a combat zone.
- Returning to the job may include a period of catching up, learning new skills, or adjusting to a new position. It will also include adjusting to social changes that may have occurred in the workplace.
- During the transition back to work, some Veterans also experience worry and fear about possible job loss.
- Creating structure. The military provides structure and has a clear chain of command. This does not naturally exist outside the military. A Veteran will have to create his or her own structure or adjust to living in an environment with more ambiguity.
- Adjusting to providing basic necessities (e.g., food, clothing, housing). In the military, these things are not only provided, but there is often little choice (e.g., you eat at determined times in a certain place, duty station determines your dress). Given the lack of choices while in the military, the vast array of choices in the civilian world can sometimes be overwhelming.
- Adjusting to a different pace of life and work. In the military, personnel do not leave until the mission is complete. In a private sector business, an employee might be expected to stop and go home at 5pm, whether the "mission" is complete or not. This may not be apparent to all Veterans.
- Civilian workplaces may be competitive environments, as opposed to the collaborative camaraderie of the military.
- Given the direct nature of communication in military settings, there may be subtle nuances in conversations and workplace lingo that are unfamiliar to Veterans.
- Establishing services. A Veteran may have to learn how to get a doctor, dentist, life insurance, etc. These services were previously provided by the military.
- A Veteran may also need to navigate the paperwork and process of obtaining benefits and services from the Department of Veteran Affairs.
- Check out MILITARY-TRANSITION .ORG for helpful tips to make transitioning easier

## MONTANA TECH STUDENTS HONORED THOSE WHO SERVED ON VETERANS DAY.



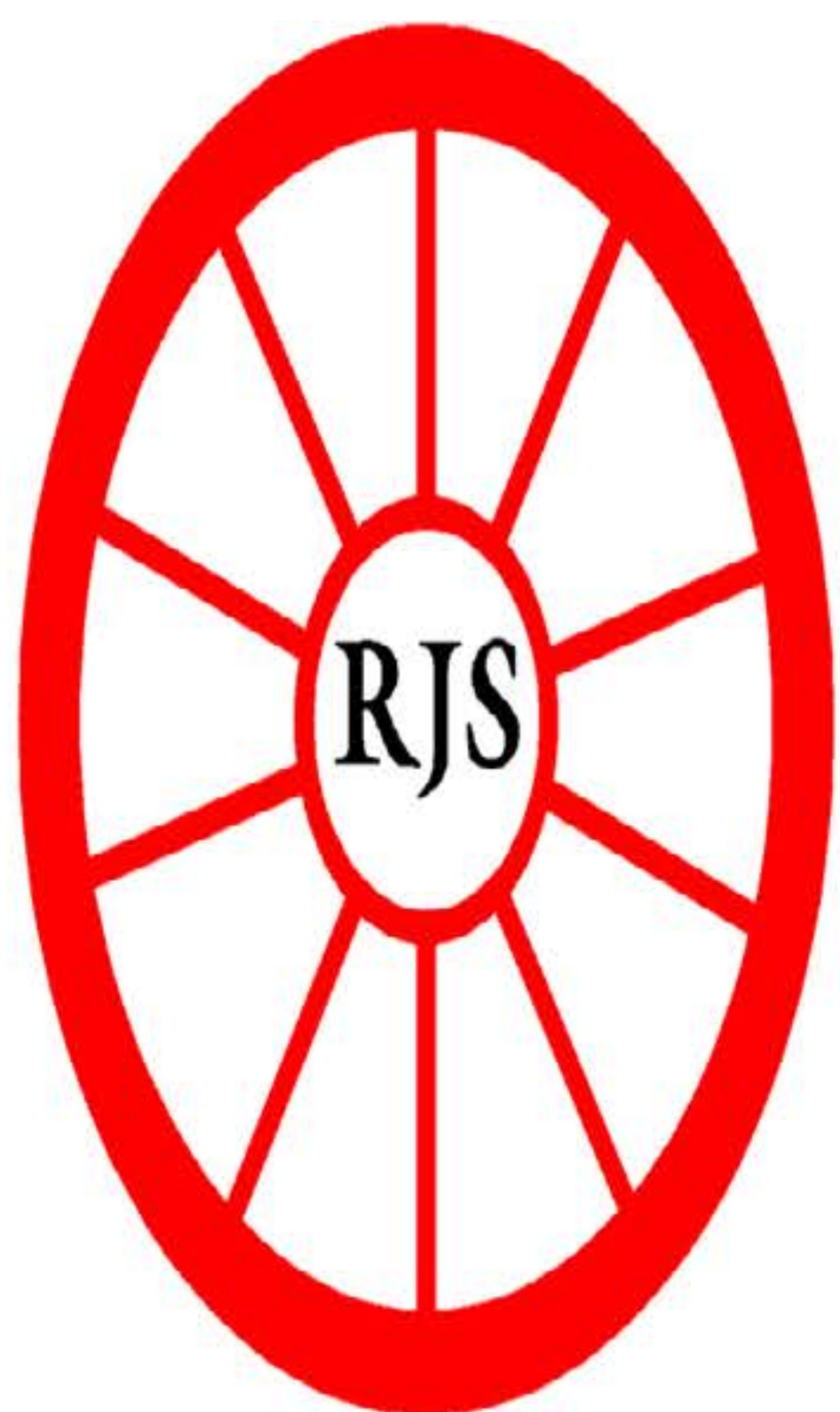
BUTTE — Students at Montana Tech decided to celebrate Veteran's Day a little earlier by bringing care packages to veterans staying at the Southwest Montana Veterans Home.

