

LEGISLATIVE TASK FORCE ON VETERANS' REINTEGRATION



FINAL REPORT



OCTOBER 2010

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EXECUTIVE SUMMARY

In December 2008, the Governor's Task Force on Veterans' Services presented its Final Report to Governor Ted Kulongoski that included 39 recommendations to improve or enhance services to Oregon veterans. One of the recommendations was to establish a new legislative task force on veterans' reintegration with the mission of establishing regional veteran reintegration efforts throughout the state. The 2009 Legislature agreed with the recommendation and established the new task force through Senate Bill 700.

The Task Force held its organizational meeting November 13, 2009 during which Senator Martha Schrader and the Oregon University System's Mike Burton, PhD were chosen as co-chairs. The Task Force met monthly thereafter and grappled with regionalizing reintegration services to veterans throughout Oregon.

As noted by the Governor's Task Force, Oregon is unique in that it has no active duty military bases, which in other states act as centers for reintegration services. Oregon's returning veterans are spread throughout the entire state, making service delivery difficult. Despite this logistical handicap, Oregon is the national leader in veteran reintegration with many states modeling their programs after the Oregon National Guard's Reintegration Team.

The Task Force began its work by defining the parameters of what constitutes reintegration. First, the Task Force determined that the reintegration period is 36 months from the time a veteran is discharged from service. This includes National Guard and Reserve veterans who have served on active duty, but remain in the Guard and Reserve after their deployments. Next, the Task Force determined that reintegration services consist of the following components:

- Employment
- Education/Licensing
- Family Issues
 - Suicide
 - Domestic Violence
 - Financial Concerns
 - Divorce
- Housing
- Health Care, including mental health
- Veteran Benefits

The Task Force also identified the following groups and organizations that should be partners in veteran reintegration:

- Local Government, including county mental health
- State Government
- Service Organizations
- County Veteran Service Officers
- Armories/ Air National Guard Bases
- Local Employment Veteran Representatives
- Disabled Veterans Outreach Program
- Colleges/Universities
- VA Health Care (VHA)
- VA Benefits (VBA)
- National Veteran Service Organizations
- Non-Profit Organizations
- Faith-Based Community

As the Task Force progressed in its work, the members began to organize veteran reintegration into three categories: Conditions, Systems and Continuum. Conditions can be defined as existing circumstances that need to be addressed. Systems are existing processes that affect reintegration. Continuum represents issues that move from the present into the future, continuing to affect veterans throughout the 36-month reintegration period. Findings and Recommendations were grouped under these three categories and this report will follow the Conditions, Systems and Continuum format to discuss in detail how the Task Force came to its conclusions in each area. Some findings and recommendations span categories and will be listed in multiple categories where appropriate.

The Task Force is making 17 recommendations to the Oregon Legislature. Below you will see the Task Force Findings and Recommendations for your quick reference, and each will be discussed in more detail as you read this Final Report.

The Task Force members are eager to begin work implementing its recommendations. At this writing, the Oregon National Guard recently returned 2,700 veterans from Iraq and will be sending an additional 600 to Afghanistan in the coming months. There is no real second-chance to properly reintegrate a veteran back into his or her community. The social costs of missing this chance are enormous, last decades and are exponentially more expensive than spending resources up front to help these veterans reintegrate into their communities and homes after their military experiences. Oregon can be proud that it has the best reintegration team in the nation and that everyone involved with veterans is working hard to make it even better.

Please accept this Final Report from the Legislative Task Force on Veterans' Reintegration.



State Senator Martha Schrader
Co-Chair



Mike Burton, PhD
Co-Chair

FINDINGS

CONDITIONS – EXISTING CIRCUMSTANCES THAT NEED ATTENTION

1. Military culture discourages troops from self-identifying medical/emotional/psychological and other reintegration concerns.
2. Not every veteran is eligible for services.
3. Providing reintegration services to Active Duty and Reserve veterans is difficult if they do not self identify.
4. National Guard and Reserve veterans are being redeployed within the reintegration period. Many may need medical and mental health services and are not healed by the time they redeploy.
5. Families are essential to the Reintegration of veterans.
6. Existing veteran networks exist in various Oregon communities, and can provide significant support, but they are not coordinated in their activities.
7. Unemployment for Oregon's returning veterans is exponentially higher than the national average.
8. The military takes six months to train soldiers for war and a week to prepare them for home.
9. There is no organization that follows or does case management for veterans and their families throughout the entire 36 month reintegration period.
10. Women veterans may experience different reintegration issues than their male counterparts. Response to meeting these needs has been lagging the demand for service.

SYSTEMS - EXISTING PROCESSES THAT AFFECT REINTEGRATION

1. Transitional/Bridge Funding is insufficient to help veterans' transition between unemployment and work.
2. Military skills are not routinely crosschecked and applied for college credits or direct licensing.
3. Currently funding for the Fort Oregon website is limited to one-year. The website will need continued future funding.
4. Not every veteran is eligible for services, meaning some veterans will have to receive reintegration services via non-VA sources.
5. Returning soldiers are being told by active duty elements that the VA will take care of them after their release from active duty instead of the active duty component taking that responsibility.
6. Soldiers on terminal leave cannot use VA and Tri-Care is difficult to access in specific areas and difficult to navigate.

7. VA has been overwhelmed by large demobilizations that result in many veterans applying for VA health care at once.
8. Services for family members post deployment are lacking.
9. Marketing is an important component of reintegration service delivery.
10. The military takes six months to train soldiers for war and less than a week to prepare them for home.
11. Oregon Department of Veterans' Affairs' Campus Veteran Service Officer Program has been a successful outreach to student veterans.
12. There is no organization that follows or does case management for veterans and their families throughout the entire 36-month reintegration period.
13. An integrated and coordinated reintegration program will require funding (for services and coordination).
14. There currently is no coordination between the statewide Reintegration Summit and local "vet net" organizations working at the grassroots level.

CONTINUUM - ISSUES THAT MOVE FROM THE PRESENT INTO THE FUTURE

1. Currently there is no regional or central coordinating authority for reintegration efforts.
2. Current services for reintegrating veterans are significant during the first 6 months in most areas.
3. There appears to be three distinct 12-month phases that a veteran goes through and services are need for each phase.
4. Veterans seemingly begin to have significant crises at the 12-24 month timeframe.
5. There needs to be a smooth handoff of reintegrating veterans from the military to the Oregon Department of Veterans' Affairs and County Veteran Service Officers.
6. Families are essential to the Reintegration of soldiers.
7. Military takes six months to train soldiers for war and less than a week to prepare them for home.
8. There is no organization that follows or does case management for veterans and their families throughout the entire 36-month reintegration period.

RECOMMENDATIONS

CONDITIONS – EXISTING CIRCUMSTANCES THAT NEED ATTENTION

1. Request the Oregon National Guard report to the appropriate legislative committees regarding existing military cultural barriers that discourage service members from self-identifying medical/emotional/psychological and other reintegration concerns. Direct the Oregon Military Department to draft recommendations to eliminate these barriers and report back to the Oregon Legislature.
2. Draft a Joint Memorial urging Congress to have the Pentagon examine military cultural barriers that discourage service members from self-identifying medical/emotional/psychological and other reintegration concerns. Direct the Pentagon to draft recommendations to eliminate these barriers and report back to Congress.
3. Create “No Wrong Door” culture within state government whereby all State of Oregon agencies ask their clients if they are veterans and if so are provided contact information for the Oregon Department of Veterans’ Affairs and the National Guard Yellow Ribbon Reintegration Team.
4. Draft legislation to address corrections needed in the current Veteran Preference law.
5. Continue to support 90-Day Soft Landing proposal currently in Congress.
6. Fully fund Oregon Department of Veterans’ Affairs’ Campus Veteran Service Officer Program.

SYSTEMS - EXISTING PROCESSES THAT AFFECT REINTEGRATION

1. Continue to fund at current service level the Oregon Department of Veterans’ Affairs Veterans Emergency Financial Assistance Program and re-fund the Oregon Employment Department’s Oregon Veterans’ Transportation Assistance Fund (HB 5163 2005)
2. Mandate that the Oregon University System and the state’s Community Colleges appropriately apply military training and skills for college credit as outlined in the American Council of Education guidelines.
3. Provide “Direct-Entry” Licensing for qualified military occupational specialties.
4. Encourage the Oregon Legislature to begin a dialogue with Tri-Care/Tri-West regarding expanding network in rural and remote Oregon and to include County Mental Health and Tri-Care providers.
5. Continue reintegration outreach and education effort by Oregon Department of Veterans’ Affairs and Oregon National Guard

CONTINUUM - ISSUES THAT MOVE FROM THE PRESENT INTO THE FUTURE

1. Create a Veterans’ Reintegration Coordinator in the Office of the Governor
2. Create a Council for Veterans’ Reintegration

3. Create a volunteer system that quarterly would make contact with reintegrating veterans during the 36-month reintegration period to check on veterans' progress and needs
4. Commend Oregon National Guard Family Program for its outreach work
5. Continue outreach efforts, including the Fort Oregon website, State of Oregon web-based outreach, Campus Veterans Service Officer program and Oregon Department of Veterans' Affairs Welcome Home interactive CD-Rom
6. Maintain funding for Oregon Department of Veterans' Affairs and County Veteran Service Officers

CONDITIONS

Each month, 150-300 veterans return to Oregon after discharging from active duty, the National Guard or the Reserves. However, larger numbers can return during Any given month should a National Guard unit return en mass, such as the 41st Infantry Brigade Combat Team (IBCT) did in early 2010.

Reintegrating these new veterans back into their community starts with identifying who and where they are. This sounds easier than it actually is. Active duty veterans return to Oregon one at a time. They can choose to have their discharge papers (DD-214) sent to the Oregon Department of Veterans' Affairs (ODVA); however, this is not mandatory and some veterans choose not to do so, making them invisible until they self-identify as a veteran. If a veteran does choose to have his or her DD-214 sent to ODVA, the agency has an aggressive outreach program that starts by sending a Welcome Home interactive CD Rom to the veteran, with follow up calls from their local state or county veteran service officer who will help determine the veteran's benefits. Unfortunately, not every veteran responds to this outreach; many veterans choose not to take advantage of their VA benefits. Statewide, only about 24 percent of Oregon veterans are receiving VA benefits, such as disability compensation, pension, health care or education assistance.

Like their active duty counterparts, Reserve veterans also are hard to locate, because they, too, often deploy and return to Oregon individually or in very small groups. Without these veterans having their DD-214 sent to ODVA, the agency has no knowledge of their service nor does the Oregon Military Department.

Oregon National Guard veterans, on the other hand, are easy to track, locate and provide services to. The reason is simple: they deploy and demobilize through the Oregon National Guard Reintegration Team process. There are lists of every veteran, their contact information and follow up meetings for each of these veterans. The Reintegration Team has partnered with ODVA, the Employment Department, Employer Support to Guard and Reserve, the federal VA and others to ensure these veterans are assessed for their medical conditions and benefits and receive all the benefits they have earned through their service. When the 41st IBCT demobilized at Joint Base Lewis/McChord, the Reintegration Team arranged for all the partners to meet the unit at the demobilization site and begin their benefits processing immediately. Every veteran was met one-on-one to determine their eligibility for benefits and determine their reintegration needs. The Reintegration Team is available for all veterans; however, the focus is on National Guard veterans due to ease of identification.

Veterans returning from Iraq and Afghanistan have significant issues to address, including:

- Post Traumatic Stress Disorder and other emotional/mental conditions – Reports indicate as many as 40 percent of returning Iraq and Afghanistan veterans have some level of PTSD, anxiety, depression or other emotional/mental condition
- Traumatic Brain Injury – with PTSD, TBI is the signature injury of the wars in Iraq and Afghanistan
- Disabilities – Neck, Back and Knee injuries are common for Iraq and Afghanistan veterans
- Unemployment – 52 percent of the 41st IBCT was unemployed when it returned to Oregon in 2010
- Homelessness – When reintegration fails, Oregon's newest veterans are becoming homeless, including female veterans
- Suicide – Suicide is the number one cause of death among Oregon veterans ages 18-24
- Law Enforcement – Many veterans are engaging law enforcement due to domestic violence, violent outbursts, erratic driving and other violations that can be attributed to their military service

While it is easier to work with the National Guard on these issues, even some National Guard veterans choose not to engage VA and use their medical or disability compensation benefits.

CULTURE

The military culture has a number of positive characteristics – a focus on mission, an emphasis on leadership and teamwork, an indomitable drive to succeed, a code not to let your unit down and more. However, that same culture works against veterans in need of reintegration services.

Many veterans do not seek reintegration help because they see needing help as a weakness. They don't want government help or don't trust the government to help. Some who engage the system have little to no patience with the bureaucracy inherent in the system and quickly disengage when confronted with the avalanche of paperwork and slowness of the process. Or, a veteran will seek service only to be told he/she is not actually eligible for benefits based on their service, which also negatively affects the veteran seeking benefits from other non-VA providers. National Guard and Reserve veterans are concerned they will lose their military jobs or promotion opportunities if they receive reintegration services, such as VA disability or any type of mental health counseling. In the end, significant barriers exist in the military culture itself that keep veterans from seeking reintegration services.

Leaders in the active duty, National Guard and Reserve military have repeatedly encouraged their veterans to seek the reintegration help they need, and have been especially supportive of their soldiers receiving mental health treatment. While these policy changes at the top are a positive step in the right direction, they seemingly directly conflict with the mission of the company commanders and senior Non-Commissioned Officers (NCO) whose main job is to show their superiors that their unit is ready for deployment. In other words, while the generals are encouraging troops to seek medical treatment, company commanders and senior NCOs tell their troops to “suck it up and drive on” so that their numbers are sufficient on their readiness reports. If a soldier does seek help, the unit often ostracizes that member as “damaged goods.” There is tremendous pressure on unit commanders to meet readiness quotas. An article recently published in *Army Times* reported how a combat commander in Afghanistan was having a PTSD-affected soldier treated at their forward operating base (FOB) instead of allowing the soldier to seek treatment outside of the combat theater. The commander's goal is obvious: keep that soldier on the battlefield. However, to what effect? How damaged will that soldier be when he returns to his home state and is no longer the Army's problem? Will that soldier even make it home alive if his PTSD triggers during a combat event?

To address the contradictions within the military culture regarding reintegration efforts, the Task Force is recommending that both the Pentagon and the Oregon Military Department/National identify cultural barriers to soldiers and veterans self-identifying reintegration needs and report these findings to Congress and the Oregon Legislature. The goal of this recommendation is for the system to self identify its own barriers and create innovative solutions to eliminate those barriers.

