

Moving Forward

...And Making a Difference



Second Annual Conference
May 5 – 8, 2009 | Washington, DC

Table of Contents

TABLE OF CONTENTS	2
MOVING FORWARD	3
CONFERENCE OVERVIEW	4
GUEST SPEAKERS	5
VETERAN PANELISTS	5
PANEL PRESENTATIONS	6
REPORT FROM THE HILL: UPDATE ON CURRENT MILITARY AND VETERAN LEGISLATION	6
THE RIPPLE EFFECT OF TRAUMATIC STRESS.....	7
STRATEGIC ALLIANCES AND FUNDRAISING.....	8
KEYS TO SUCCESSFUL OUTREACH	9
CURRENT ISSUES FACING WOMEN SERVICE MEMBERS AND VETERANS	10
HOW TO WORK WITH THE MEDIA	12
OUTREACH AND SUPPORT FOR MILITARY CHILDREN	13
SUICIDE IN THE MILITARY: CARING FOR THE SURVIVING FAMILIES.....	14
PUBLIC, PRIVATE AND COMMUNITY PARTNERSHIPS.....	15
VISIBLE AND INVISIBLE WOUNDS: TREATING THE WHOLE INDIVIDUAL	16
PHYSICAL AND MENTAL HEALTHCARE: ACCESS TO SERVICES AND AMPLIFYING NEEDS.....	18
PEER SUPPORT: HELPING EACH OTHER FIND A WAY HOME.....	19
ECONOMIC WELFARE: ACCESS TO BENEFITS, HOUSING AND EMPLOYMENT.....	20
ENGAGING THE MEDIA: A LOOK INSIDE COVERAGE OF THE WAR AND WHERE WE GO NEXT	21
VETERANS PANEL	23
STAKEHOLDER ROUNDTABLE: MODERATED BY KIM DOZIER, CBS NEWS	26
NEXT STEPS	28
CLOSING THOUGHTS	29
SAVE THE DATE	32

Moving Forward

...And Making a Difference

Thank you for your interest in the Coalition for Iraq and Afghanistan Veterans (CIAV) Second Annual Conference. The CIAV is a national non-partisan partnership of organizations who deliver a wealth of services and support for our military, veterans, families, survivors and providers to strengthen the existing system of care and support for all those affected by the wars in Iraq and Afghanistan. We are comprised of some 52 agencies throughout the nation serving a myriad of needs associated with deployment: from employment and legal services; scholarships and direct financial assistance; to residential post traumatic stress disorder and traumatic brain injury treatment; to programs for military families and surviving loved ones. The following report, while lengthy, just begins to touch on the innovative work our members are engaged in. We encourage you to visit our website, www.coalitionforveterans.org and our individual agencies' websites to learn more and to offer support.

Deployment results in complex constellation of stresses compounded by bureaucratic, social, medical and economic issues impacting our warriors. No one agency or sector can deliver the breadth of support required – not the Department of Veterans Affairs, nor the military, nor the Administration or state and local systems, nor private non-profits, faith-based organizations or individual caregivers. We have learned since the wars began that we must coordinate care, and leverage every resource to meet the needs of our warriors and their families.

The collaborative work of the CIAV, including information sharing and referrals, equips us to address the constellation of issues individuals face. We are very proud that we are the go-to-source for information, services, and support to our service members, veterans, their families, and their survivors. We know that operating in silos is inefficient and welcome new partners as we strengthen existing relationships with fellow military and veteran advocates. During our second annual CIAV conference we hosted our partners from the Defense Centers of Excellence, the Wounded Warrior Programs, Congress, the White House and federal agencies in forums intended to jumpstart strategies to move forward and make a difference together.

The coming year will present new challenges. The economic downturn has impacted our fundraising just as more service members are returning home with their own economic struggles. PTSD and TBI rates are rising, as is suicide among OIF/OEF military and veterans. Women veterans face inequities in service and accessing care. In short, we have a lot of work to do today, tomorrow and for decades to come. But as I looked out on the general sessions, I was overwhelmed – the CIAV members and our partners in attendance present a wealth of knowledge, compassion and unyielding commitment to our work.

And so we look forward to this is a critical window in time, to working with the new administration as they operationalize their pledge to serve military families, streamline access to care and benefits and end veteran homelessness. We look forward to serving as a resource for the DoD and the VA and working together to strengthen the system of care. And, we look forward to working with non-profits and our communities to ensure that every service member, every veteran, every family member and every survivor receive the services and support they have earned.

CIAV Director

Amy Fairweather

Conference Overview

A Summary of Conference Events, Highlights and Presentations

The 2nd Annual Coalition for Iraq and Afghanistan Veterans was held May 5 – 8, 2009 at the Renaissance Mayflower Hotel in Washington, D.C. During the four day conference, the CIAV met to discuss successes and challenges; key stakeholders from the DoD and government convened for a Roundtable; and members of the community attended panels conducted by CIAV experts.

The CIAV hosted two representatives from each grantee organization to attend the conference with 150 attendees. The Coalition for Iraq and Afghanistan Veterans has grown over the past year, with seven new grantees: Community Foundation in Jacksonville, Dade Community Foundation, Disability Rights Advocates, Farmer-Veteran Coalition, Operation Mend, Returning Heroes Home and Veteran Homestead. In addition to CIAV organizations, twelve special guests were invited, including OIF/OEF veterans, family members, and survivors involved in advocacy efforts.

The theme of this year's conference was *Moving Forward + Making a Difference*. The Coalition's goal was to come together as nonprofits, with the DoD and VA, our state and local governments, the faith-based community, educators, researchers, and funders to strengthen the community of care and support for all those affected by the wars in Iraq and Afghanistan. Building on the mission of the CIAV, this year's theme was a renewed call to national service; as the President stated, "I ask all Americans to make a renewed commitment to serving their community and their country. We're going to have to take responsibility – all of us."



ALL BRANCH COLOR GUARD OPENING CEREMONY

The first day of the conference involved panels giving the CIAV members a chance to interactively learn from one another. The second and third days of the conference reflected this year's theme of joining together with fellow government and community agencies. Day two began with in-depth trainings on fundraising, media, and non-profit advocacy. The evening featured a Stakeholder Roundtable titled, *A Way Forward – Serving Those Who Serve*. Panelists included personnel from the White House, Congressional staff, as well as personnel from the military Wounded Warrior programs, the VA and Defense Centers of Excellence, and was moderated by CBS news reporter, Kimberly Dozier.