"We owe it to them. You know, if it weren't for them, we wouldn't have the rights and privileges that we do every day," says Montana Tech student Chase Hinkley.

Three clubs on the Butte campus this week put together care packages containing games, books, snacks, and assorted creature comforts. They then distributed them at the veterans' home in Butte. Royce Bird of the American Society of Safety Professionals came up with the idea because she admires veterans.

"I used to work with veterans in Alaska, it was part of my previous profession. It's just a population that I enjoy working with and, so I wanted to bring it to Montana," says Bird. The students brought gifts to several veterans who were pleasantly surprised. Many sat and talked with the veterans. Staff at the home say it's helpful to these elderly men to have contact with young people.

"We've had a lot of different youth groups come in and interact with the vets and it's been a wonderful reaction from the men," says veteran's home staff member Therese Madrazo. The students said they were glad they delivered the packages in time for Veteran's Day. "A lot of people don't realize and appreciate their sacrifices that they gave for us, for all veterans active serving and past," says Hinkley.



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## VETERANS ELIGIBLE FOR EXPOSURE SCREENINGS

All Veterans enrolled in VA health care will be eligible for new toxic exposure screenings. Screenings mark key step in implementing the PACT Act, which President Biden signed into law on August 10. Beginning November 8th 2022, Department of Veterans Affairs medical centers and clinics across the country will offer enrolled Veterans a new toxic exposure screening. These screenings are a key part of the PACT Act, a new law that empowers VA to deliver care and benefits to millions of toxic exposed Veterans and their survivors.

The screening takes five to 10 minutes and begins by asking Veterans if they believe they experienced any toxic exposures while serving in the armed forces. Veterans who answer "yes" are then asked about specific exposures, including: open burn pits, Agent Orange, radiation, contaminated water, and other exposures.

Veterans enrolled in VA health care will be offered an initial toxic exposure screening then follow-up screenings at least once every five years.

"These screenings are an important step toward making sure that all toxic exposed Veterans get the care and benefits they deserve," said VA Secretary Denis

McDonough. "At the end of the day, these screenings will improve health outcomes for Veterans—and there's nothing more important than that."

Veterans who report concerns about toxic exposures will be connected to information about clinical resources and benefits. These screenings are a part of VA's broader efforts to provide world-class health care for toxic exposed Veterans.

Veterans can ask about receiving the screening at their next VA primary care provider appointment. If Veterans are not assigned to a Primary Care team or wish to be screened sooner than their next appointment, we invite them to contact their local facility and ask to be screened by the Toxic Exposure Screening Navigator.

VA began a pilot of this program on September 6. Since then, VA has screened more than 19,000 Veterans and found a 37% concern of exposure among those Veterans.

We encourage Veterans not currently enrolled in VA health care to apply now. Visit <https://www.va.gov/health-care/apply/application/introduction> to learn more.