REINTEGRATION PERIOD

The Task Force quickly came to the conclusion that there are fairly robust reintegration services available to Oregon veterans, including veterans living in rural and remote areas, although services are indeed more limited in these areas. There are accredited veteran service officers in every county that can help veterans obtain their VA benefits. Every Iraq and Afghanistan veteran receives five years of free health care from the VA, which has clinics located throughout the state. The Oregon Employment Department has Local Veteran Employment Representatives and Disabled Veteran Outreach Program personnel located throughout the

state to help veterans find employment. The National Guard's Reintegration Team assists veterans with Career Fairs, as well as facilitates other military benefits. The Reintegration Team also has coordinators in each region to help returning veterans navigate their benefits and other needs. The National Guard has a Family Support program to help the families of deployed and returning soldiers. The Oregon Department of Human Services has offices in every county where at-risk veterans can seek aid. WorkSource Oregon is regionalized in the state and provides services to veterans who are a priority in the program. Oregon Housing works through local Community Action Agencies in every county to help with low-income housing. And, each of these organizations has changed its service delivery to a proactive outreach to meet veterans where they are instead of making the veteran come to them.

During the first six months of the reintegration period, veterans are well taken care of by the agencies charged with providing benefits.

However, the Task Force determined that the reintegration period should be broken in three separate 12-month periods based on trends it was seeing during its research.

While veterans were well cared for during the first six months of reintegration, the Task Force realized that at the 12-24 month period, veterans were losing their jobs, getting divorced, engaging law enforcement, self medicating with drugs and alcohol, were becoming homeless, and committing suicide. Some veterans were experiencing this even earlier.

Service providers agreed that most of their work for the veteran is completed in the first six months after a veteran returns to Oregon. During those first six months, all the paperwork is completed and service delivery begins. None of the service providers have a caseworker process where veterans are tracked after they receive their initial benefits. In other words, once the paperwork is complete and the benefits starts, the veteran's file is put away and the providers do not follow up with the veteran again, only hearing from the veteran if the veteran initiates that contact. In most cases, the veteran does not make contact, so that veteran's case is considered closed.

Unfortunately, the lack of contact with these veterans during the entire 36 month reintegration period creates a void in the providers' ability to provide services before there is a crisis in the veteran's life. Instead, providers engage an "old client" once contacted by a family member or another agency seeking crisis intervention due to the veteran's irrational, violent or illegal behavior. This is especially difficult for female veterans who experience different reintegration issues than their male counterparts, including childcare issues, a higher rate of Military Sexual Trauma, a reluctance to seeing themselves as veterans due to both social and personal reasons, a male-centric VA health care system and more. A number of these issues are being address by the Legislative Task Force on Women Veterans' Health Care and this Task Force fully supports their recommendations regarding women veterans..

While the war in Iraq has officially ended with a new phase called Operation New Dawn requiring only 50,000 American troops still in country at this writing, the war in Afghanistan is escalating. It is a certainty that more Oregon National Guardsmen will be deployed to Afghanistan and Oregon will continue to have soldiers returning home from their service in need of reintegration programs for the foreseeable future. The following recommendations address the current conditions veterans find when they return to Oregon.

RECOMMENDATIONS

1. Request the Oregon National Guard report to the appropriate legislative committees regarding existing military cultural barriers that discourage service members from self-identifying medical/

emotional/psychological and other reintegration concerns. Direct the Oregon Military Department to draft recommendations to eliminate these barriers and report back to the Oregon Legislature.

2. Draft a Joint Memorial urging Congress to have the Pentagon examine military cultural barriers that discourage service members from self-identifying medical/emotional/psychological and other reintegration concerns. Direct the Pentagon to draft recommendations to eliminate these barriers and report back to Congress.
3. Create “No Wrong Door” culture within state government whereby all State of Oregon agencies ask their clients if they are veterans and if so are provided contact information for the Oregon Department of Veterans’ Affairs and the Yellow Ribbon Reintegration Team
4. Draft legislation to address corrections needed in current Veteran Preference law
5. Continue to support 90-Day Soft Landing proposal currently in Congress.

SYSTEMS

In the early days of the Global War on Terrorism, systems were in place to send Oregonians to war, but were not in place to receive them when they came home. The nation had not fought a war in nearly 30 years, and even then the country did not have systems in place to manage the influx of returning Vietnam veterans. An honest look at the history of veteran reintegration will show that no generation of American veteran had much in terms of reintegration services other than the GI Bill, veteran home loans and VA disability benefits. Veterans always have been expected to reintegrate back into their communities seamlessly without the help of the government that sent them to war.

During the Governor's Task Force on Veterans' Services, Task Force members quickly realized that the lack of attention paid to former generations of reintegrating veterans did not mean those veterans did not need those services. To this day, World War II and Korea War veterans are being seen for PTSD. Vietnam veterans still are living in the woods, disassociated with society. Persian Gulf War veterans suffer in silence with Gulf War syndrome. There were no reintegration programs for these veterans and after 9/11, there were no programs in place to reintegrate veterans of the Global War on Terrorism.

This changed when the 2nd Battalion of the 162 Infantry Brigade Combat Team returned from its tour in Iraq. The Oregon National Guard unit saw some of the fiercest combat of the war to date and suffered nine killed in action and 80 wounded. About a week after leaving the combat zone, they were back in Oregon. The National Guard held a formation during which the Governor thanked them for their service and then the Guardsmen were dismissed to go back home. It would be another 90 days before the Guard would see this group of soldiers again.

A significant number of veterans from the 2nd Battalion of the 162 Infantry (2/162) soldiers were experiencing symptoms of PTSD. Most had declined to self identify when they were asked during their demobilization medical exams if they had any medical, emotional or psychological issues. Had they admitted there was a problem, they would have been separated from their unit, put on medical hold and would not have been allowed to return home – kind of medical prison. Nobody admits they have a medical issue if they want to go home, according to the Guardsmen Task Force members have talked with. During this 90 days between Guard drills, Guardsman began exhibiting the symptoms of their PTSD, TBI and physical disabilities. These symptoms worsened over time and alerted the Guard leadership that more had to be done for returning veterans.

Taking the initiative, the Oregon National Guard began reaching out to partners, such as ODVA, Oregon Employment Department, ESGR, the federal VA and others. The Guard began building a system of reintegration where soldiers were briefed on their benefits and where they could find help. Family support systems were initiated. Silos between organizations were eliminated and everyone began working together to the betterment of veterans.

Today, there is a robust system for returning veterans. Certainly, it is not perfect, but it is available to any veteran – active duty, National Guard or Reserve – who needs assistance with any reintegration issue.

The Task Force overall believes the current system is doing a tremendous job ensuring that no veteran who wants services falls through the cracks. There is near daily communication between the different partners who provide reintegration services and the Task Force findings in the systems area relate to specific enhancements rather than programmatic changes.

The largest system enhancement that needs to be addressed is the same issue identified by the Governor's Task Force on Veterans' Services – Veterans need more time to demobilize than they currently receive. As one

Task Force participant put it, “The military takes six months to train soldiers for war and only five days to prepare them for home.” Returning veterans need a larger window during which they will remain on Title 10 active duty orders and pay while the Oregon Reintegration Team and its partners assesses their needs and provide services. The good news on this front is Senator Ron Wyden and Congressman Peter DeFazio introduced legislation in their respective chambers to create the 90-Day Soft Landing, giving our National Guard soldiers time to determine what services they need, from employment to mental health counseling. According to congressional staff, the Pentagon originally opposed the bill, but offered a compromise to fully fund these Guardsmen for 45 days. At this writing, that compromise is working its way through Congress and there is optimism that it will eventually pass. This will make a tremendous difference in the lives of many veterans and their families, allowing them a chance at a seamless reintegration. However, it also is important to note that proper reintegration can mean that the State will not reap the consequences of insufficient reintegration through its social services and justice system, saving the State resources.

As noted, a number of systems have been put in place, while a handful of new system should be considered. These include:

1. *Campus Veteran Service Officer Program* – Accredited Veteran Service Officers have been meeting student veterans on university and college campuses to help them with their benefits, including the Post 9/11 GI Bill. This is an outreach to meet the veteran where they are and have resulted in more than 600 individual veteran contacts.
2. *30-60-90 Day Reintegration Meetings* – National Guard has implemented a system to help track their returning veterans during the pivotal first 90 days of their reintegration to ensure they are getting the information and services they need, including family members.
3. *Fort Oregon Website* – The Oregon National Guard initiated this resource portal for military and veterans to provide them a comprehensive list of local resources in their areas. This Website will need continued maintenance funding.
4. *Military Occupational Specialties* – Many military occupations mirror that of licensed professions in Oregon. Other specialties require schooling that could directly translate into college credit for student veterans. However, there is no statewide system in place to ensure this crossover. Such a system would help veterans with employment and education issues.
5. *Family Member Services* – The National Guard has made great strides in providing services to family members, especially while a loved one is deployed. However, the Task Force found that families need a more robust post-deployment reintegration period system to help with issues, such as employment, finances, marriage, respite child care, domestic violence.
6. *Integrated and Coordinated Reintegration Program* – The Reintegration Team has done outstanding work with the resources it has; however, to regionalize reintegration so that every reintegrating Oregon veteran has available services, an integrated and coordinated statewide system must be resourced.

The Task Force is making the following recommendations to address systematic enhancements to the existing reintegration effort.

RECOMMENDATIONS

1. Continue to fund at current service level the Oregon Department of Veterans’ Affairs Veterans Emergency Financial Assistance Program and re-fund the Oregon Employment Department’s Oregon Veterans’ Transportation Assistance Fund (HB 5163 2005)
2. Mandate that the Oregon University System and the state’s Community Colleges appropriately

apply military training and skills for college credit as outlined in the American Council of Education guidelines.

3. Provide “Direct-Entry” Licensing for qualified military occupational specialties
4. Encourage the Oregon Legislature to begin a dialogue with Tri-Care/Tri-West regarding expanding network in rural and remote Oregon and to include County Mental Health
5. Continue reintegration outreach and education effort by Oregon Department of Veterans’ Affairs and Oregon National Guard
6. Fully fund Oregon Department of Veterans’ Affairs’ Campus Veteran Service Officer Program

CONTINUUM

As the Task Force studied veteran reintegration, it became apparent that there are issues that cut across the entire 36-month reintegration period. These issues were labeled as continuum issues in that they span the continuum of reintegration services.

There were two distinct continuum issues the Task Force believes are vital components of a statewide reintegration system. First, there needs to be a central coordinating authority to manage reintegration efforts. Second, there must be a veteran caseworker system that tracks the veteran's and their family's progress through the 36-month reintegration period.

The current Oregon veteran reintegration system has a foundation of three organizations: the Oregon National Guard Reintegration Team, the Oregon Department of Veterans' Affairs (including the County Veteran Service Officers) and the Oregon Employment Department. Each of these organizations has a mission to provide veterans services. Together with the federal VA, these three organizations work in partnership, communicating often to ensure a working system for veterans. However, these three organizations are not the only ones that intersect with veterans, even though they are the three with specific veteran missions. In the current system, no one organization coordinates the entire effort – one will usually take the lead and request support from the others.

While this system has worked fairly well to date, in order to regionalize reintegration efforts statewide that includes all the local vet net groups and state agencies for the entire 36-month reintegration period, a central coordinating authority must be established to direct reintegration partners to act in a coordinated manner.

To this end, the Task Force has determined that the coordinating authority must be in the Office of the Governor separate from the Governor's Policy Advisor on Veterans' Affairs. The job of the coordinator will be to ensure that all executive branch agencies that can contribute to the reintegration effort do so in partnership with the existing reintegration framework. The coordinator also will engage local grassroots veteran organizations and leverage them to work with veteran reintegration. The end goal is that the veteran in Lakeview has access to the same reintegration services as the veteran in Portland. This will take coordination that cannot be provided by the National Guard, ODVA or the Employment Department as a stand-alone agency. Coordination at this level will need executive sponsorship.

Further, as noted earlier, the Task Force believes the State needs to create a "No Wrong Door" approach to providing reintegration services to veterans. In other words, no matter which door a veteran enters to engage state government, that veteran can receive the right information regarding reintegration services. During the 2009 Regular Legislative Session, the Legislature passed House Bill 3104, which directed state agencies to work with the Oregon Department of Veterans' Affairs to provide contact information to veterans who wanted more information on their veteran benefits. This bill mirrored Governor Kulongoski's Executive Order 09-09 tasking executive branch agencies to participate in veteran outreach. This outreach was conducted in two ways. First, every state of Oregon agency website added a link to ODVA for veterans to seek their benefits. Second, select agencies were provided business return cards to give to their veteran clients who could mail them back to ODVA free of charge with their requests. While the program was a good first step – 3,500 new veterans have sought benefits through these methods – a more significant and aggressive outreach is needed to help reintegrating veterans and their families.

The Task Force is advocating that state agencies directly ask their clients if they are veterans and provide those clients with contact information for ODVA and the National Guard Reintegration Team. The Task

Force understands that last session there was some push back by some agencies regarding this concept. While the Task Force is sensitive to those concerns, the Task Force is more concerned about reintegrating veterans falling through the cracks because they don't know what reintegration services are available and when they engage state agencies they are not asked to self-identify, missing the opportunity to receive help. If Oregon is to help stem the tide of veteran suicide, violent crime, homelessness, self-medicating with drugs and alcohol and other undesirable consequences of some veterans' military service, aggressive and nontraditional steps need to be taken to intervene *before* the veteran is in crisis.

The Task Force's recommendation for a reintegration coordinator in the Governor's office will be the lynchpin to ensuring this No Wrong Door system can be implemented.

Along with the coordinator, the Task Force is proposing the creation of a Council for Veterans' Services that would consist of all the state agencies that intersect with veterans and be chaired by the aforementioned coordinator. This council would continue the outreach efforts established during the 2009 Legislature, and develop new ways to work with veterans locally through local state offices.

Coupled with this, the Task Force hopes to ensure veterans are supported through the entire 36-month reintegration period by advocating the creation of a system for checking on veterans and their families quarterly during the entire reintegration period. The Task Force recommends establishing a volunteer caseworker system under the Oregon Department of Veterans' Affairs where volunteers would make regular contact with reintegrating veterans and their families, reporting the results back to ODVA for follow up with its reintegration partners if necessary. Obviously, volunteers would have to be vetted and trained; however, a week's worth of phone calls once a quarter by a handful of volunteers is very manageable and could go as far as saving a life. The infrastructure for this volunteer system actually may be easy to develop. By using existing vet net organizations, veteran advocates and other partnerships, existing volunteer resources could be leveraged immediately.