Day three was the public day. Members of the DoD, VA staff, and the community-at-large were invited to panels conducted by the CIAV members. The final day of the conference was for a debriefing and reflection. This year, the CIAV organization members came together to share a wealth of knowledge, support one another, refresh partnerships and build new relationships so our service to military, veterans, families and survivors can continue.

Guest Speakers

- **Kimberly Dozier**, CBS News correspondent, who worked primarily in Baghdad since August 2003, has covered Iraq and the Middle East extensively for the *CBS Evening News*, *The Early Show* and CBS Radio News. Last year, she published a memoir, *Breathing the Fire, Fighting to Report and Survive the War in Iraq*, detailing her recovery from the car bomb that hit her team while covering a 4th ID patrol in Baghdad in May 2006. She now covers the Pentagon and the White House as a general assignment reporter for CBS's Washington, D.C. bureau.
- **Amy Fairweather**, Director of Policy, Swords to Plowshares (Iraq Veteran Project) and Director, Coalition for Iraq and Afghanistan Veterans (CIAV), an attorney specializing in public policy, has provided technical support to survivor advocates, legal and public health professionals, community-based organizations and non-profit advocates. She is engaged in local, state and national advocacy on behalf of OIF/OEF veterans and their families. Ms. Fairweather received her JD from the Hastings College of the Law in San Francisco.
- **Steve Robinson**, a retired Army Ranger, a veteran of both the first Gulf War and the 1991 Operation Provide Comfort in northern Iraq, has been at the forefront of the debate on a broad spectrum of veterans' issues resulting from the present conflicts in Iraq and Afghanistan.
- **Nancy Berglass**, Principal, Berglass Community Investment Consulting, and Director, Iraq Afghanistan Deployment Impact Fund, has facilitated grant making to hundreds of community-based, philanthropic and government entities during her earliest grant making days with California's State Local Partners Program, and through her tenure as President of the renowned AIDS Memorial Quilt/NAMES Project Foundation. Ms. Berglass is a National Leadership Fellow of the W.K. Kellogg Foundation.

Veteran Panelists

Patrick Campbell, Army National Guard
Genevieve Chase, Army
Mike Van Derwood, USMC
Ernesto Estrada, USMC
Phillip Goodrum, Army
Mike Judd, Army
Horst Laube, CA Army National Guard
Derek McGinnis, Navy
Brian McGough, Army

Abel Moreno, Army
Andrew Pogany, Army
Paul Reickhoff, Army
Michelle Saunders, Army
Carolyn Schapper, Army
Joseph Strudivant, USMC
Tom Tarantino, Army
Kayla Williams, Army

Panel Presentations

REPORT FROM THE HILL: Update on Current Military and Veteran Legislation

Many CIAV organizations are at the forefront of military/veteran policy, working to ensure that the needs of military, veterans, families, and survivors are part of a national dialogue. This panel featured legislative and administrative priorities for 2009 from the new GI Bill to comprehensive mental healthcare.

Joseph Violante, National Legislative Director, Disabled American Veterans (DAV), provided an overview of pending legislation and budget considerations. In both matters of budget and legislation, veteran organizations have agreed to form a united front when giving recommendations and support to both the new Administration and Congress. The issue of advanced appropriations is of considerable significance as this would require the Administration and Congress to address the VA healthcare budget a year in advance. Such a change could make it possible for the VA to more effectively serve our nation's veterans by having time to plan for the upcoming fiscal year. This pending healthcare legislation is as follows:

- On April 9, 2009, President Obama reaffirmed his administration's support for advance appropriations when he personally met with representatives from veterans and military communities.
- A hearing was held by the House Appropriations Subcommittee on military construction, Veterans' Affairs, and related agencies on April 23, 2009. Debate on the bill began in May or June.
- Completion of the Appropriations Bill remains a question.

Kelly Hruska, Deputy Director of Government Relations, National Military Family Association spoke regarding legislation that impacts family members and survivors. Addressing the issues of individuals affected by the wars in Iraq and Afghanistan it was stressed that advocacy from both the community



It all comes down to the local community, for the veterans who need help immediately.

**Michael Blecker,
Swords to Plowshares**



and legislature needs to be proactive instead of reactive to be more effective. Policy members need to be educated on the needs of survivors in particular; however due to the current economic situation, policies affecting survivor benefits may be postponed. In addition, assistance and resources for active duty family members need to be recognized along with their veteran family counterparts.

Michael Blecker, Executive Director, Swords to Plowshares, spoke on behalf of his organization and the National Coalition for Homeless Veterans. Michael urged those working with homeless veterans to focus on prevention in addition to resources, so as to mitigate the chances of this newest generation of veterans becoming homeless. Veterans are overrepresented in the U.S. homeless population; however, the resources for them do not reflect this. With the veteran homeless population numbering over 170,000 individuals, the \$100,000,000 allocated by the VA's *Grant Per Diem* program is insufficient. Two legislative solutions regarding our nation's

homeless veterans is the *Homeless Veterans Reintegration Project*, which needs to be re-authorized at a higher rate and the *Homes for Heroes Act*, which still has a long way to go. In addition to veteran-specific legislation, veterans and their families must not be excluded from mainstream care.

Patrick Campbell, Chief Legislative Counsel, Iraq and Afghanistan Veterans of America (IAVA), stressed the need for differentiation between DoD and VA issues needing action. Patrick addressed active duty and veteran topics currently receiving attention on Capitol Hill. Regarding mental health, IAVA is pushing for mandatory mental health counseling, regular mental health check-ups and an increase in capacity for care. Recently the DoD banned Personality Disorder Discharges (PD), which wrongfully classified PTSD and TBI in some cases as prior conditions affecting the service member. This improper diagnosis led to severe loss of benefits.

For veterans, legislation has been passed giving employers tax credits for hiring post 9-11 veterans. However, outreach is needed for employers to know about this tax credit. At the same time, several Senators are also giving more attention to alternative sentencing laws for veterans. With the new GI Bill coming into effect August 2009, half a million veterans and spouses are estimated to start school. Veterans and service providers need to educate themselves about the 2008 GI Bill and remember these key points:

- Tuition can only be spent on tuition; fees can only be spent on fees.
- If you have used all of the Montgomery GI Bill you have 12 months left with the new GI Bill; but if you have one month left of the old GI Bill and transfer to the 2008 GI Bill, you will only receive one month of the new education benefits.
- Check out the new benefits and know the rules. You can't switch back to the Montgomery GI Bill.
- IAVA is launching an updated GI Bill 2008 website.