# HIV/AIDS- HOW THE OUTLOOK HAS CHANGED OVER THE LAST 40 YEARS

© "Why the HIV Epidemic Is Not Over."  
World Health Organization

Fear, stigma and ignorance. That is what defined the HIV epidemic that raged through the world in the 1980s, killing thousands of people who may only have had a few weeks or months from diagnosis to death - if they even managed to be diagnosed before they died. "With no effective treatment available in the 1980s, there was little hope for those diagnosed with HIV, facing debilitating illness and certain death within years," says Dr Gottfried Hirnschall, Director of the HIV department at WHO.

December 2022 marks the 34th anniversary of World AIDS Day – a day created to raise awareness about HIV and the resulting AIDS epidemics. Since the beginning of the epidemic, more than 70 million people have acquired the infection, and about 35 million people have died. Today, around 37 million worldwide live with HIV, of whom 22 million are on treatment.

When World AIDS Day was first established in 1988, the world looked very different to how it is today. Now, we have easily accessible testing, treatment, a range of prevention options, including pre-exposure prophylaxis or PrEP, and services that can reach vulnerable communities.

In the late 1980s, however, "the outlook for people with HIV was pretty grim," says Dr Rachel Baggaley, coordinator of HIV testing and prevention at WHO. "Antiretrovirals weren't yet available, so although we could offer treatment for opportunistic infections there was no treatment for their HIV. It was a very sad and difficult time."

"In those early days, with no treatment on the horizon, extraordinary prevention, care and awareness-raising efforts were mobilized by communities around the world – research programs were accelerated, condom access was expanded, harm reduction programs were established and support services reached out to those who were sick," says Dr Andrew Ball, senior adviser on HIV at WHO.

It wasn't until 1991 that the HIV movement was branded with the iconic red ribbon. At that time New York based artists from the Visual AIDS Artists' Caucus created the symbol, choosing the color for its "connection to blood and the idea of passion—not only anger, but love..." This was the very first disease-awareness ribbon, a concept that would later be adopted by many other health causes.

The effort to develop effective treatment for HIV is remarkable in its speed and success. Clinical trials of antiretrovirals (ARVs) began in 1985 – the same year that the first HIV test was approved – and the first ARV was approved for use in 1987. However, a single drug was found to have only short-term benefits. By 1995,

ARVs were being prescribed in various combinations. A breakthrough in the HIV response was announced to the world at the 11th International AIDS Conference in Vancouver when the success of as "highly active antiretroviral treatment" (HAART) – a combination of three ARVs reported to reduce AIDS-related deaths by between 60% and 80%.

Effective treatment had arrived, and within weeks of the announcement, thousands of people with HIV had started HAART. However, not everybody would benefit from this life-saving innovation. Because of the high cost of ARVs, most low- and middle-income countries could not afford to provide treatment through their public programs. Such inequities generated outrage in communities and demands for affordable drugs and public treatment programs. Generic manufacturing of ARVs would only start in 2001 providing bulk, low-cost access to ARVs for highly affected countries, particularly in sub-Saharan Africa, where by 2000, HIV had become the leading cause of death.

During the first decade of the response, it became increasingly evident that an effective HIV response required a multisectoral response: to tackle marginalization, stigma and discrimination, to address the economic, social and security threats of a rapidly expanding pandemic, and to generate the necessary human and financial resources to sustain worldwide action. In 1996, UNAIDS (the Joint United Nations Program on HIV/AIDS) was established to lead a multisectoral response. In 2000, the United Nations General Assembly adopted the Millennium Development Goals, which committed to 'halting and reversing the AIDS epidemic by 2015'. In 2002, The Global Fund to Fight AIDS, Tuberculosis and Malaria was established as a financing mechanism to attract and invest resources to end these three diseases. A year later, in 2003, the United States President's Emergency Plan for AIDS Relief (PEPFAR) was launched, the largest ever bilateral international health initiative.