By establishing these two programs, other continuum issues will naturally be addressed, including:

- Providing more support to families post deployment
- Providing timely intervention during crisis periods
- Establishing relationship with veteran past the six month service period
- A smoother transition between the military and VA (State and Federal)
- Equal service through 36-month Reintegration period

Continuum needs will be met through coordination and follow up during the reintegration period. The keys to ensuring regional reintegration services are these two components. The Task Force is making the following recommendations to address continuum needs:

1. Create a Veterans' Reintegration Coordinator in the Office of the Governor
2. Create a Council for Veterans' Services
3. Create a volunteer system that quarterly would make contact with reintegrating veterans during the 36-month reintegration period to check on veterans' progress and needs
4. Commend Oregon National Guard Family Program for its outreach work
5. Continue outreach efforts, including Fort Oregon, State of Oregon web-based outreach, Campus Veterans Service Officer program and Oregon Department of Veterans' Affairs Welcome Home interactive CD-Rom

CONCLUSION

Oregon has come a long way since September 11, 2001, when like the rest of the nation, the state was unprepared for the demands of war. Today, Oregon is considered the leader in reintegrating its warriors back into their communities. The Task Force is proud of the work done by the Oregon National Guard Reintegration Team, the Oregon Department of Veterans' Affairs, the Oregon Employment Department, County Veteran Service Officers and others. However, everyone associated with veteran reintegration knows that there is more that can and should be done for our returning veterans.

The Legislative Task Force on Veterans' Reintegration started where the Governor's Task Force on Veterans' Services left off, with the goal of meeting the challenge of House Bill 700 to create a regionalized veteran reintegration system. Task Force member believe that by implementing the 17 recommendations made in this report, that regionalized reintegration can become a reality, mainly because the infrastructure for such a system already exists within the current reintegration system.

During its work, the Task Force was extremely conscious of the current budget conditions the State of Oregon and the Oregon Legislature face in the coming biennia. While very few of the recommendations have associated costs, some investment must be made to ensure the men and women we send into harm's way are cared for when they come back home. As one Task Force member puts it, "You can pay now or you *will* pay later." Those words are an ominous warning given the nation's history with its veterans. Billions of dollars have been spent in social services and jails because society did not take care of those wounded by war in previous generations. Today, we have the opportunity to do the right thing and address our warriors' needs before they become crises requiring exponentially more resources.

The Task Force members and its participants would like to thank the Oregon Legislature for its leadership on veterans' issues and the care it shows by closely examining the issues of reintegrating veterans. Because of your previous work, Oregon veterans have one of the best veterans systems in the nation. Your future work with this Task Force and the two additional Legislative Task Forces will ensure that Oregon veterans can smoothly transition to home and family and once again take their rightful place in our communities.

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LEGISLATIVE TASK FORCE ON VETERANS' REINTEGRATION

FINAL REPORT



OCTOBER 2010

APPENDIX

The Ugly Truth

August 8, 2009 | [Guard Wife](#)

This post has been riding with me for awhile. I've rolled this around, considered not posting it, considered curbing some of the truths, and then became comfortable enough with the truth that I determined I could handle whatever comments people may want to lob my way.

As a military wife of the National Guard variety, I do not have the benefit of an active duty, post centered support network. I have forged, through sheer curiosity and necessity, a core group of military spouses, from various branches of service and numerous States. Our relationship is primarily technology based. We do see each other occasionally, but we mostly communicate through our computers, our telephones and even snail mail.

I have a family who, while supportive, cannot possibly understand that chilling effect that hearing the words "deployment" have upon my heart and my mind. How absolutely exhausted I can become contemplating the hundreds and hundreds of days between now and when I lay eyes on my husband's physical person again. How easily it is to become angry and resentful over this overriding, overbearing, inanimate, but very much living entity smack in the middle of our lives known as ARMY.

Most of the time, I can put up with ARMY. I can put up with the absences, the training, the utter lack of ability of any one hand to know what the other hand is doing and plan accordingly, the uncanny talent of ARMY booking things for the only weekend we have anything even remotely interesting to do. As an adult, I understand what it is to commit to something. As an attorney, I understand what it is to feel duty bound to do something and to do it in a particular fashion. As a mother, I understand the quality and character of the individuals who serve and how wonderful it is to be able to raise people like that.

As a wife, though, I teeter between uber supportive superwoman and raging-against-the-machine whiner. There is no better time to see this vacillation than the time immediately preceding a deployment. Those final weeks before my husband boards a plane, I can no longer deny what is about to happen nor the reality of what could happen, and I. Am. MAD. Mostly, because there is not a damned thing I can do to stop, change, like or otherwise deal with what is happening.

If ARMY were another woman, I'd hunt her down and whoop her good. Period. I mean, how *dare* she? Who does she think she is anyway? Yep. Definitely would reach back to my roots and remember how to adjust her attitude in a hurry.

But, Army isn't another woman. And, frankly, after all these years of marriage, if Army *were* another woman, and my husband couldn't walk away, I'd toss his clothes out our bedroom window onto our driveway, throw him his keys and tell him to get off my lawn.

For the record, I love my husband. I have been connected to him in one way or another for the better part of twenty years. And, before that, I definitely knew who he was and what he was about. When he is gone, there are very often times where the feelings of loss are so great, I cannot breathe. The weight of it just sits on my chest and crushes every bit of air from my lungs. The vacuum within the space he leaves overpowers and draws me closer. I cannot shake that cone of silence that follows me around. It is the constant, uneasy feeling that I'm forgetting something or something is out of place. Knowing, rationally, exactly what that is, but my subconscious mind refusing to just let it be.

I spend the early days needing to hear his voice and coming up empty.

Of course, it isn't like you know this the first go 'round. Before my husband left for Kosovo a few years ago, I could not even contemplate the year ahead of me. Two very young children who were constantly sick. Working full-time. No sleep. It was horrendous. I didn't have my military wife friends then. I just kept hearing, "Single mothers do this every day and their houses are clean, their laundry is done, they take care of themselves. Get with the program."

But single mothers do not have in the back of their mind that their soul mate is a world away, strapped with pounds of equipment, braving the elements, remaining vigilant against danger and only being able to contact home sometimes. They have their own sets of fears and worries I can't contemplate anymore and I am in awe of those who hold it all together. For me, being in this spot doesn't really make for a pleasant experience.

This time, my husband wasn't going someplace where people wanted each other dead and he just needed to stay out of the way. This time, he's where people would just as soon he be dead as anyone and he needs to stay out of the way and then some. You want to present a scenario like that to a control freak like me and expect it to go over with my spontaneous combustion? Good. Luck.

My husband and I had many conversations. Much of the really bad moments, however, came directly before I went to see him on his final pass in June. By that point, he was sassy himself and not at all interested, routinely, in what my damage was. It couldn't help talking to some people about how I felt.

I realize now, looking back, that I should have saved the very darkest of my thoughts and feelings to share with those who would absolutely, 100% get it without holding it against me, thinking I'm off-center, or deciding I didn't deserve a husband like mine and that I needed psychiatric intervention. The appropriate audience would have been my fellow military spouses who have lived this dance before, know how badly it sucks and who would listen without judgment.

The ugly truth is--I needed to fall apart before he left so I could be unwavering once he was gone. I needed to scream and cry and be angry before he ever got on that plane, so I could handle all our business once he was headed overseas. The idea that I could just blithely shrug my shoulders, say "Oh, well! See you in a year! Love ya! Bye!" is ludicrous. Maybe some people do it. God bless 'em. I'm not one of those folks. I needed to mourn the loss of yet another year of our family being intact before I could be the kind of mom who makes things feel almost normal.

I needed to think the horrible thoughts about what happens if he hurts himself just enough that he can't work his civilian job anymore all the way up to, what happens if people show up at my door in their Class A's? I needed to say it out loud and I needed also to hear myself say that I didn't know why I should believe we would be fortunate enough to miss out on that kind of crap sandwich. I needed to say out loud that I had *absolutely* no say in any of this. It wasn't my choice. I didn't enlist. I'm here against my will. I needed to make it known that if any of this horribleness did come to call, I *tried* to warn people. I tried to tell ya and yet, ya went ahead and raised your damn hand anyhow...because that's how you roll.

How I roll is I get really mad and then I move on. I've been that way since I was a child. I say things I absolutely do not mean, plot things I absolutely never would carry out, and do both at such a decibel level, it's scary. But then, like any other kid who has a tantrum over her favorite thing being taken away against her will, I'm wrung out. There is no other way to describe it. I have no coping mechanism for having zero control. I'm not a child anymore and yet, I have to reach WAY back to find a scenario in my life where I could not control at least a portion of what is happening.

Please don't tell me I have the power to control my reaction to things. I know that. I'm doing that now. I'll continue to do it for the next YEAR and, likely, even more than that. As a worrier, when you do your best to live in the moment, you cannot do that unless you are in heavy denial. Denial must come to an end, though, and when it does, it isn't pretty. And, for the next year, I will sometimes have to decide between doing a load of laundry or going to bed before 1 a.m., unloading the dishwasher or talking to my husband on IM, or scrubbing a toilet and watching a movie with my kids. I don't have a maid, so get over it--these decisions are no-brainers.

That's the ugly truth. My husband and I are fine with all that. He knows I needed to do and say those things, get them off my chest and then come back to center. He knows that the house is usually in better shape (eventually) when he's gone than when he's home, but that it takes me time to find a routine. He's had his moments too; don't let his stoic face in all our photos fool you. We did what we had to do and continue to do what needs done and are simply stronger for it. That's a military marriage from my vantage point.

Maybe it's different for other people and that's okay. But, I'm done apologizing or feeling unbalanced for what I needed to do to be able to send him off with a kiss and a smile. It was what it was--an ugly, crying, snot flying, curse screaming, holy hell of a rage. And, it's over.
That's the honest truth.

A veteran in Woodburn struggles back from the edge

By [Andy Parker, The Oregonian](#)

January 21, 2010, 4:38PM

To step inside Gerald Graff's tiny rental house on a dead-end street in downtown Woodburn is to fall off a ledge and careen back through every painful chapter of the past decade.

He lives alone. His wife and four kids were unable to handle the depression and rage that kept roaring back with no warning.

He's gotten better about ignoring every little sound in the night instead of spinning back in time to Iraq, where his National Guard unit pushed ahead of supply convoys to check remote roads and bridges for IEDs.

It's been almost five years since Graff served for 12 months as a gunner atop a Humvee. But the pain from three Humvee accidents -- including one caused by an IED -- still frame the minutes of every day.

Neck pain. Back pain. Headaches so bad it feels like someone's trying tear his scalp off.

He can't sit, or stand, for very long. His short-term memory wanders off, leaving him grasping for thoughts. If he doesn't write it down, he may never retrieve it.

He and his wife, Brandy, are separated for now. She lives nearby with the kids.

They haven't given up. They're getting counseling, trying to work it all out. They both say they believe they will find their way back.

Then Gerald will tell you, "This is on me -- I need to figure things out and move on."

The unemployed 39-year-old veteran admits he's angry, sometimes very angry. And he's not sure when he'll be able to trust again.

And how could he?

The repo man came Tuesday just before dinner and hauled away the 5-year-old Chevy Suburban, the family's only remaining vehicle.

The wedding rings are long gone, pawned in November to pay bills.

Gone, too, is the house they owned for 10 years, the home where three of their four kids grew into teenagers.

The coffee shop Brandy ran for years with the kids' help is also gone, another casualty of the shattered five years since he returned from Iraq too physically and mentally broken to work. The result has been an economic death sentence for the one-time sturdy, two-income household.

They both knew his homecoming wouldn't be easy. And, after the initial joy and a celebratory trip to Disney World, things began to fall apart. As his health and job prospects worsened, and she struggled to pay the bills and share the household duties she'd shouldered alone in his absence, their lives crumbled.

Then, just five months after rehiring Gerald at his old job as an assistant manager, Wal-Mart fired him, the week before Christmas.

The Graffs are quick to say that not everyone has abandoned them. They praise the Guard for keeping Gerald on active duty for four years as he endured difficult surgeries on his shoulders and neck and struggled to deal with escalating post-traumatic stress.

They feel indebted to the kind souls at the Oregon Department of Labor who patiently helped Gerald jump through the hoops necessary to get back his old management job at Wal-Mart after the store initially only offered him a clerk-level position at less than half his old salary.

But the Graffs still have lots of unanswered questions.

They wonder how they'll make it if Wal-Mart contests Gerald's unemployment payments and they're left to make ends meet on his \$1,260 monthly Guard checks.

And they can't help but wonder why the same banking and auto industries bailed out by taxpayer dollars couldn't return the favor and throw out a little more of a safety net to a guy who volunteered after 9/11 then found himself limping home.

"What were we supposed to do differently?" asked Brandy Graff. "That's what I don't understand.

"All I know is, Gerald served his country, and it destroyed our family. I want our family back."

-- [Andy Parker](#)

Chairman Tells Service Members It's Okay to Get Help

May 06, 2010
10-42

FALLS CHURCH, Va. – The Chairman of the Joint Chiefs of Staff wants service members to know it is okay to get help for behavioral health-related conditions. In a new video spotlighting TRICARE's behavioral health care benefits, Adm. Mike Mullen sends a strong message to service members struggling with feelings of stress, anxiety, or depression.

"If you feel as though you or a close family member need help, please don't wait. Tell someone," Mullen said. "Asking for help may very well be the bravest thing you can do."

In the four-minute video at www.tricare.mil/mentalhealth, Mullen urges troops to tell someone in their chain of command if they having difficulties working through stress from deployments or the demands of military life. These are issues all service members may have at one time or another and, Mullen said, by ignoring them they can hurt not just themselves, but their family, friends and fellow service members.

"The truth is, many people are reluctant to seek counseling because they fear the stigma attached to psychological or emotion problems," Mullen said.

To avoid that, TRICARE's new mental health options allow beneficiaries to seek help in a more private manner. The TRICARE Assistance Program (TRIAP) brings short-term professional counseling assistance straight into the home. Beneficiaries with a computer, Web cam and the associated software can speak "face-to-face" with a licensed counselor over the Internet at any time of the day or night.

TRIAP is available in the United States to active duty service members, those eligible for the Transition Assistance Management Program (TAMP) and National Guard and Reserve members enrolled in TRICARE Reserve Select. It is also available to their spouses of any age, and to other eligible family members 18 years of age or older.

The video also features Marine Corps Sgt. Josh Hopper, who shares his experiences with seeking help for post-traumatic stress disorder after two deployments to Iraq. Hear more of his story and others at www.realwarriors.net.

Visit www.tricare.mil/mentalhealth to see the Chairman's message and learn about behavioral health care options available through TRICARE.



VA HEALTH CARE

Fact Sheet 16-4

January 2008

Combat Veteran Eligibility

Enhanced Eligibility for Health Care Benefits: On January 28, 2008, "Public Law 110-181" titled the "National Defense Authorization Act of 2008" was signed into law. Section 1707 amended Title 38, United States Code (U.S.C.), Section 1710(e)(3), extending the period of eligibility for health care for veterans who served in a theater of combat operations after November 11, 1998, (commonly referred to as combat veterans or OEF/OIF veterans).