THE RIPPLE EFFECT OF TRAUMATIC STRESS

This panel highlighted the research regarding vicarious traumatization; one of the potential effects of bearing witness to the stories of those who have experienced traumatic events. Panelists addressed the subject with a specific focus on care providers and discussed clinical anecdotes and strategies for provider self-monitoring and self-care.

Understanding the various components of traumatic stress, the differences between burnout, compassion fatigue and vicarious trauma can aid service providers working with those affected by the wars in Iraq and Afghanistan. Identifying warning signs for compassion fatigue and learning tools to sustain oneself and one's colleagues go hand-in-hand with an understanding of the terminology. Pamela J. Swales, Ph.D., psychologist at the National Center for Post Traumatic Stress Disorder (NCPTSD) at the Department of Veterans Affairs (VA) – Palo Alto Health Care System, and **Fred D. Gusman, MSW,**

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**As providers, we need
to take care of our
primary weapon, which
is ourselves.**
**Fred Gusman,
The Pathway Home**
● ● ●

Fred D. Gusman, MSW,

Executive Director, California Transition Center for Care of Combat Veterans – The Pathway Home, spoke about the many elements of traumatic stress and its effect on those serving in this field.

Traumatic stress has several stages:

- Primary Traumatic Stress: Subject is overwhelmed by direct exposure or witnessing of extreme events.
- Secondary Traumatic Stress: Subject is overwhelmed by direct exposure to events witnessed by another's trauma (i.e. seeing the extent of another's injuries).
- Vicarious Traumatic Stress: Subject is beset by witnessing another's traumatic stress by way of stories (puts providers at risk of being overwhelmed).

Vicarious Trauma can affect you cognitively, psychologically, and emotionally. Characteristics can include change in world view, decreased sense of safety and self worth, hopelessness, helplessness. This can lead to internalizing client's stories, symptoms that mimic PTSD, sleeplessness, mood swings, isolation, and risk-taking behavior; along with feeling overwhelmed.

Provider Vicarious Trauma is not counter-transference. Burnout from work can be emotionally demanding but is not the same as Vicarious Trauma. Similarly, providers can be affected by compassion fatigue, which is Cumulative Trauma, either personal, secondary, and/or through bearing witness.

The panelists stressed that providers need to balance being empathetic while maintaining a hold of their purpose and professionalism. This human connectedness allows providers working with OIF/OEF veterans, military, families, and survivors to do their best work.

Attendees were provided with key advice points for sustaining their work:

- Management of caseloads is a key component.
- What are you doing to take care of yourself?
- Each individual client's reaction is unique – the same goes for therapists
- Taking a regular self-assessment is important; check in with yourself.
- You need a personal life outside of caring and sharing.



FRED GUSMAN, THE PATHWAY HOME

STRATEGIC ALLIANCES AND FUNDRAISING

This panel discussed how the CIAV organizations can utilize strategic alliances and partnerships to more efficiently use our resources and ensure sustainability.

Mike Conklin, Chairman and CEO, Sentinels of Freedom Scholarship Foundation, uses small teams in the community to raise funds and take ownership of the program. Sentinels' small staff, effective board, and connections to the community ensure sustainability and build ties with the corporate population. They pose the question to the community, "What is our responsibility to our service members?" Then strengthen that connection by showing the correlation between service to our country and their own personal quality of life. This helps the corporate community develop responsibility. A key selling point is

showing the donor the value of what they can provide; showing a real return, a tangible outcome of the services you offer secures donors.

Kara Dallman, Business Development, United Through Reading, discussed how a committee of staff and trustees worked through the Drucker Foundation's workbook, *Meeting the Collaboration Challenge*, which leads organizations through steps to become more strategic in seeking new alliances and responding to offers of collaboration. Essential steps in the process of strategic alliances are to identify and prioritize characteristics of your organization that will appeal to potential partners (i.e. a powerful mission, a strong public presence, organizational expertise, programs and projects). It is also important to analyze your current alliances, and identify specific potential entities with which you might seek collaboration. Finally, you can cement a process that can be utilized on an ongoing basis. For United Through Reading, utilizing the steps in the workbook puts a process in place through which all trustees can suggest potential alliances and a policy can evaluate assets, capabilities, needs in relation to the assets, and needs of potential allies.

Amy Palmer, Co-Founder, Operation Homefront, discussed the importance of board development and individual giving. The Board is critical to the success of an organization. Many funders can look at an organization, and if they don't have a strong Board, the chances of funding are small. Creating a Board profile assessment is a good place to start learning their circles of influence, unique perspectives, thought processes and diversity. It is important to make sure your board knows their role in fundraising, and be informed of giving policies to help them decide who to approach for potential funding. "Give or Get" policies can incentivize the Board to contribute financially, and also allows those they approach know that as a Board of Directors they are committed to the organization. Attendance requirements can ensure that they stay involved – if they aren't attending Board meetings, chances are they aren't raising money for the organization.

Individual giving represents 83.4% of funding for most nonprofit organizations – this means the focus should strongly be in this area. Individual giving is a great way to use a Board of Directors, and you can help them by preparing statistics on your organization, providing stories of families you help and pictures of services. It's also important that your contact with donors be more than simply asking for money. 85% of donors in a recent study said that they stopped supporting an organization because they weren't told where their money went to. Stewardship plans can ensure that you do follow up with donors and track it.

KEYS TO SUCCESSFUL OUTREACH

The geographic diversity of our military coupled with the high percentage of National Guard and Reserve Forces deployed in the wars in Iraq and Afghanistan present new challenges to outreach. This panel looked at successful approaches the CIAV organizations have used to reach out to military and recently separated veterans and their families in order to best meet their needs.

Lindy Williamson, MSW, National Veterans Foundation, addressed the needs of military and veteran families as a whole. Family members and caregivers need resources to understand PTSD and other post deployment issues. In addition to direct outreach to families, community outreach is a vital component

in the coming home process. Educating first responders, mental health professionals, clergy, and employers is essential in creating a welcome environment both for the family and the veteran.

Shannon Kissinger, formerly with Swords to Plowshares, works with first responders to open communication on combat and transition issues. Swords is delivering military and veteran cultural competency training to first responders, clinicians, and community service providers who will continue to interact with veterans. The program improves their capacity to interact with OIF/OEF veterans more appropriately, understand how OIF/OEF military service impacts response, and provides treatment and referral services. He also addressed the importance of having staff dedicated to outreach on the ground, providing face to face interaction with the veterans where they are, be it at drill weekends, community colleges, or homeless encampments.