Despite continued, unprecedented expansion of access to HIV treatment in the early 2010s, there was growing concern that we weren't moving fast enough, and that we weren't getting ahead of the epidemic. In 2014, the "90-90-90" targets were launched to galvanize further action. By 2020, the targets were that: 90% of all people living with HIV will know their HIV status; 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will achieve viral suppression. As committed as the global health community was, the dedication of HIV activists and advocates in pushing for patient-driven care, improving access to new drugs, and expanding funding for both HIV care and research, has been unparalleled in almost any other disease field. The movement was characterized by public

rallies, and innovative awareness raising campaigns. As a result of these commitments from the global health community, the world has seen extraordinary successes in rolling out treatment and care. By 2017, over 75% of people (28 million) estimated to be living with HIV were able to access testing.

"Life has really changed over the past 30 years. Testing is now available widely in most countries. Increasingly countries are also offering self-testing. Self-testing can be empowering – if people are positive for HIV, they can decide to get treatment as well as prevention. If they are negative, they can get support for prevention," says Dr Baggaley. HIV is not an easy virus to defeat. Nearly a million people still die every year from the virus because they don't know they have HIV and are not on treatment, or they start treatment late. This is despite WHO guidelines in 2015 recommending that all people living with HIV should receive antiretroviral treatment, regardless of their immune status and stage of infection, and as soon as possible after their diagnosis.

In 2017, 1.8 million people were newly infected with HIV. While the world has committed to ending AIDS by 2030, rates of new infections and deaths are not falling rapidly enough to meet that target. One of the biggest challenges in the HIV response has remained unchanged for 30 years: HIV disproportionately affects people in vulnerable populations that are often highly marginalized and stigmatized. Thus, most new HIV infections and deaths are seen in places where certain higher-risk groups remain unaware, underserved or neglected. About 75% of new HIV infections outside sub-Saharan Africa are groups who are often discriminated against and excluded from health services. Mercy Ngulube, a 20-year-old HIV activist from Wales, who was born with the infection, agrees that "when we look at our efforts in improving our fight against the epidemic in general - stigma is one huge factor that holds us back."

The theme of this World AIDS Day – Know Your Status – is important. One in four people with HIV don't know that they have HIV. To bridge some critical gaps in the availability of HIV tests, WHO recommends the use of self-tests for HIV. WHO first recommended HIV self-testing in 2016, and now more than 50 countries have developed policies on self-testing. WHO, working with international organizations such as Unitaid and others, supported the largest HIV self-testing programs in six countries in southern Africa. This program is reaching people who have not tested themselves before, and is linking them to either treatment or prevention services. This World AIDS Day, WHO and the International Labour Organization will also announce new guidance to support companies and organizations to offer HIV self-tests in workplace.

People with HIV often have other infections – known as co-morbidities – such as TB or hepatitis. One in three deaths in people with HIV is from TB. Around 5 million people are living with both HIV and viral hepatitis. One in three people with HIV has heart disease. This has meant that HIV care has long needed joined-up care, although this doesn't always happen in practice. "WHO is now promoting 'person-centered' health services to all people living with HIV, to meet their holistic health needs, not just their HIV infection – linking HIV services with those for TB, sexual and reproductive health, non-communicable diseases and mental health," says Dr Hirnschall.

"The challenges in the years ahead are clear: we need to reach the 25% of people who have HIV and don't know and support them to test and link to treatment. We need to increase access to prevention – to condoms, to voluntary medical male circumcision, to harm reduction and to PrEP. We need to prioritize HIV services for vulnerable and hard-to-reach groups. These key populations continue to be left behind, not benefiting from the huge advances in HIV testing, prevention and treatment made over the past 30 years" says Dr Baggaley.

How do we do this? Outside sub-Saharan Africa, 75% of new infections are among key populations and their partners. We need to act on these data and re-focus services to reach these populations at greatest risk. This will include addressing stigma and discrimination that continue to be barriers and providing services in and with communities. In 2016 the World Health Assembly adopted the WHO Global Health Sector Strategy on HIV, 2016–2021. The strategy provides new direction for the HIV response as it aims to fully integrate HIV into the broader health and development agenda of achieving universal health coverage by 2030 – where all people receive high-quality health services and medicines, they need without experiencing financial hardship.

"The future of the HIV response will also require looking beyond HIV care provision and ensuring that the disease response is embedded in universal health coverage. Ending AIDS is unlikely to ever happen without Integrated health system that provide HIV prevention, diagnosis, and treatment as well as care with other essential health services. and support to other co-morbidities such as TB, NCDs and mental health at the community level. A people-centered, human rights based and holistic approach is crucial", says Dr Naoko Yamamoto, Assistant Director-General for Universal Health Coverage and Health Systems, WHO.