Under the "Combat Veteran" authority, the Department of Veterans Affairs (VA) provides cost-free health care services and nursing home care for conditions possibly related to military service and enrollment in Priority Group 6, unless eligible for enrollment in a higher priority to:

- **Currently enrolled veterans and new enrollees who were discharged from active duty on or after January 28, 2003**, are eligible for the enhanced benefits, for 5 years post discharge.
- **Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008**, are eligible for the enhanced benefit until January 27, 2011.

Combat veterans, while not required to disclose their income information, may do so to determine their eligibility for a higher priority status, beneficiary travel benefits and exemption of copays for care unrelated to their military service.

Who's eligible: Veterans, including activated Reservists and members of the National Guard, are eligible if they served on active duty in a theater of combat operations after November 11, 1998, and have been discharged under other than dishonorable conditions.

Documentation used to determine service in a theater of combat operations:

- Military service documentation that reflects service in a combat theater, or
- receipt of combat service medals and/or,
- receipt of imminent danger or hostile fire pay or tax benefits.

Health benefits under the "Combat Veteran" authority:

- Cost-free care and medications provided for conditions potentially related to combat service.
- Enrollment in Priority Group 6 unless eligible for enrollment in a higher priority group.
- Full access to VA's Medical Benefits Package.

What happens after the enhanced eligibility period expires: Veterans who enroll with VA under this authority will continue to be enrolled even after their enhanced eligibility period ends. At the end of their enhanced eligibility period, veterans enrolled in Priority Group 6 may be shifted to Priority Group 7 or 8, depending on their income level, and required to make applicable copays.

What about combat veterans who do not enroll during their enhanced authority period: For those veterans who do not enroll during their enhanced eligibility period, eligibility for enrollment and subsequent care is based on other factors such as: a compensable service-connected disability, VA pension status, catastrophic disability determination, or the veteran's financial circumstances. For this reason, combat veterans are strongly encouraged to apply for enrollment within their enhanced eligibility period, even if no medical care is currently needed.

Copays: Veterans who qualify under this special eligibility are not subject to copays for conditions potentially related to their combat service. However, unless otherwise exempted, combat veterans must either disclose their prior year gross household income **OR** decline to provide their financial information and agree to make applicable copays for care or services VA determines are clearly unrelated to their military service.

Note: *While income disclosure by a recently discharged combat veteran is not a requirement, this disclosure may provide additional benefits such as eligibility for travel reimbursement, cost-free medication and/or medical care for services unrelated to combat.*

Dental Care: Eligibility for VA dental benefits is based on very specific guidelines and differs significantly from eligibility requirements for medical care. Combat veterans may be authorized dental treatment as reasonably necessary for the one-time correction of dental conditions if:

- They served on active duty and were discharged or released from active duty under conditions other than dishonorable from a period of service not less than 90 days and
- The certificate of discharge or release **does not** bear a certification that the veteran was provided, within the 90-day period immediately before the date of such discharge or release, a complete dental examination (including dental X-rays) and all appropriate dental service and treatment indicated by the examination to be needed and
- Application for VA dental treatment is made within 180 days of discharge or release

Additional information: Additional information is available at the nearest VA medical facility. VA facilities listing and telephone numbers can be found on the internet at www.va.gov/directory, or in the local telephone directory under the "U.S. Government" listings. Veterans can also call the Health Benefit Service Center toll free at 1-877-222-VETS (8387) or visit the VA health eligibility website at www.va.gov/healtheligibility.

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Los Angeles Times
September 20, 2010

Invisible Wounds Hurt Veterans' Job Chances

Many bosses are either unwilling or unprepared to accommodate those with mental needs

By Alexandra Zavis

Michael Butcher has applied for at least 25 jobs since injuries he suffered in Iraq forced him to leave the Army three years ago.

"I was even turned down by McDonald's," said the 29-year-old San Diego native.

The military is known for developing leadership, adaptability, loyalty and teamwork. But Butcher said when he tells employers he needs time off to see therapists for post-traumatic stress disorder and a brain injury, they don't call back.

"They think you are mental," he said.

After nearly a decade of war, many U.S. military veterans have lived through extended periods of combat stress and the trauma of losing colleagues. Nearly a third of the troops returning from Iraq and Afghanistan report symptoms of PTSD, severe depression or traumatic brain injury, according to a 2008 study by the Rand Corp.

Many of these new veterans struggle to find and retain civilian jobs. Not only are they returning to the worst economy in decades, advocates say, but many employers do not know how to accommodate these invisible wounds and worry that they might "go postal."

"If you are a person with a lost limb, it's a little more straightforward what you might need," said John Wilson, assistant legislative director for Disabled American Veterans.

"You might need a different kind of keyboard or voice-recognition software to do the typing."

But employers may not know what to expect from a person with PTSD or a brain injury. The symptoms can include severe headaches, memory lapses, poor concentration, slurred speech, loss of balance, a short temper and anxiety in a crowd.

"These elements can make it a challenge to do everyday activities in the workplace," said Raymond Jefferson, assistant secretary for the Veterans' Employment and Training Service in the U.S. Department of Labor. "But there are very reasonable accommodations employers can make to allow wounded warriors with PTSD and [brain injuries] to be high-contributing, high-performing members on the team."

When the Society for Human Resource Management surveyed its members in June, 46% said they believed post-traumatic stress and other mental health issues posed a hiring challenge.

Just 22% said the same about combat-related physical disabilities.

Although media attention has helped make the diagnosis and treatment of PTSD and traumatic brain injury a government priority, veterans say it has also contributed to the stigma associated with these wounds.

"They hear so many stories on the news -- this soldier got back from Iraq and killed his wife -- which makes people a little reluctant to hire you," Butcher said.

Butcher deployed to Iraq in 2003 as part of a tank crew that repeatedly came under fire. One hot day he left a hatch open and the force of a grenade blast slammed his head against an iron shield.

Many veterans are using education benefits to improve their qualifications. But when Butcher enrolled in community college, the sight of Muslim students kneeling to pray triggered terrifying flashbacks. He left after one semester.

A friend helped arrange an internship at a computer manufacturing company, but Butcher said he got into frequent arguments with co-workers. After four days, he was asked to leave.

Butcher said he has since learned to walk away when he gets angry and uses weekly counseling sessions to relieve stress. But he said the flexibility he would need from an employer puts him at a disadvantage compared to job seekers who don't have special needs.

Officials with the U.S. departments of Veterans Affairs, Labor and Defense have worked to assure potential employers that the mental and cognitive disabilities of many veterans can be accommodated with little expense and minimum disruption.

Short rest periods -- no longer than a smoking break -- can make a big difference, said Ruth Fanning, who heads the VA's Vocational Rehabilitation and Employment Service. The department also pays for adaptive technology, such as electronic organizers to help keep track of appointments and white-noise machines to reduce distractions.

Denita Hartfield, a veteran now working from home, takes a digital recorder into every meeting, writes lists in color-coded notebooks and covers her workspace with Post-it note reminders. A striking woman, fashionably attired, with a master's degree in criminal justice and weapons of mass destruction, Hartfield struggled as dean of students at a business school because her disabilities were not immediately apparent.

"I'd get ridiculed every time I had to go to a medical appointment," she said. "I'm not what people think a disabled veteran should look like."

Hartfield's 17-year Army career was cut short by a 2005 ambush in Iraq. She spent the next two years in and out of the hospital to repair three crushed ribs and drain fluid from around her heart. She is now home in Bakersfield, but commutes several times a week to medical centers in Sepulveda and West Los Angeles to treat a brain injury and PTSD.

To compensate, she would work 13-hour days, which caused more stress. But she said her supervisor would still complain when she had to leave for an appointment. When she was asked to delay surgery to remove shrapnel from her back, she resigned.

"I need my appointments to live," she said.

Hartfield now wants to set up her own business advising veterans and employers how to work together. She says more open communication would have helped in her case, but at first she did not want to acknowledge her disabilities.

"One of the problems is so many folks aren't even talking about their invisible wounds," said Tim Embree, legislative associate for Iraq and Afghanistan Veterans of America. "The issues are different with every individual, so what I think matters is that the individual understands what's going on as well as the employer."

To help employers better accommodate the mental health issues veterans face, the Department of Labor has set up a website, America's Heroes at Work.

Many veterans find civilian work with the U.S. government, which is one of the largest employers of former military personnel; they make up a quarter of the federal workforce.

About 40% of the staff at VA medical call centers in Northern California are disabled veterans, many of them with PTSD or brain injuries, according to Project Hired, the nonprofit contracted to run them. Los Angeles Habilitation House is training 18 veterans with invisible wounds to provide contract management services to the government.

They include Ronta Foster, a 49-year-old father of two who has cycled between the Army and low-paying civilian jobs for years.

He was diagnosed with PTSD and traumatic brain injury after deploying to Iraq in 2003 but traces the symptoms back to a beating he received outside a German nightclub in 1982.

"The opportunities have been far and few for me," Foster said. "This here is going to give me an opportunity to start another career and take care of me and my family. That's all I have been wanting to do for 30 years."

Some companies also seek out veterans. Joshua Stout is one of 80 people recruited through Northrop Grumman's hiring program for severely wounded veterans from Iraq and Afghanistan.

A former Marine who served in both wars, he now works as a project manager at a plant in San Diego that is developing an unmanned surveillance plane for the Navy.

The company consulted occupational nurses on how to help the 27-year-old manage PTSD and a brain injury. They showed him how to set reminders on his computer and arranged his cubicle so co-workers could not come up from behind and startle him.

Stout said he struggled to learn how to manage databases, but his supervisor worked with him until he could remember the steps.

"I get a lot of self-pride out of working for this company," he said. "I'm still supporting the troops and I'm still defending freedom."

Although accommodations have to be made, Karen Stang, who manages the hiring program, said managers appreciate what veterans bring to the company.

"They bring loyalty, a great work ethic, commitment," she said. "It's been a real win-win."

National Journal
September 18, 2010

Cover story

When The Troops Come Home

After nine years of war, the strains facing military families won't end any time soon. The military and the families themselves will have to keep dealing with them long after the last soldier returns.

By Sydney J. Freedberg Jr.

Going off to war is hard. All too often, so is coming home.

The total number of American troops deployed to Afghanistan and Iraq has finally started to come down. But from on-base counseling offices to the White House, the realization is growing that the strain on military families does not end when the warriors come home. Problems as severe as post-traumatic stress disorder and as mundane as who pays the bills can make reintegration after the deployment as difficult as the separation during it.

Matthew McCollum's brother, a marine, died in Afghanistan. When Matthew, an Army major, later deployed to the Afghan war, his wife, Angel, held herself and their two sons together during the year apart. "I kept saying, 'Your Uncle Dan is your Daddy's angel; he'll watch over him, I promise,'" she told National Journal. She even managed to move the family from one base to another in anticipation of her husband's transfer to a new unit. Finally, in the first days after Matthew's return to the United States, while he was still at his old base dealing with post-deployment paperwork, the dam broke.

"I called him one evening and it was, like, 9:30 to 10:00 at night, [and] he didn't answer, and I immediately got panicked," Angel said. "I kept on calling and calling.... By 11:30, I was ready to call the front desk to have them key into his room to make sure he wasn't dead." When Matthew finally got in and called his wife, he chided her for overreacting. Angel's response could serve as a credo for those whose war is on the home front:

"Did you pray for me every single night that you were gone that somebody wouldn't shoot me or blow me up or kill me or drag my body through the streets?... Did you pray for me every night that I wouldn't have a heart attack from the stress?" she asked her husband. "Matt, I have been holding your vigil.... Until you've rocked your sons to sleep and assured them as they were crying that Daddy would be OK and things were going to be all right, you have no right to tell me I've overreacted."

"And that's the only argument we had," Angel finished with a laugh.

The McCollums talked it through and stayed together -- and he stayed in the Army. But not every military family makes it.

'The First Lady Is Raising The Bar'

Military divorce rates have risen, slightly but noticeably since 2005. "She was, like, 'I can't deal with another deployment,'" said Air Force Staff Sgt. Jeffrey Schmidt, whose wife left him between his two tours in Iraq. "Separation does things to people. A lot of people don't know how to handle those emotions or to seek help when they need help."

The flip side of the marriages that break up because of the military is the people who leave the military to save their marriages. "When I was overseas with the National Guard, lots of us got 'Dear John' letters, 'Dear John' phone calls, from significant others saying, 'Sorry, we just can't do this.' And that was awful. That was more awful than the bombs," said Patrick Campbell, a former Guard sergeant now with the advocacy group Iraq and Afghanistan Veterans of America. "I ended up getting out of the Guard because I had a significant other that I did not want to gamble with by going on another deployment -- especially considering [that] my last one left me when I was only gone for three months."

Campbell summed up, "I'm glad I made the decision I did. We're married, and we're about to have a kid in January."

From a hard-nosed policy standpoint, military families matter because unhappy loved ones can persuade expensively trained troops to quit. "You recruit and train a soldier, but you retain the family," said Denis McDonough, chief of staff for the National Security Council, which is completing a top-level review of how every Cabinet department, not just the Pentagon, can support military families. "So, the policy rationale and the economics of scale and the savings to the taxpayer and everything of all that is obvious. But in a lot of ways, it's kind of an emotional thing here [at the White House]. The first lady is raising the bar on this."

Michelle Obama has made military families a White House priority, backed by the vice president's wife, Jill Biden, whose son served in Iraq. The two women have made many visits to bases to listen to families' concerns. At one Oval Office meeting, McDonough recalled, President Obama looked over 2011 spending proposals and said, "This is easy...."

Here's the deal: I'm not going to go home tonight and tell the first lady of the United States that I had an opportunity to ensure that our budget meets the investments that she's been telling me about, but that I didn't take it."

That choice may get harder, however, as budgets get tighter.

'We Know Cuts Are Coming'

Since 9/11, the Defense Department has invested heavily in family support initiatives, from marriage counselors to child psychologists and financial advisers. But these programs are under pressure as the war winds down, the recession lingers, and deficits mount.

Defense Secretary Robert Gates publicly pegged spending on family support at \$9 billion a year. A closer look at the Pentagon's budget puts the figure at about \$10.7 billion in both fiscal 2010 and the 2011 funding request. That counts both the base budget and wartime supplemental spending specifically devoted to military families, including on-base schools, youth programs, and subsidized grocery stores. But even that figure does not include families' large but unquantified share of military housing allowances, a total of \$19.7 billion requested for 2011; or military health care spending of \$50.7 billion. Indeed, military wages and benefits, driven in large part by dependents, are in ever more intense competition with combat operations and weapons procurement.

"People are looking at health care costs as a component of Pentagon spending," McDonough said. "Gates and the president are working very vigorously on reform, and part of reform has to be our effort to bring down the cost of health care. By the same token, we've made clear that a mission-critical effort is

keeping our force healthy, keeping our families healthy, making sure that they get a good education." The National Security Council's ongoing review is trying to square that circle by going after "duplicative" or "wasteful" spending in military family programs.