Tom Tarantino, Policy Associate, Iraq Afghanistan Veterans of America (IAVA), discussed the joint **Ad Council** media campaign and veteran community website, www.communityofveterans.org. Online outreach is vital for this generation of veterans who are comfortable communicating online, and in many cases geographically isolated from their fellow veterans. Online outreach has resulted in virtual communities of OIF/OEF veterans along with easily accessible electronic resources compiled by IAVA and veterans who utilize these sites. These media methods also are a powerful tool in raising public awareness and support.

CURRENT ISSUES FACING WOMEN SERVICE MEMBERS AND VETERANS

This panel addressed legislative and healthcare issues facing women veterans, and included the female OIF/OEF veteran perspective. Panelists discussed how the CIAV agencies can help meet the needs of OIF/OEF women active duty and veterans.

Women have long been an invaluable element of our nation's military. Now they are the fastest growing cohort and are being deployed to combat zones in unprecedented numbers. The traditionally male dominated military and veteran entities are behind the curve in tailoring gender specific policies and services. New programs and initiatives are being proposed but more reform is needed.

Kayla Williams and Michelle Saunders, both OIF/OEF Army veterans, spoke about the real issues facing their generation of female service members. Kayla noted that the general public may not understand what today's military is like for women.

Many women may be in dual roles as a spouse of a service member, as well. Transition to civilian status can be additionally challenging when their spouse is also

KEY POINTS ON THE EXPANDING POPULATION OF WOMEN VETERANS

1. **The number of women veterans is growing rapidly.**
2. **Because of the large number of women on active duty and entering military service, the female percentage of all veterans is projected to increase:**
 - From 7.7% in 2008;
 - To 10.0% in 2018;
 - To 14.3% in 2033.
3. **There is high VA utilization by women who served in Operations Enduring Freedom and Iraqi Freedom (OEF/OIF):**
 - Over 102,126 female OEF/OIF veterans.
 - 44.2% of women enroll; of these, 43.8% use from two to ten visits.

wounded. Both providers and policy makers need to be sensitive not only to the specific needs of female veterans, but also to their diverse roles and how they identify. Michelle spoke extensively about female combat veterans and the effect of Post Traumatic Stress. It may be difficult to ask for help upon returning home when clinicians and society do not have an accurate perception of their service. The additional burden of proving they were in combat is a significant challenge for women who have served in Iraq and Afghanistan.

Dr. Patricia Hayes, Women Veterans Health Strategic Health Care Group, Department of Veterans Affairs Chief Consultant provided an overview on healthcare issues and demographics regarding women veterans. Dr. Hayes stressed that women have been part of the military for a very long time but one of her department's main goals is to make the VA more welcoming and beneficial to women veterans. Other issues facing this population include a need for transition time after deployment, resources for their families, women serving in combat, and sexual trauma.

Joy Ilem, Assistant National Legislative Director, Disabled American Veterans (DAV), spoke regarding the growing number of women in the military and their changing roles during deployments. The increasing numbers of women enrolling in the VA after military service has led to the need for legislative action. The DAV established the "Standup for Women Veterans" campaign and has advocated for several key bills addressing barriers to care and equality for women veterans.

According to the DAV's Standup for Women Veterans Issue Brief:

- Women returning from combat theaters have unique physical and mental healthcare needs.
- Increased demand for services coupled with the need to have more clinicians with women's health expertise will challenge VA resources and service delivery systems.
- More women service members are being exposed to combat, have experienced military sexual trauma, and need specialized post-deployment and mental health services.
- Legislation is needed that would ensure women veterans' health programs are assessed and enhanced so that access, quality, safety, and satisfaction with care are equal for women and men.
- Improve the VA's ability to assess and treat women who have experienced combat and/or military sexual trauma.
- Increase the use of evidence-based treatment practices that are gender specific.
- Conduct a long-term study on the unique health challenges facing women veterans who have served in combat theatres.
- The VA should identify and implement the best clinical model of care to meet the comprehensive healthcare needs of women veterans using the VA healthcare system.
- The VA should receive sufficient resources to have at least one provider with women's healthcare expertise at every VA medical facility.

HOW TO WORK WITH THE MEDIA

This panel allowed the CIAV organizations to participate in a Q and A with reporters to gain knowledge of media relation strategies and learn tricks of the trade. The following Q and A explains how to get a story in the news, which pitches work best, and how and when to approach reporters. Panelists included John Fales, columnist for Washington Times; Mary Walsh, National Security Producer for CBS Evening News; Terese Schlachter, Producer for The Pentagon Channel; and Karen Jowers, Senior Military Writer for Military Times. The panel was moderated by Frank Gallo and Janice Laurente.

What type of material do you look for and how do you prefer a pitch? What are key elements of stories you look for?

John: It's important to write as simple as possible, state what you want and what support you need. I frequently use PR Newswire.

Terese: I prefer emails and follow-up phone calls. If you have a personal story attached to an event it can make it more palatable. You can peg your story to a holiday as well (i.e. TBI month, TBI stories, Memorial Day, etc.). Since Mary and I are both in television, we often look for video from your organization. Think in terms of what kind of pictures capture the work you do.

Mary: I often say real estate is about location, and television and news in general is about character. The way that news is shaped on CBS is character driven stories. I prefer email because it is a fast way to do business.

How do you protect a client so they aren't penalized by the coverage?

Mary: A challenge for me is I often get compelling ideas and a storyline but when I call the organization back and ask who they have that can illustrate the story they can't provide it. If you do a story on a process that chronicles a journey and we give you our word that it won't air till the process of story is done, then that can be done.

I understand that when you put a face to a situation or problem, it often takes precedence over the organization providing the resources, and frequently the organization gets overlooked. Do you have any advice on how to get our name in to the story?

Mary: You have to be happy with the fact that you get the issues out there, it's just the way it works in print and TV, it's unfortunately the way of the world. An organization can certainly be a character in a story – that would be more of an early show, morning news type of media. Figure out where you can get that piece on. You can also see if you can get it in on their websites.

Terese: Don't be afraid to ask if your organization name can be included.

John: If you have positive events where you honor somebody, and you have wounded and their families there, that often centers around the organization.

How do we develop a media strategy for a book or publication?

John: I wouldn't attach it to something like Veterans Day because you are competing. Maybe make a contact at the National Press Club.

Mary: Blanket a lot of veterans groups, and even possibly think tanks. See if they would like to sponsor a luncheon or event around the book or publication.