"30 years after the first World AIDS Day campaign, we still cannot be complacent in our response to HIV," says Dr Hirnschall.

# THANK YOU FOR ALL YOUR CONTINUED SUPPORT!

# WARNING SIGNS FOR SUICIDE



**Suicide is often not talked about openly. Yet, almost 1 in 5 people people have been personally impacted by a suicide.**



## LEARN THE WARNING SIGNS:

### SUICIDAL TALK

Talking about wanting to die or kill themselves.



### EXTREME SELF HATRED

Feeling very critical toward themselves.



### UNBEARABLE PAIN

Talking about feeling trapped or being in unbearable pain.



### FEELING OF BEING A BURDEN

Talking about being a burden to others.

### FEELING OF NOT BELONGING

Feeling like they don't belong anywhere.

### DISRUPTED SLEEP

Sleeping either too much or too little.



### ALCOHOL & DRUG USE

Increasing use of alcohol or drugs.



### LOSS OF INTEREST IN ACTIVITIES

Losing interest in the activities they once enjoyed.



### SUDDEN MOOD CHANGE

Changing moods rapidly. Especially watch out for a sudden positive mood change.



### ISOLATION

Isolating themselves from family & friends.

## If you're in crisis, call the new Veterans Crisis Line number.

Dial 988 then Press 1.



## SUICIDE PREVENTION COLUMN STRESS, DEPRESSION AND THE HOLIDAYS: TIPS FOR COPING --THE MAYO CLINIC

Stress and depression can ruin your holidays and hurt your health. Being realistic, planning ahead and seeking support can help ward off stress and depression.

The holiday season often brings unwelcome guests — stress and depression. And it's no wonder. The holidays often present a dizzying array of demands — cooking meals, shopping, baking, cleaning and entertaining, to name just a few.

But with some practical tips, you can minimize the stress that accompanies the holidays. You may even end up enjoying the holidays more than you thought you would.

When stress is at its peak, it's hard to stop and regroup. Try to prevent stress and depression in the first place, especially if the holidays have taken an emotional toll on you in the past.

For some, the holidays are difficult even though it is supposed to be the season of giving, love, peace, and family celebrations. Unfortunately, unresolved conflicts, feelings of loss, and emotional problems don't take a vacation just because it's the holidays on the calendar.

The holidays are a time of memory-- often bringing up golden hued nostalgic musings of past celebrations with loved ones who have since passed and or traumatic recollections of conflict, financial stress, and loneliness.

Acknowledging and confronting your feelings may allow you to plan ahead and help decide what are your priorities this holiday season.

Reach out. If you're feeling stress during the holidays, it also may help to talk to a friend or family member about your concerns. If you feel lonely or isolated, contact family and friends, or seek out community, religious or other social events or communities. They can offer support and companionship. Volunteering your time or doing something to help others also is a good way to lift your spirits and broaden your friendships. For example, consider dropping off a meal or dessert at a friend's home during the holidays.

Be realistic. The holidays don't have to be perfect or just like last year. As families change and grow, traditions and rituals often change as well. Choose a few most important ones to hold on to, and be open to creating new ones. For example, if your family is unable to get together, try finding new ways to celebrate together; such as sharing pictures, emails, or videos. Calling or video chatting is a great way to feel connected even if you can't be together.

Set aside differences. Try to accept family members and friends as they are, even if they don't live up to all of your expectations. Set aside grievances until a more appropriate time for discussion. And be understanding if others get upset or distressed when something goes awry. Chances are they're feeling the effects of holiday stress and depression, too.

Stick to a budget. Before you do your gift and food shopping, decide how much money you can afford to spend. Then stick to your budget. Don't try to buy happiness with an avalanche of gifts. Set aside specific days for shopping, baking, connecting with friends and other activities. Consider whether online shopping may help to lessen the stress. Plan your menus and then make your shopping list. This will help prevent any last-minute scrambling to buy forgotten items.