"We know cuts are coming down the road," said Kathleen Moakler, government-relations director at the National Military Family Association, which organized a May family summit keynoted by the first lady. Michelle Obama's office and military officials consult the association regularly.

Even family advocates agree that rationalization is in order. Support initiatives have proliferated, with inconsistent coordination and attention to cost-effectiveness. Many military families are simply confused about who can help with what.

"Are there redundancies in a lot of programs? Yes," Moakler said. "We need to look at which programs are working and fund those, and then get rid of the redundancies." That said, she emphasized, "we also want to make sure that these programs that are working are sustained and wouldn't come to an end, say, next July 2012, when everyone's supposed to pull out of Iraq."

After nine years of war, the problems are just beginning to surface. A 1988 study of the children of Holocaust survivors showed that a parent's post-traumatic stress disorder predisposed the child to PTSD. The government, advocates, and the families themselves will have to keep working long after the last soldier comes home.

'I Can't Fix Him'

In June and July of 2002, four Army sergeants stationed at Fort Bragg, N.C., murdered their wives. Two killed themselves as well. Three of the four men had previously deployed to Afghanistan. The incidents were a clear and early warning that returning veterans might bring this war home to their families. Eight years later, suicide rates continue to rise; and for every such obvious casualty, countless others quietly struggle through.

Tech. Sgt. Herbert Simpson is a husband, a father, and a member of an Air Force security squadron that is tasked with police operations on the ground. His second tour in Iraq -- of three -- came at the height of the violence, in 2006-07, when his unit not only took heavy casualties but found numerous murdered Iraqis. One memory haunts him in particular.

"It was a dad and a daughter," Simpson said, before describing mutilations that will not be printed here. "That, I think, really affected me because the girl was around 9 to 11 -- so, older than my daughter would have been, but still a daughter, nonetheless, and a dad couldn't do anything to stop it."

Simpson returned home to the round of post-deployment briefings from chaplains, financial advisers, and psychologists that have become standard. Unlike many other veterans who are afraid to report problems that might delay their return or hurt their career, Simpson immediately self-referred to counseling. There is no quick cure, though. When he got home, "We had a lot of arguments.... I was rigid; I demanded things to be my way," Simpson said.

"I didn't want to take my anger out on my kids or my wife, and I did my damndest not to.

There was one [time] I just got so mad, I just went to the garage and closed the garage and just started to cry."

His wife, Selina, said, "He was angry at the world. He wasn't angry at the children. He was very angry and depressed, but he didn't let the kids see that.... They only saw their fun-loving dad who likes to give horse rides. [But] I saw it. My demands were, 'Either you fix it -- 'cause it's got to change -- or we'll have to discuss living arrangements.'"

Three years of therapy later, "I still get my dreams," Sgt. Simpson said. "I would wake up and, still to this day, I would smell burnt flesh." But he and Selina are still together -- unlike many couples from his unit.

Marriage counselors, military and civilian, emphasize communication, but Herbert and Selina Simpson say there are limits to what they can share. "I can't fix him. I support him, but I can't fix it," she said. "And I have chosen not to be burdened with his knowledge, just for my own mental health. I don't need to know those things. And I know that sounds like a horrible thing to say aloud and to try to explain to somebody, but I deal with the day to day and making sure the kids are happy."

'Spouses Suffer PTSD'

Those who send their loved ones off to war suffer differently than those who go and fight, but they suffer nonetheless. Dawn Phillips, an Army wife of 30 years, was on the phone with her husband, who was stationed in Baghdad's Green Zone, when "it dawned on me that the noise in the background was a rocket coming in," she said. "The last thing I heard was BOOM, and the phone went dead. I just fell down on the floor sobbing," she recalled. "I thought he was gone. Twenty minutes later, he was able to get a call through, and I still couldn't quit sobbing."

Even after David Phillips returned, he had to travel so frequently for work -- what the military calls temporary duty, or TDY -- that she was often alone, having sent their youngest child off to college. "I was crying a lot, still, all the time, and while he was gone TDY, I contemplated suicide," Phillips said. "I went out and stood up on the back porch and looked over and thought, 'Damn, if I jump, I'm just going to break my arm or leg, and it's not going to do anything.'"

David Phillips, now a brigadier general, has cut back on his travel. "I truly believe in my heart that family members, spouses, suffer PTSD," he said. "We need to address them too."

In the DSM-IV, the official handbook of the psychiatric profession, the triggers of post-traumatic stress disorder include "learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate." Given the constant "threat of death or injury" in the war zone, almost any deployed service member's loved ones can meet that criterion.

The experiences of those who go and those who stay are so different that, even when families get back together, the gap is still hard to bridge. Like Selina Simpson, many military spouses admit that they cannot bear to know the details of what their loved one experienced; many warriors say they do not want their spouses to know.

"I don't really share a lot of that with my wife," said Maj. Matthew Kuhns, an Army explosives ordnance disposal officer responsible for defusing improvised bombs. "I don't need to put it on her shoulders," he said. "Mostly, I've talked to other EOD folks about it, which is pretty therapeutic.... We all start to cry and tell our stories, and kind of get through it."

Some spouses, on the other hand, feel shut out. After Brig. Gen. Phillips's unit came back from his first Iraq deployment, "we had a huge picnic there, and the families were doing stuff, but a big group of us [soldiers] got together. All of a sudden, we're talking real animated because we had all been through different experiences together. And it was almost as if we're an inner circle, and we're around this little bonfire, and all the spouses were outside of that circle. And when my wife pointed that out to me, I saw what she meant. She goes, 'I don't know you now. You don't include us; you don't include me in what took place.'"

'Little Funny Things'

Not all the post-deployment strains on a military family are dramatic. Some are as mundane as dirty dishes.

"[When] there's soup bowls in the sink that should've been rinsed out and put in the dishwasher, it's really easy to start getting mad about it and yelling at your wife or yelling at your family," said Kuhns, the Army bomb squad officer. "But you have to look at it and just kind of take a step back and say, 'Man, I'm glad I'm home and that these are my worries now.'"

Any couple would encounter some frictions in living together again after months or even a year apart. The fact that those months were saturated with life-or-death anxieties only winds the stress tighter. "You finally let your guard down from worrying and worrying," said Angel McCollum, but then "you start to get mad, like when he does little funny things around the house -- man, they just sound silly -- but not putting your dish away. And you just get angry. Like, 'Do you have any idea how much I worried for you? Put your dish away!'... It sounds silly, but you really do feel those feelings."

Often, a big fight over small things is really about issues deep underneath. Sometimes, it is about the undischarged anxiety built up over a year of being in harm's way, or a year of worrying about a loved one in harm's way. Sometimes, however, the problem comes from something positive, from growth. Of necessity, the spouse left behind takes over all the tasks that the couple once shared -- paying the bills, mowing the lawn, getting the car repaired -- and while stressful, that experience can also be empowering.

"I've become very resourceful. I can do all that myself," aid Tiffany Gully, whose husband's Army Special Forces unit deploys frequently. "You learn where the filter is for the air conditioner to be changed, and you learn how to start the lawn mower."

But such newfound independence requires renegotiating the balance of power in the relationship when the other spouse returns. "We always, still to this day, have a power struggle when he gets back, because I'm used to being in charge, and I'm the one who handles all the money," Tiffany Gully said. In the field, "he's been living with practically nothing; when he comes back, he wants to buy things, things that I don't think we need necessarily. He's big into his guitars and his music, so I have to just let him ... buy his toys."

It could be worse: One service member, who asked to not to be named, returned from a deployment to find that his wife had racked up \$20,000 in debt. They are still together.

Renegotiating family roles is a delicate task, for which a year of screaming orders at subordinates in a combat zone is not good preparation. "It's kind of like taking a caveman and throwing him back into a civilized world," Maj. Kuhns said. "I've seen at least eight divorces out of two deployments. Not my own, thank God, but I've seen other people's relationships unravel quickly after they came home."

'Some Men Can't Accept That'

It is hard enough to renegotiate family roles when a serviceman comes home to his wife after months apart. It is even harder when a servicewoman comes home to her husband.

Across the armed services, marriages in which a military woman is married to a civilian man rupture at a much higher rate than marriages between a civilian woman and a military man. In fact, military wives and their civilian husbands break up more often than couples in which both partners are in uniform and subject to deployment. Despite the higher stress on the "dual-military" couple, including husband and wife going to war at the same time, a wife going off to war while the husband stays at home with the kids turns out to be more of a role reversal than many can bear.

"Most men -- or some men -- just can't accept that, being the caregiver and stuff and having to do everything, and not knowing 'When is she going to have to go again?' " said Tech. Sgt. Yoshema Bryant. She and her husband met and got married while they were both in the Air Force, and "it was difficult from the very beginning." But when he left the military and she stayed in, the relationship became far harder. Like many service members' spouses, Bryant's husband struggled to find jobs, let alone have a career, while moving every few years from base to base, often in rural areas of the country or abroad.

"He was working at the base exchange for a little bit," Bryant said. "Prior to that, he stayed home with our daughter for about six months before he could even find anything."

And that was before 9/11. When war came, and Bryant deployed for four months in 2004, becoming a temporary single dad was too much for her husband. "I think that was probably what started everything," Bryant said. "Every time I called, I was like 'How's the baby?' so I can't really remember ever talking to him." The couple grew apart. Soon after she returned, their 10-year marriage broke up.

Bryant was pregnant when she and her husband separated. Now she is a single military mother of two girls, whom she had to leave during her second deployment, in 2008. "[My husband] has custody of them during the summer, so they went from being with me, to being with the godmom, to being with the dad, to being back with the godmom, to coming back with me," she said. Her elder daughter stepped up to the big-sister role, but her younger child is still recovering, Bryant said: Even a year after the deployment ended, "every time I would leave her, [she'd ask], 'Where are you going? Are you coming back?' "

'The Kids Come Around'

How many youngsters have had to send a parent off to war? Estimates say that more than 2 million American children, from newborns to teens, have been affected. In an official 2008 survey of military spouses, among families where children had experienced a parent's deployment, 29 percent of the children reported difficulty reconnecting when the deployed parent came home. Put those figures together, and the number of children who have struggled is roughly 580,000.

In a study conducted by Anita Chandra, a behavioral scientist at the Rand think tank, in conjunction with the National Military Family Association, older children on average had a harder time than younger ones, and girls had a harder time than boys. The higher the emotional development, the greater the capacity for distress. There are plenty of exceptions, such as Bryant's own family, where the younger daughter is more stressed, but as a general rule, the military families interviewed by National Journal confirmed the "older equals harder" pattern.

Maj. Kuhns and his wife, for example, now have three children, ages 9, 7, and 4. "My son ... he's easy," Kuhns said. "He was a baby; he didn't know what the heck was going on." As for his middle child, even when she was as old as 4, "she was pretty oblivious to the fact that Daddy was going away," he said. "When I was giving her a hug goodbye, she was asking why I had water coming out of my eyes."

Across many families, however, age 5 seems to be a critical threshold in a child's awareness. After coming home from one deployment, Kuhns had to fly to a different base to check in with superiors. As he was getting ready at 3 a.m. for an early-morning flight, his eldest, then 5, woke and got out of bed.

"She saw my uniforms and a suitcase, and she just had a meltdown -- she absolutely lost it," he said. "She was convinced I was going to be leaving again." Kuhns sat with her and calmed her, promising not only to be back soon but to call every day. "Given enough time, and enough moments where you talk, as opposed to scream or yell, the kids come around,"

Kuhns said. "They're extremely resilient people."

Resilience has its limits, though, as the deployments mount. Rand scholars have found that the total number of months apart, rather than the number of separations and reunions, correlates most closely with children's stress level. So, for example, one 12-month deployment -- the Army's standard -- is worse than two four- or five-month separations -- typical in the Air Force. "Our average number of months [gone] was closer to a year in the last three years," Chandra said, "but we did have some people who were pretty much absent the whole three years."

Some high-demand military jobs require so many deployments and so much cumulative time away that the children of these military parents simply learn to live without them. "They get a little numb, as much as he's gone, to his absence, so they're used to just being Mommy and them," said Tiffany Gully. When he comes home, "it's sad to say, but he's almost an intruder in the beginning."

'We've Come So Far'

Military life has gotten much harder since the "garrison" days of the Cold War, when Army and Air Force personnel, in particular, lived predictable lives on well-established bases.

(The Navy and the Marine Corps always had a regular cycle of separation and reintegration as troops went to sea, albeit not usually to war.) The armed forces are trying to rise to the need with ever-greater investments in family support. Most fundamental of all, the military's leadership has undergone a cultural revolution since the bad old days when the joke was, "If the Army (or Air Force, or Navy, or Marines) wanted you to have a wife, they would have issued you one."

"When our first daughter was born in Europe, back in 1982, my wife had to have an emergency delivery," said Brig. Gen. Phillips. "[I] nearly lost our daughter and my wife.... Not one person in the chain of command called, came over to hospital in Nuremberg, or even seemed to care ... yet the soldiers in the platoon where I was a platoon leader would file in there and come to see us." From his superiors, he said, "the only concern was why I came in late the next day to work."

Now a senior officer himself, with two deployments to Iraq, Phillips made a major effort to build up family support during his recent tour as commander of Fort Leonard Wood, Mo.

"I personally received a phone call from one of the colonels who was deployed [because] the family could not start his car," Phillips said. "I was in my truck, rolled right down the street, got to the house.... All I needed to do was put a power pack on the battery and jump it."

That kind of help for families is increasingly the norm rather than the exception among military leaders. No less a figure than Army Chief of Staff George Casey laid out an Army Family Covenant in 2007. "So many of the folks who are Army leaders now -- your battalion leaders, your brigade commanders -- were brand new right after Desert Storm, so they have grown up in the family-centric Army," said Kathy Ledbetter, who specializes in post-deployment reintegration at the Army Family and Morale, Welfare and Recreation Command, and who is married to a now-retired soldier who did two Iraq tours. "We've come so far since I became an Army wife in '82."

Casey's Family Covenant instituted free child care for children of deployed soldiers, 16 hours a month, starting 30 days or more before deployment and continuing 30 or more days after. Family Readiness Groups, once run entirely by volunteer spouses, now have paid administrative assistants. Units are required to brief troops on family separation issues before deploying and on reintegration, both before and after returning home. "A lot of us don't want to do it," Maj. Kuhns said. "It's one more mandatory thing that you've got to do when you come home from a deployment, but you listen to it enough, you get told it enough, and it actually starts to stick."

The quality of the programs varies widely, however. Some commands simply pack troops into an auditorium and show slides. Others conduct multiday family retreats and small-group seminars for service members and spouses.