Everyday media, how do we get the media to shift back to focusing on issues of the military and veteran community?

Mary: It's important to show good American people getting involved- show the community coming together to help – a great human interest story that taps into the community spirit. Every media outlet, even though we are slammed, looks for good stories.

Terese: You can also attach your story to a big story like the economy.

Is it worth putting stuff out on the wire?

John: I find that I get a lot of stories from the wire.

Karen: I honestly have little time to even read the emails.

What catches the eye in a subject line?

Karen: Put military, family, or service member in the line, with a word or two that indicates it's something different than what we usually get. Don't put "please print this"!

John: Don't send attachments; put everything in the body of the email.



FROM LEFT TO RIGHT: JANICE LAURENTE, JOHN FALES, TERESE SCHLACHTER, MARY WALSH, AND KAREN JOWERS

OUTREACH AND SUPPORT FOR MILITARY CHILDREN

No one feels the weight of a deployment like military children. The CIAV organizations support the families of our nation's warriors daily through tangible direct services and legislative advocacy. As they strive to help these families cope with deployments, these agencies have reached out to fellow CIAV organizations along with other community and corporate partners to comprehensively serve their clients and enact change. Mary Carolyn Voght, Kara Dallman, and Joyce Wessel Raezer provided an excellent panel addressing the needs of Active Duty, Guard, and Reserve families.

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Since 9-11 our military personnel have endured a lot...with a lot of uncertainty on the side of the adult and that of the child.

**Kara Dallman,
United Through Reading**

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Kara Dallman, Business Development, United Through Reading, described the experience of stress and uncertainty families and deployed service members face. One successful method of easing deployments is having deployed parents read aloud books onto DVDs that their children can watch at home. United Through Reading reiterates the importance of reuniting and supporting families that are separated physically. Creating a "circle of communication" sustains these families and serves as an example for other NGO efforts. This "parenting from afar" concept has been greatly aided by a corporate sponsorship from Target and a partnership with the USO.

Mary Carolyn Voght, Development and Community Resource Specialist, Our Military Kids, spoke about support for children of deployed Guard, Reserve, and injured service members. Grants provided by Our Military Kids have made

it possible for these children to enjoy extracurricular activities or receive academic tutoring. Hundreds of programs have been launched nationwide since 9-11 in an effort to support our deployed and returning troops.

Joyce Wessel Raezer, Executive Director, National Military Family Association, spoke about both the national and local level issues facing military families, veteran families, and survivors. Programs like NMFA's *Operation Purple*® camps help the children of deployed parents discover they have peers going through the same difficult process. Legislative solutions are needed as well to provide more continuity among public schools, as military families often move between states. NMFA is sponsoring a longitudinal study focusing on the communication of active duty military children and caregivers, and differences between communication of active duty and Guard and Reserve during deployments. Results of this study should be ready to be unveiled at the 3rd Annual CIAV Conference.

SUICIDE IN THE MILITARY: Caring for the Surviving Families

Today's military members are enduring multiple deployments, extended tours, combat fatigue and losing buddies all while trying to maintain their relationships and lives at home. The cost of war is taking a toll on the military family and is resulting in a drastic increase in the suicide rate among service members both at home and abroad.

Bonnie Carroll, Director, Tragedy Assistance Program for Survivors (TAPS), spoke about grief and trauma resources for all those affected by the death of a loved one in the Armed Forces. TAPS is a national network of families in America coming together to comfort each other, to provide hope and support. Bonnie spoke of the power of peer-based support for surviving families as an important way for survivors to connect on a personal level through shared experiences.

Kim Ruocco, MSW, a surviving spouse, provided a personal story of her husband's struggle and suicide. *How does a highly decorated Marine pilot, a Major selected for Lieutenant Colonel, commit suicide?* Suicide is a perfect storm of precursors which contribute to the loss; notably,

- Mood disorders,
- Loss of belonging or lack of unit cohesion,
- Desensitization to pain and to the idea of dying,
- Feelings of hopelessness, helplessness, and
- Post Traumatic Stress Disorder.

As Kim described, when you keep these precursors in mind and think about what service members go through, suicide becomes a tremendously undertreated issue in the military. Kim's husband was a Marine, back from war and desensitized to pain and death, whose learned mindset was to "kill the problem," which in this case was himself. The consequences of getting help were overwhelming, and the stigma of admitting that he needing help and possibly being seen as weak, as many service members experience, was not an option. Kim pointed out that when we can discuss the stigma openly and make it okay to admit that you need help, the suicide rate will go down.

Overall, suicide remains a tremendously underreported issue. Although it is confirmed as the second major cause of death in the military, the Army is the only military branch that reports the number of deaths by suicide. Once the service member transitions out of the military and into the community, the service member may feel lost without their unit, and without adequate services the veteran may quickly become a casualty. The VA has confirmed 18 suicides per day among the entire veteran population. TAPS works with the military to help de-stigmatize suicidal ideation. Survivors tell the stories of suicide, and teach how to identify potential suicidality among their service members, and how to get help. The Army's Ask, Care and Escort (ACE) Intervention Program is a good start to a necessary shift in culture, and includes suicide awareness, warning signs of suicidal thinking and behavior, and intervention skills development. However, much more needs to be done to reduce this growing epidemic.

PUBLIC, PRIVATE AND COMMUNITY PARTNERSHIPS

Throughout the course of caring for military, veterans, families, and survivors, many of the CIAV members have discovered the true value of reaching out and collaborating with outside entities. There are challenges when a single entity attempts to deliver and fund programs for all issues relevant to our cohort, and this panel illustrated how collaborative efforts between government, private, nonprofit organizations, and the community can strengthen the system of care and support for those who serve.

Lynn Chwatsky, Senior Director of Outreach Initiatives and Partners, Sesame Workshop, provided an overview of their partnership with the USO to deliver a unique experience reaching the youngest members of military families. This collaboration has enabled them to tour military bases around the country to promote their *Talk, Listen, and Connect* program. Through this direct outreach, Sesame Workshop and the USO have produced large scale entertainment shows exclusively for military families, with giveaways and educational kits, reaching 42 military installations of all branches, many with high deployment rates. Their educational videos provide special insight into the experiences of the military child, discussing the experiences of deployments, homecoming, and changes for the family.