Learn to say no. Saying yes when you should say no can leave you feeling resentful and overwhelmed. Friends and colleagues will understand if you can't participate in every project or activity. If you are feeling like you are unable to say no to a specific task, try and remove something else from your agenda to make up for the lost time.

Don't abandon healthy habits. Don't let the holidays become a free-for-all. Overindulgence only adds to your stress and guilt.

Take a breather. Make some time for yourself. Find an activity you enjoy. Take a break by yourself. Spending just 15 minutes alone, without distractions, may refresh you enough to handle everything you need to do. Find something that reduces stress by clearing your mind, slowing your breathing and restoring inner calm.

Seek professional help if you need it. Despite your best efforts, you may find yourself feeling persistently sad or anxious, plagued by physical complaints, unable to sleep, irritable and hopeless, and unable to face routine chores. If these feelings last for a while with no relief, talk to your doctor or a mental health professional.

Take control of the holidays. Don't let the holidays become something you dread. Instead, take steps to prevent the stress and depression that can descend during the holidays. Learn to recognize your holiday triggers, such as financial pressures or personal demands, so you can combat them before they lead to a meltdown. With a little planning and some positive thinking, you can find peace and joy during the holidays.

# Instructions:

Sudoku puzzles require you to find the missing numbers in a 9x9 grid, with that grid itself divided into 9 square grids of 3x3.

You can't just add any numbers though. There are rules that make solving the puzzle challenging.

To solve a Sudoku, look for open spaces where its row, column and square already have enough other numbers filled in to tell you the correct value. The more squares you fill in, the easier the puzzle is to finish!

**A number can only occur once in a row, column, or square.**

November's Answers

9	8	1	3	6	5	2	7	4
7	6	5	4	8	2	3	1	9
2	4	3	1	7	9	8	5	6
1	9	2	6	3	4	7	8	5
4	3	7	5	2	8	9	6	1
8	5	6	9	1	7	4	3	2
3	2	4	7	5	6	1	9	8
5	1	8	2	9	3	6	4	7
6	7	9	8	4	1	5	2	3

3	8	7	4	9	1	6	2	5
2	4	1	5	6	8	3	7	9
5	6	9	3	2	7	4	1	8
7	5	8	6	1	9	2	3	4
1	2	3	7	8	4	5	9	6
4	9	6	2	5	3	1	8	7
9	3	4	1	7	6	8	5	2
6	7	5	8	3	2	9	4	1
8	1	2	9	4	5	7	6	3

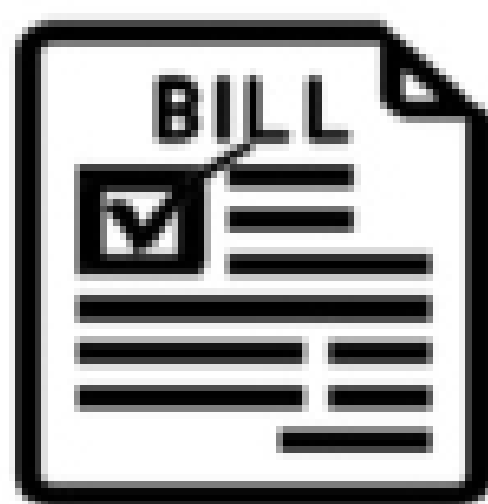
# December's 2022 Suduko Puzzle

Answer in January's Newsletter

1				8				9
	5		6		1		2	
			5		3			
	9	6	1		4	8	3	
3				6				5
	1	5	9		8	4	6	
				7		5		
	8			3		9		7
5					1			3

## CHECK CASHING SERVICES

Unload Debit Card, Bill Pay, Buy Bitcoin



### DEBIT CARD SERVICES

Cash withdrawal fees:

Post 67 Member: \$1

Veterans: \$1.50

Non-Veteran: \$2.50



### CHECK CASHING SERVICES

Fees:

Post 67 Member: 1%

Veteran: 1.5%

Non-Veteran: 2%



### BILL PAY SERVICES

Fees

Veteran: FREE

Non-Veteran: \$3.50

Same Day Venders:

Hill County Electric

Triangle Communications

Other vendors allow 1-3 days posting time to your account

### CHECK CASHING POLICIES

- ✓ NO MONEY ORDERS
- ✓ WE CASH CANADIAN CHECKS UP TO \$500
- ✓ US GOVERNMENT CHECKS CAN ONLY BE CASHED BY THE INDIVIDUAL TO WHOM THE CHECK IS ISSUED

CHECK CASHING HOURS:

MON-FRI: 8:30am - 4:00pm  
SAT-SUN: CLOSED



MY ONE REASON FOR BUCKLING UP

"BECAUSE I WANT TO KEEP MY CULTURE AND TRADITIONS ALIVE"

- BREEANNA -

ALWAYS BUCKLE UP AND DON'T BE AFRAID TO ASK OTHERS TO DO THE SAME

When you don't buckle up, you endanger more than just your own life. Drivers and passengers often don't consider how unbuckled occupants can be thrown at high speed during a crash and can cause serious harm or even death, not only to themselves but to others in the vehicle. That's why it's so important to buckle up and insist others do the same.



f /SafeOnAllRoads

# HRTG NEWS: LETTER FROM THE TRANSPORTATION MANAGER

Dear Veteran-

We would like to take a moment and welcome you to the Great Plains Veterans Services Center (GPVSC) Transportation Department. Please know your safety is always our number one priority as we transport more than 275 Veterans across the state of Montana and beyond on a yearly basis.

GPVSC is the grantee of the Highly Rural Transportation Grant (HRTG). HRTG is a grant-based program that helps Veterans in highly rural areas travel to VA or VA-authorized health care facilities. This program provides grant funding to Veteran Service Organizations and State Veterans Service Agencies to provide transportation services in eligible counties. Currently, GPVSC is serving 17 counties across the state of Montana. The HRTG program is only available within parts of the country that classified as "highly rural", which is defined as a county with a population of fewer than seven persons per square mile. About 25 states have counties with highly rural areas, with Montana being one of the largest.

As a HRTG grantee, GPVSC has many guidelines and Federal regulations that must be followed and GPVSC Transportation Department must operate

the program within those provisions.

GPVSC transports Veterans to and from their VA and Non-VA medical and dental appointments same day and on occasion an over night stay for early or late scheduled appointments. GPVSC has 5 transport drivers, which are very busy with transports across Montana. We cannot authorize drivers' multiple night stays. If Veterans have appointments that will take more than one day they will have to schedule local transportation with the VA or the DAV.

Great Plains Veterans Services Center believes that transportation drivers are an important connection for our Veterans. These are the people you will be interacting with during your trips. It is expected that they will maintain a safe and orderly environment as they transport Veterans to their appointments. Drivers participate in regular trainings throughout the year. That said, if you have concerns, your first point of contact would be the Transportation Manager, Tom Lewis, at 406-395-5610.

Customer service is a priority, but please know that we must operate with the guidelines set forth within the HRTG program.

Thank you for your feedback to best serve you, our valued Veterans.

## NOVEMBER COMMUNITY EVENTS HIGHLIGHTS

Veterans Day Luncheon held on Nov. 10th, was a great success honoring our local Veterans. We honored the Veterans with gifts and a great meal. We also delivered meals to those who could not attend.

Veterans Day was also celebrated by a showcase from Jason Geer's Veterans Lifestyle Project at the Crawford Distillery in Havre on Nov. 11th. This project helped show the real-life passions of our community Veterans. The photos that were on display are now being featured in the MSU Northerns Veterans Lounge.

The Diabetes walk on Nov. 14th, was a great event to get out there and stretch your legs followed by a luncheon of healthy choices. We not only served meals at the event but was able to deliver meals to those who were unable to attend.

**GPVSC WOULD LIKE TO THANK ALL THOSE WHO PARTICIPATED IN OUR COMMUNITY EVENTS IN NOVEMBER.**

## VETERANS SUPPORT SERVICES NEWS

Signed into law in 2020, the National Suicide Hotline Designation Act authorized 988 as the new three-digit number for the National Suicide Prevention Lifeline (Lifeline). Because the U.S. Department of Veterans Affairs (VA) administers the Veterans Crisis Line through the Lifeline's national network, the Veterans Crisis Line was affected by this transition. VA is leading the comprehensive communications initiative to inform stakeholders about Dial 988 then Press 1. The VA resources will help guide us to communicate about the 988 transition. Although there is a new number, Veterans will still be able to call 1-800-273-8255 and Press 1 to connect with responders. The Veterans Crisis Line will also still be available by chat (VeteransCrisisLine.net/Chat) and text (838255). Our Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program will fully launch in January 2023 and will help to spread the word that everyone has a role to play in preventing Veteran suicide.