"We decided after a couple times that PowerPoint -- 'death by PowerPoint' as the Army calls it -- wasn't going to work," said Lt. Col. Michael Gafney, who runs the nationally mandated but state-administered Yellow Ribbon Reintegration Program for the Maryland National Guard. "So we started with small groups.... Twenty to 30 people, taught by almost always two professional people in the room -- professional psychologists, licensed clinical social workers, psychiatric nurse practitioners" -- with one professional to lead the discussion, the other to watch those who do not speak and approach them later. Maryland wants to add family reintegration events up to a year after a unit returns, Gafney added, but "there's no funding for that right now, which is the biggest problem."

Though Congress upped Yellow Ribbon grants to \$246 million in 2010, that's still less than \$5 million per state or territory National Guard. Some active-duty family programs report similar constraints. As pressure on the defense budget builds, "we don't want family programs to be part of a peace dividend," said the National Military Family Association's Moakler. "We need to determine what the needs will be to sustain these families if and when the war ever ends."

Military's mortal enemy: SUICIDE

An Oregon Guard soldier's suspected, but baffling, self-inflicted death illuminates problems of investigation and prevention

By JULIE SULLIVAN
THE OREGONIAN

Sgt. First Class Matthew Gross was a nearly perfect soldier. Before he went to Iraq in 2004, he sewed a canvas kit for any tools he'd need. He kept a meticulous platoon diary of miles driven, missions completed, weapons destroyed.

Gross was making detailed plans for a second Iraq deployment, including for the care of his children, when he abruptly left work at the Hermiston Armory late the morning of Feb. 25 after a series of phone calls with his wife.



Matthew Gross
Family questions handling of case

Five hours later, a local worker found him in his locked Volkswagen Jetta just off a busy farm road outside town. Gross was dead with a gun on the seat next to him. A Umatilla County sheriff's deputy responded to the report of a suicide, investigated and closed the case.

Suicide, once the most private of family matters, is now an issue of troop readiness and force strength. Consider: three Oregon Guard soldiers have died in combat since June 2007. Fourteen have died by suicide since then.

"We are often more dangerous to ourselves than the enemy," Gen. Peter Chiarelli, Army vice chief of staff, said about suicide nationally in a July report. Last month, a federal task force recommended suicide investigations also need to focus on the last hours of a soldier's life.

The Gross case shows how geography and the individual circumstances of each death hamper those efforts.

Gross spent his life in Wallowa County, where he'd won a state football championship as part of the Enterprise High School team, had served as a Joseph city councilman and worked as a draftsman and mill foreman.

But he died a stranger in Umatilla County.

He worked full time for the Guard, including two days a week at the Hermiston Armory, 105 miles from home.

Please see **SUICIDE**, Page A13



LEFT | Matthew Gross (left) with his brother Tony Gross in the 1990s. The two grew up playing sports together and later worked at Tony's drafting and design business in Joseph.

COURTESY OF THE GROSS FAMILY

BELOW | Tony Gross visits the grave of his brother, Sgt. First Class Matthew Gross, at the Joseph Cemetery, beneath the Wallowa Mountains just outside of Joseph. Tony Gross says that if his brother was going to kill himself, he'd have done it in the high country they both love.

JAMIE FRANCIS/THE OREGONIAN



Suicide: Sheriff's office has reopened soldier's case

Continued from Page One

On that farm road, his death collided with the realities of rural law enforcement, state forensic policies and a family paralyzed by disbelief.

The Army investigates Oregon Army National Guard suicides but relies heavily on local officials' interviews, autopsies and toxicology reports. Local police in Oregon are trained not to rush to judgment.

"We tell students to treat every death as a homicide and prove that it isn't," says Capt. Ray Rau, academy training supervisor at the Oregon Department of Public Safety Standards and Training. Officers gather evidence and the backstory, while county medical examiners, who are physicians, direct further investigation.

When Deputy Jack Stewart arrived at 4:38 p.m. that February day, he noted a white man in the driver's seat reclined with a .45-caliber handgun next to his right hand. There was a bullet hole in the man's left front chest and blood splatter on the gun and nearby cell phone. An Army backpack on the passenger seat bore the name Gross. The cell phone rang continuously as family tried to reach him.

Within two hours, Stewart and an Oregon state trooper who assisted him sent the body to the mortuary, towed the car and cleared the scene. Stewart took the cell phone, a copy of Gross' will that he found in the car trunk, his flash drive and identification to the evidence room. The bullet casing had not yet been found.

Typically, the county medical examiner views the body and decides what to do next. But in this case — and contrary to the standard in other Oregon counties — the Umatilla medical examiner never saw the body. Dr. Joseph Diehl says he was three hours away at the time and concluded the death was a suicide based on the investigation and photographs by Stewart, himself a deputy medical examiner. It wasn't "practical or necessary" for him to be there, Diehl says. Nor did he consider an autopsy or toxicology exam. In Oregon, it is standard not to order an autopsy once a death is deemed a suicide.

"There really wasn't any doubt in my mind," Diehl says. The death certificate he signed states that Gross died at home (instead of on a country road two hours away) and placed the time of death as five minutes after the body was discovered.

Diehl, who earns \$400 for each death investigation, admits the location cited on the



Lynn Gross says there are too many unexplained questions surrounding the death of her son, Sgt. First Class Matthew Gross, who was found dead in his car outside Hermiston on Feb. 25.



Matthew Gross' graveside services included military honors in Joseph.

Getting help

For free 24-hour crisis help:
1-800-273-TALK or
1-888-457-4838

paperwork was a careless error. A family doctor, he has served as county medical examiner since 1972, and full time since 1984. He says he's ready to retire.

"I'm 66 years old. I don't need the aggravation," he says.

But a family wants answers. Gross' mother, Lynn, and brother, Tony, couldn't believe he had killed himself; they protested the conclusion. After Gov. Ted Kulongoski sent condolences, Lynn wrote back.

"Our family is not only grieving the loss of Matthew but churning with anger over the callous disregard for his life by the first group of investigators."

She also wrote Attorney General John Kroger asking for a second investigation and peppered the county with questions.

Seventeen days after Gross was buried, the Umatilla County

Sheriff's Office reopened his case.

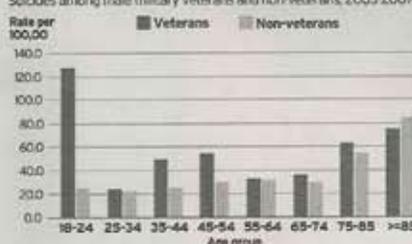
"Questions came up after the fact," says Undersheriff Terry Rowan. He would not comment on whether foul play is suspected. But as a result, the Army's standard suicide investigation also remains open, hinging in part on the county's findings. The delay did not affect survivor benefits for Gross' wife and children. Regardless of how an active-duty soldier dies, military insurance provides up to a \$400,000 benefit, and up to \$100,000 for immediate family needs, including the funeral.

While an investigation isn't necessary for death benefits, it's vital for the family and any organization trying to combat suicides, says Michael J. Gennaco, the chief attorney of an independent panel that investigated suicides in the Los Angeles County jails.

"It is critical, because it has a tremendous impact on families," Gennaco says. "It's also very helpful for government and society to get to the bottom of it to the degree it can, for the les-

Oregon suicide rates compared

Suicides among male military veterans and non-veterans, 2003-2007.



Source: United States Department of Veterans Affairs. DAN AGUIAR/THE OREGONIAN

sions that can be learned — from structural to psychological to helping others who find themselves in this downward spiral."

Undersheriff Rowan says the Umatilla department, which does not even have the budget to patrol 24/7, is working the reopened case in between more pressing crime. Typically, when the county needs help, an ad hoc team of 14 regional detectives responds. They have not been tapped. The state medical examiner — if called — is also available to help. The extent of the investigation is unclear: The state trooper who assisted at the scene has never been interviewed. And Sheriff John Trumbo says he was unaware until The Oregonian called recently that the case had been reopened.

Rising suicide rate

Historically, the Army has had fewer suicides per capita than civilians. That changed in 2004, a year after the all-volunteer force invaded Iraq. By 2008, the Army rate surpassed the national average. Between 2005 and 2009, a U.S. military

suicide occurred, on average, once every 36 hours.

Since June 2007, of the 98 casualties with family ties to Oregon, 28 took their own lives, says Chief Warrant Officer 5 Scott O'Donnell, who tracks all Army, active-duty and reserve component deaths. Thirty-six service members were killed in action, and the remaining died from accidents or illness.

And last week, Oregon Guard Spc. Nikkolas W. Lookabill, 22, was shot to death early Tuesday by Vancouver police. That case is under investigation.

Veterans are not at greater risk of dying of natural causes or other violent death than any other civilian, according to research by Mark Kaplan, a suicide expert and professor at the Portland State University School of Community Health. But veterans of any age are more than twice as likely to commit suicide, Kaplan and his colleagues found.

Firearms are the most common means — about 34 percent higher than non-vets, the study found. Service members are so comfortable with and so likely

to own guns that the researchers say prevention must address access. Almost everyone who attempts suicide with a gun dies, Kaplan says.

On Thursday, the state Department of Human Services reported that Oregon's suicide rate is 35 percent higher than the national average.

"We now share the dubious claim, with Alaska, that we have more deaths from suicide than from car crashes every year," says Lisa Millet, the Oregon public health investigator on the study.

Male veterans make up 27 percent of those suicides. Although frequent deployments, post-traumatic stress and traumatic brain injury are factors in some cases, Millet says "almost everyone can experience suicidal thoughts."

She says: Ask people directly if they're considering suicide. "If you know someone who has mental health problems, who has suffered the loss of a life partner or had a financial crisis, it would be good to ask if they had suicidal thoughts."

Attempt at reconciliation

Soldiers working alongside Gross that February morning told the Umatilla deputy that Gross was having marital problems and had a March 1 appointment to have a new will.

His wife, who declined to talk to The Oregonian, told authorities they had separated but they had recently tried to reconcile.

Gross had financial problems too, declaring bankruptcy a year earlier. But the debts had been discharged in October 2008, and he was working full time.

He didn't drink or use drugs. Didn't seem depressed and was excited about deploying, according to friends. He didn't carry a gun even to hunt, they say. He used a bow.

"What bothers me is that he never did anything spontaneously, he thought out the logistics of everything, so it just leaves me wondering, what happened?" says John O'Connor, a close friend and former co-worker.

Lynn Gross says questions overwhelm her, such as why would her son spend a month getting his teeth repaired only to take his life? Why wouldn't he leave a note?

"We haven't yet grieved him," she says. "We are still back at the beginning."

At his National Guard unit, more than 500 Oregon soldiers are mobilizing this week for Iraq. But because of Gross' death, every departing soldier has met face-to-face with a chaplain. They talked about suicide.

"You have to face the grief. A soldier loss back here from a suicide is no different than a soldier loss overseas," says Lt. Col. Phillip Appleton, the commander of the 3rd Battalion, 116th Cavalry Brigade.

"Suicide is just as deadly as the enemy on the battlefield."

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Washington

Standing up for families

Publicize existing support programs and develop more help, summit participants say

By Karen Jowers
kjowers@armytimes.com

To effectively help military families, the Defense Department must scrutinize current support efforts and figure out how to better spread the word about them, a leadership summit on military families concluded.

More than 200 people — researchers, family members, Defense Department and service leaders who provide support to military families, and representatives from nonprofit groups — attended the summit, which ran Nov. 9-10 and ended with the setting of five goals on such issues as children, mental health, deployment and relocation.

The next step is for defense family policy officials and researchers from the University of Maryland

to draw up recommendations for improving family support and readiness programs. Their report, expected to be completed early next year, will go to leaders of all the military components.

Gail McGinn, deputy undersecretary of defense for plans, told attendees at the summit to develop a plan to make the best use of the energy and attention now being given to military families — including a high level of civilian and military support, as well as first lady Michelle Obama's public support for the welfare of military families.

In addition to re-evaluating existing programs and informing families about them, the other three top priorities were:

- Working together with other entities such as the Agriculture

Department's county-based Cooperative Extension Program, other community programs, nongovernmental groups and other federal agencies.

- Addressing the psychological and behavioral health issues of families, such as encouraging them to seek help — without stigma — when they need it.

- Enhancing programs and services for children.

A panel of nine military wives noted that whether they are married to active-duty, National Guard or reserve members, spouses often don't know what resources are available — an issue with which the military services have struggled for decades.

Leanne Miller, who has been married to a Navy petty officer second class Seabee for 1½ years,



VALERIE MULLETT/AFR FORCE

Child care programs at Malmstrom Air Force Base, Mont., consist of in-home care provided by licensed providers on base. Spouses at a recent symposium said they're not always aware of all the family resources available to them on base.

said she didn't find out about the fleet and family support center until six months after arriving at her first Navy base.

In the interim, she did her own research to learn about subjects such as Tricare, and what the base and the Navy had to offer. "But I don't think I'm the typical spouse, because I took the initiative," she said, noting that many of her friends "want the Navy to come to them. Resources are available, but they don't know about them."

Now that she knows about the family center, she said, it will be "my one-stop shop every time I move. ... I refer everyone to them."

Many issues raised at the summit by active-duty spouses centered on problems related to relocation, such as children's school transitions and spouse employment. Others included availability of child care and getting medical appointments.

The wartime deployment pace is exhausting and stressful, said Marine wife Samantha Moore, whose husband is a helicopter pilot. "We lost two in the last two weeks," she said. "One was a friend."

Meanwhile, her husband faces two more deployments within the next two years, and she also has two brothers who will deploy.

"If my husband were any younger in his career, even though we always said he'd do 20 years, we'd be talking about getting out," Moore said. "There is a saturation point."

While research efforts have delved into some military family issues, more needs to be done, said Shelley MacDermid, director of the Military Family Research Institute at Purdue University.

For example, much of the focus of research to date has been on marital relationships.

"More attention to nonmarital relationships is warranted," MacDermid said.

In a broad sense, the overall research to date shows that "we don't know as much as we think we know," she said. "Some findings get repeated so often it seems as though they are based on

strong evidence, but they may not be."

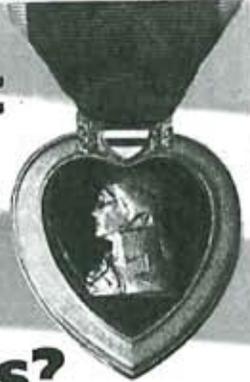
Retired Army Col. Beth Ellen Davis, a pediatrician specializing in developmental behavior, said there is little quantifiable data on what resources military families need, or when they may need it. Data also are skimpy on the "dose" effect of multiple deployments on families.

"No two families are alike," she said. "We can't issue military families support. We have to individualize it."

Kathy Moakler, director of government relations for the National Military Family Association, said the summit was a vital and necessary event, citing "stovepipes in the Pentagon where people don't communicate."