Bill Nelson, Executive Director, USA Cares, discussed their goals to ease financial burdens associated with service in the military since 9-11. To date, they have had 15,000 requests for help, awarded \$5.7 million in grants, and saved 650 homes. These achievements have been in part due to partnering with the private sector both in assistance and support; including Veterans of Foreign Wars, Project Victory, State National Guard Foundation, Red Cross, Salvation Army, Major League Baseball, Dennis Miller, and others.

Their partnership with Homeownership Preservation Foundation has granted \$1.2 million to save the homes of qualified OIF/OEF personnel and provide counseling through CCRC. This has allowed USA Cares to save 250 mortgages and help 1,500 military children stay in their homes. Their *Warrior Treatment Today* program is an innovative solution for the VA to reach out to community organizations for referrals and coordination. This program allows them to remove financial roadblocks for veterans to access PTSD/TBI rehabilitative care, and utilizes support from Project Victory, a fellow CIAV organization, for emergency assistance and placement.

Barbara Lau, Executive Director, Cause, discussed their mission to organize recreational and entertainment programs for members of the U.S. Armed Services recuperating from injuries received in Iraq and Afghanistan. Their program began at Walter Reed Hospital and has spread to bases throughout the U.S; soon being available to 5,000 wounded warriors in locations with the largest outpatient populations. Because the programs operate on bases, the military is their biggest partner, and the community partners with them as well.

Once permission is granted to operate on military bases outreach for volunteers begins. In reaching the local communities near the base, Cause connects with civilian aides to the Secretary of the Army (CASAs) who are local citizens well connected in their community. Their volunteers include businesses, schools, active duty and retired military, church groups, nonprofits, service academy alumni, youth organizations, and others.

Tara O'Connor, Assistant Director and CFO, and **Michelle Wilmot, Program Director, Veteran Homestead** provided an overview of their Northeast Veteran Training and Rehabilitation Center, a transitional housing program where the entire continuum of care can be done under one roof. This two-year program allows the veteran and their family to get an Associate's degree with the fees paid. After pitching the idea of the program to a local community college president as "the right thing to do," this light bulb moment became a gateway for huge support from the community of Massachusetts. An article was put in a local paper noting the idea that Veteran Homestead had for the program, and the community has since embraced them in terms of volunteer therapists, funding, donated land, and other support.

VISIBLE AND INVISIBLE WOUNDS: Treating the Whole Individual

Not all physical injuries and wounds are visible and often the development of mental health issues begin with untreated or undertreated pain related to combat and the physical stress of military life. This panel addressed the importance of dealing with the physical as well as emotional wounds of combat.

The current conflicts subject service members to unstable and unpredictable environments which have resulted in high levels of traumatic exposure. Combat trauma can impact the ability of the service member transitioning back home, connecting with loved ones, and being a member of their community. Many models of care now address how to treat the whole individual as we experience an influx of service members returning home from war and needing specialized long-term care.

KEY FINDINGS AND SOLUTIONS ADDRESSED ON TREATING THE WHOLE INDIVIDUAL:

1. We need research that investigates how to best improve treatment options to address polytrauma.
2. Access to appropriate, effective, research-based comprehensive care that addresses the physical, emotional, economic impact on family and caregivers under one roof is imperative to treating the whole individual.
3. Pre-deployment education and training on the physiology of stress and trauma to help the service member understand their distress is vital, and can help normalize combat trauma and shape military culture to believing that it is socially acceptable.
4. Treatment which helps them identify with their military experience rather than pathologizing them can help the service member take ownership of their treatment plans.

Brenda Murdough, MSN, RN-C, Coordinator for the Military and Veterans Initiative, American Pain Foundation, and **Derek McGinnis, Amputee Program Advocate, American Pain Foundation** addressed pain management needs from visible and invisible wounds of war. When left untreated or under-treated, these invisible wounds can impact not only the person who suffers, but their family members, loved ones and caregivers as well. Derek spoke of the importance of access to care. Being understood, accessing care, and creating a connection with providers can create a platform for acceptance of modalities, pride and strength to get better and learning methods to cope.

Chronic pain affects all aspects of the individual's life:

- Psychological effects (depression, anxiety, anger, sleep disturbances, PTSD).
- Quality of life effects (physical functioning, ability to perform activities, work).
- Social effects (marital/family relationships, intimacy, social isolation).
- Economic effects (healthcare costs, disability, medical discharge).



FROM LEFT TO RIGHT: BRENDA MURDOUGH, DEREK MCGINNIS, ELIZABETH HAWKINS

Fred D. Gusman, MSW, Executive Director, California Transition Center for Care of Combat Veterans – The Pathway Home, explained the importance of transporting the military experience to post deployment. The messaging in *The Pathway Home Residential Treatment* program transforms traditional treatment terminology to an approach that more resembles a military background. There is a different lexicon for this era of veterans based on experience and age. For example panic and anxiety is commonly referred to as “jumping for jitters”. The Pathway Home’s treatment program is their “mission,” and they work together to solve the mission by asking themselves, “What goes into the mission? Getting a job, housing, etc.?” This untraditional methodology helps the veteran to identify and take ownership of their treatment while still feeling connected to their military experience.

Elizabeth Hawkins, Executive Director, ONE Freedom, guided us through the effects of acute trauma on the brain and the body. A key message is “strength through balance,” and ONE Freedom seeks to help the service member transform stress into strength. Service members and veterans can gain a clear understanding of how to maintain balance in the face of military deployment with simple exercises focused on rebalancing the central nervous system, regulating emotions and thoughts, and discharging stress from the body. The magnitude of maintaining this balance for the military and veteran community is to have awareness of knowing the combat trauma they experience, knowledge of how the body responds to stress, and action they can take to manage stress.

Joseph Bobrow, Founder and President, Coming Home Project, stated that PTSD and depression may be a signal of things that go much deeper in the psyche. You cannot simply classify the service member’s experience as a disorder. When service members return from combat and have experienced trauma, who they think they are, what their purpose is, what they believe in and stand for, can come crashing down. Sharing experiences, stories, and supporting one another is important to help them re-grow their

life capacities by teaching them to regulate their emotions that survivors of repetitive trauma experience. Recreation can duplicate a situation of military comradery in a constructive setting.

PHYSICAL AND MENTAL HEALTHCARE: Access to Services and Amplifying Needs

Accessing care is the first step in the journey of coming home. This panel addressed the availability of timely quality treatment for service members and veterans.