## Warrior Wagon Food Truck

**REOPENS DECEMBER 5th**

FOLLOW GPVSC ON SOCIAL MEDIA FOR UPDATES

*Drawing held on  
Friday Dec. 16th  
at 3pm*  
**\*13 PRIZES\***



*Christmas*  
**RAFFLE**

**PURCHASE TICKETS  
FROM JOHN  
"THE RAFFLE MAN"**

- 1- \$1000 WINNER
- 2- \$100 WINNERS
- 5- HOLIDAY MEAL BASKETS
- 5- THEMED GIFT BASKETS WITH GIFT CARD

**FOLLOW US FOR NEWS AND UPDATES**



**WWW.GREATPLAINSVETERANS.ORG**





**THE GREAT PLAINS VETERANS SERVICES CENTER IS PROUD TO BE IN PARTNERSHIP OF THESE FOUNDATIONS.**



**BlueCross BlueShield of Montana**



**POTLATCH FUND**



Help for Homeless Veterans  
**877-4AID-VET**  
 va.gov/homeless (877) 424-3838



SUN	MON	TUE	WED	THU	FRI	SAT
				Civil Air Patrol (USAF Auxiliary) Birthday 1	GPVSC Weekly Raffle Drawing 2	3
4	5	VET CENTER 10:30am-2:30pm	National Pearl Harbor Remembrance Day	8	GPVSC Weekly Raffle Drawing 9	10
11	12	VET CENTER 10:30am-2:30pm American Legion Post 67 Meeting 6pm US National Guard Birthday	14	15	Christmas GPVSC Weekly Raffle Drawing 16	17
Hanukkah Beings Dec. 18th- Dec. 26th National Wreaths Across America 18	19	VET CENTER 10:30am-2:30pm	21	<b>ALL GPVSC OFFICES CLOSED FOR THE HOLIDAY SEASON</b>		Christmas Eve 24
Christmas	Kwanza Begins Dec. 26th- Jan 1st					New Years Eve
<b>ALL GPVSC OFFICES CLOSED FOR THE HOLIDAY SEASON</b>						
25	26	27	28	29	30	31

www.free-nrprintable-calendar.com

# Community Events

**CHECK CASHING**  
Please follow our Facebook page for updated hours of operation during the Holiday Office Shutdown.

A representative from the Great Falls Vet Center will be at the office a couple times a month to answer any VA related questions, aid in enrollment, and offer counselling services for eligible Veterans. The representative will also be available to answer questions about benefits and services.

For more information or to schedule and appointment Call Rich or Becky at (406) 452-9048

# FOLLOW US FOR NEWS AND UPDATES

[WWW.GREATPLAINSVETERANS.ORG](http://WWW.GREATPLAINSVETERANS.ORG)



# U PICK 'EM FOOTBALL RAFFLE



VISIT OUR WEBSITE FOR THE DETAILS

[WWW.GREATPLAINSVETERANS.ORG](http://WWW.GREATPLAINSVETERANS.ORG)



# WARRIORS CURRENTLY SERVING IN THE ARMED FORCES

## ARMY

Royce Bird  
Forest Doney  
Richard Lujan  
Justin Murphy Small  
Orion Wolf Chief  
Shane Ketchum  
Leo Johnson

## AIRFORCE

Trey Henderson  
Maia Henderson

## NATIONAL GUARD/RESERVE

## NAVY

Jessica Stump

Dominic Pullin

# GPVSC WEEKLY RAFFLE

*Purchase NOW*

FRIDAYS

\$1,000 Cash  
2nd Chance Winner:  
\$100 Cash

AT 3PM

# ATTENTION!!!!

Guard and Active Duty members or family members please contact the GPVSC to update your status.



ARE YOU INTERESTED IN SUPPORTING AND ADVERTISING WITH GPVSC...  
CONTACT REBECCA LEWIS FOR DETAILS  
406-395-5610