"This allowed them to talk about these issues," she said. "Hopefully, this will result in better care for the families. If it does, this conference is well worthwhile." □

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FIGHTING POST-TRAUMATIC STRESS DISORDER: Stopping the stigma // spotting the symptoms // developing new treatments, from barman bickers to virtual reality // mitigating the memories

The War Inside

BY CHARLES SLACK //

When John Parrish returned from his year in Vietnam, he returned a life that would be filled with professional accomplishments. A poster on his field, Parrish would go on to serve for two decades as head of aeromedical research at Massachusetts General Hospital and to become a leader in translating technological advances into new medical treatments. He has written six books and hundreds of journal articles, and has won national and international awards.

Yet like so many fellow Vietnam veterans—and like those scarred by experiences in other wars, past and present, or at home—Parrish was hoping for a simple life. Even as he moved farther and farther from his days as a battle-field physician for the Marines, the images and fears kept surging back. During his year in the war, 100,000 British had treated a stream of heavily injured soldiers and civilians, routinely making split-second decisions about which of the wounded to try to save and which to let die. He had also faced personal dangers ranging from frequent mortar fire to nearly losing his life in a helicopter that crashed behind enemy lines. Through it all, he had barely flinched. “I was able to stay totally in tune emotionally because I had so much work to do and couldn’t react to all that was happening around me,” Parrish says. “But when I got home, I had difficulty letting go of some of the things I had witnessed.”

In 1975, as a sort of therapy, Parrish published *12, 20, 30, 40 Days? War in Vietnam*—the numbers are months short-hand

for how many presumed casualties were intercepted, walking or dead—based on the experiences. Even after the book was released, he continued to rewrite the manuscript. “I couldn’t stop working on it, trying to get it right,” he says. And often, when Parrish wrote and children were away from the house, he would play recordings of battle sounds, machine guns, bombs, screaming voices. When the pressure of his memories became too great, Parrish sometimes spent nights walking the streets, snoring at veterans’ shelters or sleeping in his office. “I was a strict person at night and professor and chairman of a department by day.”

Though Parrish hardly fits the stereotype of a psychologically damaged veteran unable to function in civilian life, his headaches, nightmares and other symptoms are shared by all too many who’ve come home to worlds so different from the front lines. And while the roots of that psychic burden extend back thousands of years, what we now call post-traumatic stress disorder, or PTSD, has only recently been recognized as a single condition that may afflict anyone who has lived through a searing event. Sufferers include battered spouses, abused children, victims of car accidents and those who have witnessed violent crimes or natural disasters. With Americans worn being waged in Iraq and Afghanistan, much of the latest research has focused on how to treat hundreds of thousands of young men and women returning from the battlefield with mental as well as physical pain.

Part of that effort involves ongoing attempts to understand what really occurs in the brains of PTSD sufferers, and a few

Post-traumatic stress disorder may bring even the greatest post-heroin hero to his knees. Top: John Norrish returns from a patrol near Dong Ha, Vietnam, holding his rifle. This redneck soldier was in Phu Bai, a prison camp where captured soldiers were brought to North Vietnam. A Marine physician, who for years couldn't help exploring memories of his time at war.



drugs are showing promise in keeping damaging memories at bay. Other groundbreaking work in cognitive behavioral therapy, or CBT, a systematic, goal-oriented technique that seeks to alter symptoms, also has moved forward. The military establishment, including the U.S. Department of Veterans Affairs, now seems determined to anticipate and treat psychological wounds, after a long history of underpreparing or even ignoring the problem. The Department of Defense and Congress have earmarked millions of dollars for studying and implementing new treatments for the disorder.

Yet even the most effective therapies will have no impact unless PTSD sufferers seek help, and finding ways to overcome its stigma has emerged as a crucial component of efforts to combat this disorder at a time when so many are being exposed to its causes. A 2004 study found that more than 90% of Marines who had served in Iraq had experienced attacks or ambushes, 25% had seen dead or seriously injured American, and more than half had handled or uncovered human remains. "Those are exactly the kinds of events that may lead to PTSD, and a major 2008 study by the RAND Corporation's Center for Military Health Policy Research estimated that almost 300,000 veterans of today's wars may suffer from psychological disorders. Such findings suggest a booming public health crisis.

PTSD has gone by different names in its long history. During the Civil War, more than 5,000 Union soldiers were diagnosed as suffering from *nostalgia*—a term coined during the seventeenth century by the Swiss physician Johannes Hofer to describe psychological distress experienced by civilians far from home and mercenaries fighting in distant lands. "The idea was that someone from Massachusetts, marching with Sherman toward Atlanta, was so homesick for New England that he was psychologically incapacitated," says Matthew J. Friedman, a psychiatrist at Dartmouth Medical Center and executive director of the National Center for PTSD, operated by the Department of Veterans Affairs. During the First World War, explosive unleaked upon soldiers in the trenches created shell shock, a generation later, soldiers were said to suffer from battle fatigue. In Southeast Asia, it was post-Vietnam syndrome. Among criminals, abused spouses, who couldn't shake memories of their beatings were said to suffer from battered wife

syndrome, rape victims from rape trauma syndrome, and anti-treated children from abused child syndrome.

Now all of that comes under the umbrella of PTSD, recognized officially in 1980, when the American Psychiatric Association included the condition in its *Diagnostic and Statistical Manual of Mental Disorders*. That was a crucial step forward in finding unified answers to a problem that has often seemed to stem from disparate causes. "Physicians began to understand that the clinical expression of a number of disorders was pretty much the same," Friedman says. "There seemed to be a distinct pattern of symptoms that characterized people who had survived but hadn't been completely successful in coping with traumatic stress."

In many people with PTSD, there's a tendency to repeat an experience over and over through flashbacks or nightmares. Certain noises or smells may transport a sufferer back to the moment when the trauma occurred. Emotional numbness is another common symptom, so is hypervigilance, with awareness of the tinnest details—a truck backfiring in the distance, the faces of passersby on a busy sidewalk—as if always on the

Scientists think some experiences are so powerful that they may overload the brain's ability to synthesize and safely store those memories for use only when needed.

alert for danger. In many cases, there are accompanying problems with alcohol or drug dependence, domestic violence and homelessness. Often symptoms appear months or even years after the initial trauma.

Though battle deaths for the current wars have been sharply lower than during past conflicts, the conditions of warfare, in which troops must be on constant alert for roadside bombs and suicide bombers, put soldiers at high risk for stress-related trauma. Moreover, many of the estimated 1.6 million troops who have been deployed to Iraq or Afghanistan are called back for multiple tours of duty. And with better gear and medical treatment, they're more likely to survive grievous injuries, with about one in nine wounded dying in Iraq, compared with a third of casualties who succumbed in Vietnam and about two of five in the Second World War. "Because of fantastic logistical support, modern capitalists and medical advances, people who would have died in past wars are surviving their wounds," Friedman says. "But they are at very high risk for psychological difficulties."

The question of why traumatic experiences return so disruptively has sent researchers deep into the brain to where memories are formed, re-formed and stored. Think of a computer with large but finite storage. The goal is to save key data without wasting space on trivial or repetitive information. Most daily events—the ham sandwich you ate for lunch, a walk up stairs—are soon forgotten. But those on the sandwich or trip on the stairs, and a lasting memory remains. Such memories are consolidated for long-term recall—stored, so to speak, in the brain's computer. Though they don't occupy every conscious moment, they return when needed, with vivid detail, helping to guide better behaviors, like choosing more carefully or holding tight to that falling. Scientists think some experiences, such as witnessing the

death of a close friend in combat, living through an explosion or being raped, are so powerful that they may overload the brain's ability to synthesize and safely store those memories for use only when needed. Instead, images and feelings force themselves back from storage often and unpredictably, sometimes in debilitating ways.

Researchers aren't seeking to erase the bad memories entirely because those experiences, while traumatic, are important parts of a person's life experience. Rather, they're seeking ways to make those memories more manageable. "A lot of evidence suggests that stress hormones potentiate the storage of long-term memories, a process called consolidation," says Roger Pitman, a psychiatrist at the MGH who has spent nearly 40 years studying the effects of combat on soldiers and Marines, and who helped launch Home Base, a program started in September 2009 jointly by the MGH and the Red Sox Foundation, designed to reduce the signs of PTSD and encourage more veterans to get treatment. (Pitman is the program's director). "Our theory is that at the time of traumatic events, an excess

of stress hormones produces a very strong consolidation of traumatic memories which can last a lifetime.”

In working to reduce the terrifying impact of these memories, researchers have focused on the amygdala, a small, almond-shaped structure in the brain's deeper temporal region thought to process emotional reactions. Studies by Pitman and others have shown that propranolol, a beta-blocker used to regulate heartbeats in arrhythmic patients, may work in the amygdala to help counteract the effects of stress hormones released when memories are recalled. “Pre-clinical research suggests that propranolol selectively blocks the emotional response of the memory rather than the factual recall,” Pitman says. “You’d remember what happened but without the emotional arousal. That’s the most desirable outcome in treating PTSD.”

A recent study by Pitman and others in Mezerol, involving 50 subjects, found that propranolol reduced PTSD symptoms by about half, roughly the same effect as cognitive behavioral therapy. But Pitman describes the results as preliminary, because the study subjects knew they were getting propranolol and not a placebo. (The team recently started a double-blind trial that includes placebo.)

Seeking more powerful drugs, Pitman and other scientists considered antismycin, an antibiotic that inhibits protein formation and that proved effective but toxic. Pitman recently began experimenting with mifepristone, or RU-486, better known as a “morning after” contraceptive. In addition to blocking production of progesterone (a hormone essential to maintaining pregnancy), mifepristone blocks the formation of cortisol, a major stress hormone. In a study involving rats, Pitman found mifepristone to be three times as powerful as propranolol in reducing fearful memories, and he and his colleagues have begun a human study involving mifepristone.

While such experiments may certainly yield important new treatments, most current approaches involve one of the methods known collectively as cognitive behavioral therapy:

which may encourage patients to understand and face their fears, gradually helping them distinguish between real and imagined dangers. “In some situations—say, if a tiger comes into your office—it’s correct to be afraid and to try to protect yourself,” says Elias R. Iso, professor of clinical psychology in the University of Pennsylvania and director of the Center for the Treatment and Study of Anxiety. “But people with PTSD tend to believe that everything and every place is dangerous.”

Scared by memories of roadside bombs in Iraq, veterans may avoid highways back home, or weave or speed up if they spot an object along the road. With CBT a therapist might have a patient repeatedly go out on the highway to emphasize that there’s no real danger, and supplement that experience with discussion that may ease anxiety. “We go back to the event and recount it in the present tense for 45 to 60 minutes a session,” says

Barbara Rothbaum, director of the Trauma and Anxiety Recovery Program at Emory University in Atlanta. “Patients get a tape they can listen to every day. After they’ve processed their memories, we talk about the experience. Often they feel guilty about things that were beyond their control, such as surviving an explosion in which several fellow soldiers died, she adds.

New Rothbaum and others are experimenting with an enhanced form of exposure therapy called Virtual Iraq, developed by University of Southern California clinical psychologist Albert Rizzo. Researchers use stereo headphones and a head-mounted display with a separate screen for each eye to enhance three-dimensional realism. The user sits in an enclosed chamber on a raised platform that can vibrate and rumble like a Humvee riding across the desert. Researchers gradually add to the realistic visual scenes the sounds of gunfire, increasing motor sounds, helicopters, wind and screams.

A separate machine even pumps in smells of burning rubber, sweat, diesel fuel and exotic spices. “Soldiers in our strongest memory,” Rothbaum says, “Our ordinary bulb goes straight to the amygdala.”

Though results are preliminary, Rothbaum has reported the case of a 39-year-old, college-educated Army National Guard combat engineer who was experiencing nightmares, night sweats, difficulty functioning at home and at work, irritability and hypervigilance. Virtual Iraq prompted him to confront painful memories—for example, being covered with blood and dirt after an explosion. His perspective on the events changed markedly from feelings of grief and horror to pride in himself and in other soldiers. According to the standard diagnostic tool for PTSD—a 30-item questionnaire that checks for 17 symptoms of the condition and asks about how well a person is functioning in social or work situations—the soldier originally

Centuries of Trauma

5th c. B.C. Herodotus tells of a Spartan commander who excited soldiers with, though of proven bravery, were “not of heart and wanting to encounter the danger.” Herodotus also mentions a soldier—called “The Trembler”—who terrified himself.

1666 After surviving the Great Fire of London, Samuel Pepys describes his experience with nightmares and depression, and mentions a clear PTSD diagnosis and remedy.

1840s Thousands of Union Civil War combat veterans are hospitalized with “hysteria,” a euphemism for depression, symptoms also resulting from severe shock trauma.



1866 The Army first uses reports of “hysteria” to describe soldiers who “gave up” and “went out with” soldiers, and the word later became a general term for depression, which is now often referred to as a form of PTSD, which has historically been characterized by “hysteria.”

1914-1918 More than 200 British soldiers, some “shell shocked,” are awarded the Victoria Cross for heroism. In 2008 the United Kingdom granted the soldiers posthumous pardons.

1943 U.S. Army U.S. Army Surgeon General George C. Ladd writes in a report that “the soldier reacts, before long, to the war and calls his a nerve.”

1979 Eight years after a report by the House Select Committee on Assassinations, Sen. Charles McNamara’s Bill calling for a study on the Vietnam veterans suffering from psychological problems related to their service is passed by Congress.

1980 The American Psychiatric Association publishes the first edition of its Diagnostic and Statistical Manual of Mental Disorders, which includes PTSD as a disorder, naming disorders related to specific traumas.



1999 Congress establishes the National Center for PTSD within the Department of Veterans Affairs. Special among veterans’ “wasteland” centers of attention” around the country. The act is changed with growing research and better information about PTSD.

2008 A landmark study by the RAND Corporation estimates that 200,000 of the 1.6 million U.S. service members deployed to Iraq and Afghanistan may suffer from PTSD or depression—and that for the first time the military is getting effective treatment.





had a score of 106, well above the threshold for severe impairment. After he went through CIT using Virtual Iraq, his score dropped to 47, indicating only moderate symptoms.

Even as research advances, one fundamental problem remains. Soldiers, trained to be tough and self-reliant, are often loath to admit they have a problem and to look for help. Experts estimate that no more than half of the veteran who would meet the clinical threshold for PTSD ever seek treatment.

"The major thing that impedes our progress is the stigma associated with PTSD," says Paruth, who eventually found help through CIT and medication, though he continues to struggle with memories of his time in Vietnam. "It's very counter-cultural to admit you have a weakness or these symptoms."

There's also the perception—and often the reality—that admitting to a psychological problem can stunt a career both within the military and in civilian life. "Veterans who are on active duty won't let anyone know they're having symptoms, because their commanding officer won't trust them anymore or won't send them on missions," Paruth says. "They won't get promoted. And once they leave the military, they worry they can't get a job on the police force or in the fire department because their record shows they have psychiatric problems." One way to encourage more people to get treatment is to

Even if soldiers don't actively seek treatment, if their physicians recognized PTSD symptoms, they might encourage their patients to consider therapy. But while awareness of the condition has increased, "evaluation of military service-related difficulties is not part of the training and practice for most civilian doctors," says Mark Pollock, director of the Center for Anxiety and Traumatic Stress Disorders at the MGH and chief medical officer of Home Base. "It isn't their typical practice, when someone walks in who isn't in uniform, to ask about military service or recent deployments."