Horst Laube, Transition Assistance Advisor, California National Guard, addressed the unique needs and challenges of the Guard and Reserves, which represents a large number of the deployed. California Guard and Reservists are geographically dispersed across the state, which makes accessing military bases, and accessing care, very challenging. Many Guardsmen and Reservists are not even part of the communities they report to and are typically coming from rural areas with little resources and

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Know your people: they don't all have coping mechanisms and many need support to get help they need.
knowledge of the unique needs of this population. Further, many have little knowledge of military and veteran resources through the government or in their home communities. Many Guardsmen and Reservists are accessing care from civilian health care providers, and as Horst stated, there is a groundswell of support from these providers that hasn't been properly utilized, but they do need cultural competence education to understand the unique issues the Guard and Reserves face.

**Horst Laube,
California National Guard**

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Paul Rieckhoff, Executive Director, Iraq and Afghanistan Veterans of America's (IAVA), spoke about IAVA's ad campaign and online community for veterans, www.communityofveterans.org developed in partnership with fellow CIAV organization, **The Ad Council**. This social networking website for veterans also provides links to resources and services and a space for veterans to discuss and address mental health and transitional needs with peers, including access to benefits and services.

A critical component to this access to care is the way in which the message is delivered. The language used in the ads came directly from veterans themselves who expressed feelings of isolation from the civilian world and trust for their fellow veterans. This message was central in the development of IAVA's online social network exclusively for veterans. The 2nd phase of the project, www.supportyourvet.org, speaks to families and friends of veterans who seek support and resources for service members as well as the social support of peers dealing with deployment of loved ones.

The sites host discussion groups around topics such as alcohol, PTSD, and suicidology; allowing the community to spot potential suicidal peers and reach out in support. There is also a "fun factor" to the site where members discuss hobbies, post videos, and share music.

Derek McGinnis, Amputee Advocate, American Pain Foundation shared his journey to find his way home after he was struck by a suicide driver (VBIED) and spent over two years in treatment at Bethesda Naval Hospital, Walter Reed Army Medical Center, and the Palo Alto Veterans Hospital.

Following the attack, Derek could not speak or walk and his memory was limited to 24 hours. He sustained Traumatic Brain Injury (TBI), shrapnel in his eye, orthopedic injuries from head to toe and the loss of his left leg above the knee. Medical personnel did not believe his accounts of pain resulting from complications after amputation surgery. Derek was struck with feelings of hopelessness, isolation and depression, but felt a sense of urgency to advocate on his own behalf so that he could heal and care for his family. Finally, he found a doctor who believed in him and gave him the appropriate care for *both* his pain and depression. Derek's support network of caregivers, both in the community and at home, make him a true example of the access to care that is available. However, many service members are not able to navigate the system as aggressively as he had. In order to achieve true results, both seen and unseen injuries must be addressed.

PEER SUPPORT: Helping Each Other Find a Way Home

Peer support is an integral component for many CIAV organizations in helping veterans of the wars in Iraq and Afghanistan. This panel discussed what peer support is and how it contributes to the veteran's well being. Panelists discussed how to develop a wellness model and integrate peer support into ongoing services and programs.

Jon Wilson, Executive Officer of J1 Manpower and Personnel, California National Guard, defined peer support and the key components of an effective format as a process whereby a person discusses a personal issue with a non-professional; usually a friend or co-worker. Peer support components consist of active listening skills, clarifying issues, supporting the person, problem solving processes, confidentiality and a referral to professional resources.

Effective peer support occurs both before and after deployment. When structuring a program, clinical terms should be avoided as troops want to understand what's happening to them, that they are having a "normal reaction to an abnormal situation." During deployment "After Action" debriefs are key; along with addressing the warning signs for substance abuse and suicide. Peer support leaders must recognize that these are real issues facing real people. In the peer support training conducted by the California National Guard, participants learn ways to help each other, along with resources available through the DoD, VA, and community.

Abel Moreno, Community Development Director, Vets4Vets discussed peer support as a doorway for veterans to seek other services. Taking the military's model of never leaving a battle buddy behind extends beyond the battle field. After service members separate from active duty, peer support can be a catalyst for successful transition and processing of war time trauma.

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What worked for me is coming to terms that I'm not as tough as I thought I was.
Abel Moreno, Vets4Vets
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Vets4Vets peer support model is built on several guiding principles:

- Sharing personal experiences with those who have shared similar experiences is a powerful healing tool.
- Peer support does not require professionals.
- Taking part in positive community action empowers veterans to further promote healing and reach out to other veterans.
- Use of drugs and alcohol hinders real emotional healing.

Mike Judd, Group Session Facilitator and Outreach Coordinator, Veterans Village of San Diego – The Warrior Traditions Program, emphasized that fellow combat veterans working with combat veterans and active duty is a key element of the VVSD support groups. The groups are led by fellow combat veterans, creating a safe environment that helps put attendees at ease so that they can freely speak.

ECONOMIC WELFARE: Access to Benefits, Housing and Employment

The panelists discussed housing, access to Veterans Administration (VA) compensation, legal services, and employment & training programs.

The economic components of transition for OIF/OEF veterans are many and challenging. The current economic situation, along with VA claims, discharge issues and injuries, is making the transition from the military to the civilian world daunting.

For many new veterans, the first challenge they face upon discharge is a legal one. **Elinor Roberts, Director of Legal Services, Swords to Plowshares**, and **Bart Stichman, Joint Executive Director, National Veterans Legal Services Program**, addressed the discharge upgrade process and the components of filing VA compensation claims. Lack of legal representation during medical and physical evaluation boards for service members is an issue that can lead to severely inadequate DoD disability compensation, improper discharge diagnosis and improper Other than Honorable status. Veterans earn their federal benefits through their military service; NVLSP's *Lawyers Serving Warriors* program strives to ensure that the U.S. government honors that contract.

Elinor noted that OIF/OEF veterans are oftentimes working and going to school as they seek VA disability benefits and deal with the stresses of transition at the same time. For those with Honorable Discharges, this is a lot to juggle, yet this situation is even more difficult with an Other than Honorable (OTH) discharge. In addition to losing federal benefits, veterans with an OTH discharge may also be ineligible for many services through Non-Governmental Organizations (NGO) as well. A large number of non-profits serving veterans receive government funding which stipulates the discharge types they may serve. Elinor concluded with the three top myths regarding OTH discharges:

- Other than Honorable discharges are upgraded automatically after six months.
- You cannot vote, own a firearm, or hold public office with an Other than Honorable discharge.
- You cannot get a job with an Other than Honorable discharge.