Doctors involved with Home Base are, of course, acutely aware of PTSD, and veterans of Iraq and Afghanistan can

receive treatment and therapy (as can their families) at the Home Base Clinic, which offers a multidisciplinary staff of psychiatrists, psychologists, nurses, social workers and other MGH clinicians. At the same time, Home Base personnel know that they and other specialists at PTSD centers around the country, including Veterans Affairs hospitals and other military facilities, see only a fraction of veterans dealing with the problem. That's why a primary goal of Home Base is to educate clinicians about the possibility that the young people they are treating for sleep disturbances or a variety of physical symptoms, even pain, may be veterans dealing with PTSD.

And service members often aren't forthcoming. The involvement of the Red Sun Foundation in Home Base may help designate PTSD, with pro athletes openly recognizing veterans in their struggle. But changing attitudes isn't easy. "When they leave the combat environment, veterans are anxious to get home," Pollock says. "The idea of having to enter treatment, for many, is obnoxious. People like to put their experiences behind them and move on. It can really cast a shadow over just their lives but those of the people they're involved with."

The family component is crucial. Paul Rauch, an MGH child psychiatrist and specialist in pediatric trauma, is working with Home Base to widen the scope of PTSD diagnosis and

treatment to include family members, who often experience significant stress in dealing with returning veterans. According to a study in the journal *Psychiatry*, as of 2008 almost a million American children had at least one parent in active military duty or in the reserves. Published in December 2009, the study found that children of military personnel deployed to Iraq and Afghanistan suffered a significantly higher level of emotional difficulties, when compared with children of other children.

Though the study didn't specifically consider PTSD, the disorder cannot help but complicate a returning veteran's already challenging family situation, Rauch says. "Think about what children need to feel secure," he explains. "They want a parent who's warm, predictable and easily engaged. They need consistent rules, parental approval and a calm, loving home environment." When a father or mother seems distant, children often feel confused, blame themselves or assume that the parent doesn't love them.

The emerging focus on family members is one more indication that research on PTSD, a

disorder that's finally recognized as real, dangerous and often intractable, is entering a period of enhanced scientific scrutiny. Researchers say it is unlikely that any single treatment will prove to be the ultimate answer or that PTSD can ever be eliminated. But for people such as Paruth, who is now racking a head in efforts to lessen the impact of a condition that has been part of his life for more than 40 years, recent progress is undeniable—and long overdue. ■

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APPENDIX 9 - THE WAR INSIDE

descript PTSD, and the U.S. military has been developing programs to raise awareness of the disorder. These include efforts to give information about the psychological dangers of battle to soldiers before they are deployed. Though a modest first step, Battlefield Readiness Training, launched by the Army in 2007, now provides one hour of training prior to deployment, one hour upon return from a combat area such as Iraq or Afghanistan, and one hour three to six months after the soldier has returned. A study of 659 soldiers returning from Iraq, conducted shortly after the program started, found 14% fewer PTSD symptoms among soldiers who had undergone Battlefield Readiness Training. Soldiers reported a greater sense of community and awareness, with 28% saying they could better identify fellow soldiers at risk for PTSD and 87% feeling confident they could take positive steps to lessen mental problems that might arise. By contrast, 65% of those who had not undergone the training were that confident.

The training also encourages veterans, who often withdraw emotionally from loved ones, to share their experiences. "We highlight what happens if you don't tell your spouse what's going on," says Carl Castro, director of the Military Operational Medicine Research Program at Fort Detrick, Md., and a co-creator of Battlefield. "It doesn't have to be the guy dreading. Just give them some idea of what you've been through. Otherwise, how are they going to understand you?"

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(Enclosure 2)

Yellow Ribbon Program



STRENGTH READINESS

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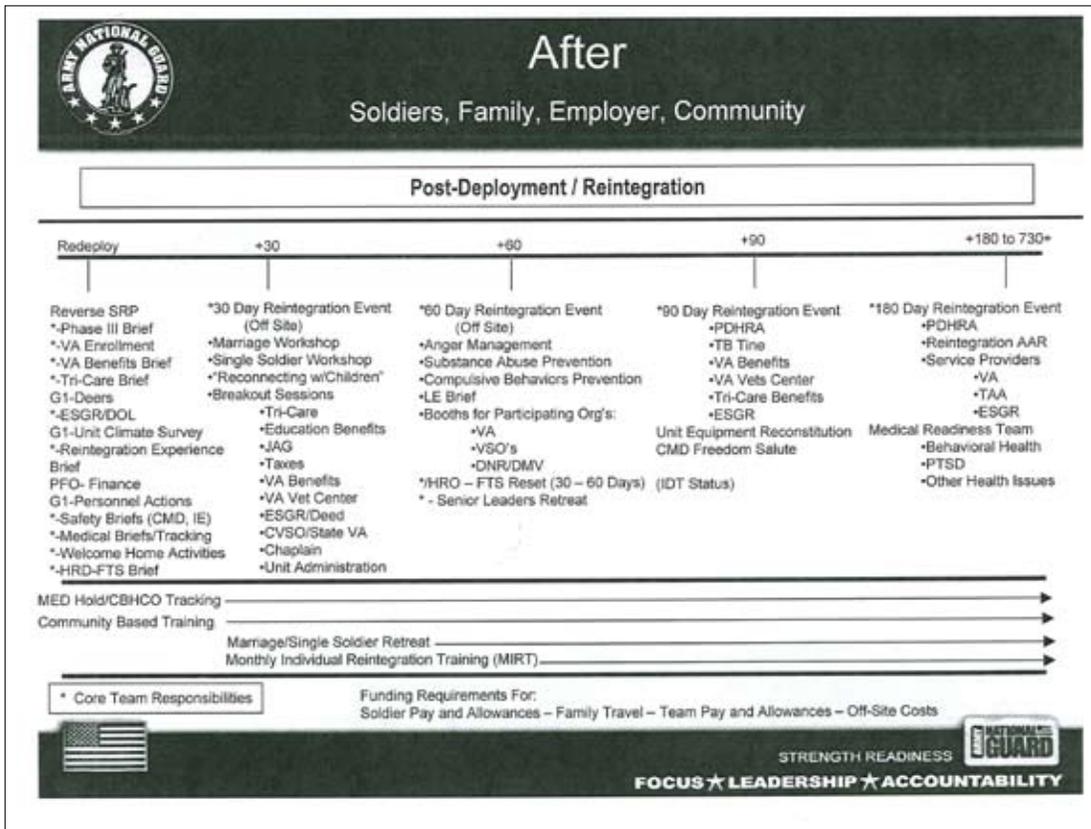
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6 Months		1 Year	1 Year	3 to 6 Months
15 Day J1 Initiative				180 Days <small>(Some individual cases may be longer)</small>
<p>NGB Analysis</p> <p>Demographics</p> <p>FAC Placement</p> <p>FAC Resourcing</p>	<p>State Input</p> <p>Demographics</p> <p>FAC's Stood Up</p> <p>Determine state specific resources needed.</p>	<p>SRP</p> <p>Soldier Readiness</p> <p>Marriage Enrichment</p> <p>Youth Counseling</p> <p>Family Counseling</p> <p>Single Soldier Counseling</p> <p>Financial Counseling</p> <p>Legal Counseling</p> <p>Employment/ESGR</p> <p>Information on Resources available to Soldiers and Families</p> <p>Military One Source</p> <p>VA Resources</p> <p>State / Community Services</p>	<p>Youth Counseling</p> <p>Family Counseling</p> <p>Community Outreach</p> <p>Employment/ESGR</p> <p>Continued Contact with Spouses</p> <p>Information on Resources</p> <p>Military OneSource</p> <p>Child Care</p>	<p>Getting the family ready for their Soldier to come home.</p> <p>Family Counseling</p> <p>Financial Counseling</p> <p>Legal Counseling</p> <p>Military OneSource</p> <p>Employment/ESGR</p>
				<p>Soldier Care</p> <p>Taking Care of Business</p> <p>Taking Care of their Health</p> <p>Family Care</p> <p>Marriage Enrichment</p> <p>Youth Counseling</p> <p>Family Counseling</p> <p>Financial Counseling</p> <p>Legal Counseling</p> <p>Single Soldier Counseling</p> <p>Information on Resources available to Soldiers and Families</p> <p>Military OneSource</p> <p>VA Resources</p> <p>State Benefits</p> <p>Employment/ESGR</p> <p>Education Options</p>
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STRENGTH READINESS

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By Linda Shrivens
Senior Staff Writer

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At a time when government funds for mental health help have dried up, Americans are in greater danger of becoming depressed and suicidal – because of unemployment and the recession. Add in returning war veterans and you've got a potential mental health crisis.

Suicide is already the eleventh-leading cause of death in the country and the third-leading cause in people ages 10-24 years.

But the recession could make those statistics worse. According to National Alliance on Mental Illness, people who are unemployed and military veterans are at higher risk of suicide. Unemployed people are four times more likely to report symptoms of mental illness than those who have jobs. And male military veterans are twice as likely to die by suicide compared to civilians.

Approximately 60 million Americans experience a mental health disorder, including depression and post-traumatic stress disorder (PTSD), in any given year. Less than one-third receives mental health care.

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That has led to a suicide rate that's worse than the nation's murder rate. For every two people who are murdered in the United States, three die by suicide. That's the equivalent of one suicide every 15 minutes; almost 100 suicides a day.

The latest state by state data on suicide (taken from 2007, which predates the recession) shows that Alaska has the nation's highest suicide rate: 21.8 suicide deaths per 100,000 people. The District of Columbia has the lowest suicide rate: 6.1 suicides per 100,000 people.

Florida ranked 17th with 14.2 suicide deaths per 100,000 people. Pennsylvania came in 32nd with 11.6 suicides per 100,000 people, California was 43rd, with a suicide rate of 9.9 deaths per 100,000 people and Illinois was 46th, with 8.6 deaths per 100,000 people.

To see all the state rankings, continue reading.

Here's the suicide rate for all 50 states and the District of Columbia, based on the latest data from the American Association of Suicidology.

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Veterans facing tough decisions

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In sour economy, some ask: More education or back to Iraq?

by Raymond Rendleman
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Time is running out for the more than 2,700 members of Oregon's 41st Infantry Brigade who might want unemployment benefits this summer. Thousands kicked off the summer by attending the Yellow Ribbon Career and Benefit Fair at Clackamas Community College, but the dog days of August mark their 90-day expiration for deciding whether to accept veteran unemployment claims or go back into the Army.

"We don't want the government to be their sole support system, when they

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Veterans: Support good, but economy lags

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can get back to work or go to school," said retired Col. Scott McCre, director of the Oregon National Guard Reintegration team. "Soldiers have gotten a chance to settle and get back to their families, so the timing is right at this 90-to-100-day mark."

The last time public support of returning vets has been this high was probably in 1945, but the post-war economy looked a bit better than last time a group as large as the 41st was demobilized. In spite of strong supporters, local veteran advocates have found motivation and funding to be more difficult to come by.

"It's really near that folks are getting behind returning veterans," said Spc. Cory Grogan, public affairs coordinator for the 41st Brigade. "There are people that want to help, and there are a lot of influential people trying to make sure they're supported."

Over 100 employers joined Sen. Ron Wyden (D-Ore.) and Team Clackamas, which included County Commissioner Jim Bernard and Bill Zaehle, the dean of students at CCC, at the career fair earlier this summer. "Having even one soldier not able to find a job is too much," Wyden said.

But the high-profile support doesn't always translate into jobs and money for veterans.

Walsh Construction was one of the employers featured at the CCC event, and its booth in front of the job fair building generated interest from dozens of veterans attending. However, only two 41st veterans applied to work at the company, according to recruiter Anna Yates, who said that neither of the candidates were hired due to stringent



Lawrence Burtham returns from the Midwest to reunite with his wife, Michelle Lantelope, at Clackamas Community College.

requirements set by unions that work through the company.

The federal government also cut a grant from \$750,000 to \$500,000 this year for local employers to get paid back for veteran hires during their first six months of on-the-job training, according to Maureen Thompson, director of Hire Oregon Veterans and Community Solutions for Clackamas County. The six-county, Portland-metro program used to be statewide for subsidizing new hires, their vocational training and their rent. If they are close to homeless.

"Trucking school is still really popular because veterans like to get to work in isolation," Thompson said.

The other issue is that some veterans don't necessarily want to get "on the road" to employment. To determine motivations and stresses of returning soldiers, the military's reintegration team contracted a recent web-based study through Oregon survey company HOP Inc.

Of 557 returning soldiers interviewed, 60 percent planned to go to school, get unemployment benefits or had no plan. Another 18 percent planned to return to their old jobs. Of those who said they would seek

benefits, 69 percent said that they would stay on unemployment for up to 90 days.

Reintegrating these warriors back into society would be a challenge in any circumstances, but this is also the worst economy since WWII," the survey said.

More than 70 percent of the veterans surveyed had only received a high-school education or one of its equivalents.

A father of four children, Grogan considers himself to be successfully making the transition, although, like many veterans he knows, he's found it difficult to manage multitasking several different jobs fairly. In addition to public affairs work with Oregon National Guard, he works as a teacher at Cascade Heights Public Charter School, and he took a part-time job to supplement his income at DeVry University, teaching an online class.

"I've had to put a lot time into managing my civilian life, so I certainly don't always get all the sleep I would like," he said. "While not all veterans may be A-plus employees, with their military experience, they have the discipline and grace-under-pressure skills that make them perfect for many types of jobs."

Lawrence Burtham returned from a tour with the 41st infantry as to whether to go to school or try to advance in the Army. By the end of the summer, he hopes to decide whether to join the ROTC or explore the educational opportunities at a community college.

He considered the possibilities at the CCC job fair before deciding that entering the civilian workforce wasn't his thing.

"Reconciling an officer is what I came into the Army for but some general studies would help me get a grasp of what I really want to do long-term," Burtham said.

Greg Myers, the Clackamas Community College veterans affairs coordinator, counted 206 veterans using

veterans choose to take classes without accessing the GI Bill.

Burtham's wife, who works with the Oregon Community College Student Association to lobby for public-school funding, is happy to let her husband go back to the Army.

"If you can survive the lifestyle and the stresses that come with it, more power to you," said Michelle Lantlope, OCCCSA organizer.

"The natural reaction for an Army wife is to freak out

a little bit," Lantlope said, "but as long I can go to law school, my husband can do whatever he likes."

Grogan noted that the reintegration process is different for everybody. "But having a good support system is important for everyone," he said. "Now that you get home and there's a lot of things going on, it's easier to get really busy with work so you don't have to think about deployment as much."