Eduardo Gonzalez, Program Supervisor, New Directions Operation Welcome Home, and Ken Crawford, Program Manager, Swords to Plowshares, spoke of keys to successful housing and employment programs for OIF/OEF veterans. Multiple deployments and PTSD are contributing factors to homelessness and drug addiction among clients and a rise in homeless OIF/OEF veterans in their supportive housing programs is expected. Both stressed the need for sensitivity, flexibility, and mutual respect between clients and staff as being essential to maintaining a sustainable and effective housing program. Knowledge of the specific issues facing OIF/OEF veterans is key, leading to an emphasis of having some staff members be OIF/OEF veterans.

The number of women active duty and veterans is still rising and the services available for these women need to reflect this. The VA and non-profit programs that have historically housed veterans are seeing the changing military demographic first-hand. The age gap, along with other war-time era differences, must be addressed.

Housing, legal, and employment services for OIF/OEF veterans require innovative and aggressive methods, and persistent outreach. As other panels stressed, prevention is the key to mitigating homelessness, addiction, and unnecessary legal issues. Through successful outreach methods and recent expansion, Swords to Plowshares has been able to assist an increasing number of California's OIF/OEF population with employment and technical training. Due to their strong knowledge of technology, it is possible for this element of transition to be more of an interactive process. A combination of individualized retraining and translation of military skills into a civilian resume are successful methods of mitigating unemployment. In serving the OIF/OEF population, a myriad of transitional issues in addition to employability, must often be addressed. Collaborative efforts will not only benefit those we serve, but still strengthen the work of each CIAV organization.

ENGAGING THE MEDIA: A Look Inside Coverage of the War and Where We Go Next

Media coverage on the war and its wounded warriors is a hot topic among service providers and advocates and can be a source of tension and disagreement. The media can be portrayed as "eager to trample on families" but are often mechanisms to expose truths and inform the public of important issues. Advocates may be wary of journalists but also need to draw attention to raise awareness and support, and in some cases generate government reform. The balance between exploitation and truth, between criticism and constructive analysis is a balancing act. This panel offered a forum for open dialogue and a shared understanding of our mutual needs and concerns.

The reporters in this panel are on the frontlines of this coverage: Gina Gray, former Public Affairs Officer for Arlington Cemetery who was fired after trying to restore permitted coverage of funerals at Arlington after the media had been restricted or not allowed near the ceremonies altogether; Mark Benjamin, an award winning investigative reporter with Salon.com hailed for exposing problems in veterans care at Walter Reed Army Hospital; Steve Vogel, veteran military reporter for The Washington Post praised for his in depth coverage of the war in Afghanistan and of 9-11; Kelly Kennedy, reporter for Military Times whose honest portrayal of military and veteran issues has many saying she is a leading voice; and Mikael Edmonds, former reporter for the Army Times and award winning online journalist. Moderating the panel were **Ami Neiberger-Miller, Communications and Public Affairs Officer, TAPS and consultant to**

the National Veterans Legal Services Program; and Amanda Spain, Producer for Brave New Foundation's *In Their Boots*. Ami and Amanda posed questions to the reporters based on the experiences of the CIAV organizations and the coverage of the war, and fielded comments from audience members as well.

On Perceptions of Media and Sensitivity

Journalists see a challenge in repeatedly covering failures in the system. Kelly stated she would rather cover stories of resources provided to military or veterans, but keeps hearing of those needing care that need their stories told. Repeatedly covering the same stories is, as she says, like “beating your head into a wall.”

Mark addressed the lack of transparency over the last decade and the government's perception that reporters were dishonest and just generating so-called “gotcha” stories. But had it not been for exposes like the Walter Reed story, change would not have occurred. Although service providers and advocates are beginning to see more openness from the new administration, some of the panelists feel the administration is still slow to shift their culture to more access and transparency.

Writing about returning veterans is a struggle, as Mark stated “they are putting privacy, careers, and health on the line and the stakes are very, very high. We are dealing with people who aren't used to the press, and you must surrender some control over the story to the people you are working with. Some things are off the record, they must be heavily prepped, you have to do that because you can really hurt somebody.” He is often amazed at what soldiers tell him and what they aren't saying to their loved ones.

Panelists agreed that they have learned as seasoned reporters that a little empathy goes a long way. In order to prevent re-traumatization, many of the panelists explained that they do not ask any questions, but simply let the subjects discuss their experience. In addition, Steve never rushes interviews with those who have experienced trauma, but instead tries to establish a relationship.

Covering the fallen is especially wrought with sensitive issues. Gina's fight for coverage of the returning fallen was aimed to get the government to “understand that these photos are living documents to represent what the war is, what freedom is, to ensure that the service member's sacrifice wasn't forgotten.” For Gina, allowing media coverage of returning casualties when families request it is a way to give control to families. “When you don't see the images of war and the cost of war it's much easier for the American public to forget. It's truly an honor that we pay and the respects that we pay to returning casualties.”

On Public Interest and Getting Your Story Across

Sadly, as Steve suggested reporting is certainly driven by interest, and a lot of readers aren't interested because they aren't directly affected. It becomes an uphill battle to not only have your stories told but to be heard as well. As Mark stated, the analysis of Salon.com audiences show that they are not reading stories about veteran issues as much as other coverage. For the most part, unfortunately, it is a reflection of society.

In Mikael's estimation, media is undergoing a major change. New technology enables ordinary people to deliver key messages, and secrecy seen in the past is lessening. If this estimation is correct, then the media may engage in a tug of war with the public on who will be the authoritative and true source of information. There is one thing to bear in mind: if you have a message you want to get out, you can get it out yourselves. If you can figure out a way to make the story interesting, people will take notice and distribute it.

Gina explained the importance for CIAV members, as advocates, to think about top issues and themes to bring to reporters and be prepared to convey your message clearly and quickly. "You've got 20 seconds, you want to make sure that everything you say goes back to those messages and the points you want to make, and you do have to prioritize what you want to say." Mikael mentioned it is beneficial to figure out who is paying attention to your issues at any level, whether a blogger or staff writer and reach out to them. In addition, humanizing your story and suggesting a couple of ideas of how they can make your issue a good story is good practice.

On Covering and Experiencing Trauma

For the reporters themselves, coverage of trauma stories and exposure to trauma themselves can have a lasting impact. War reporters have the same rates of PTSD as soldiers of the current conflicts, with a lifetime prevalence rate of 28.6%, and a lifetime prevalence rate of depression at 21.4%. Formalized systems of support for first hand or vicarious trauma in their workplace are rare. As journalists, processing traumatic events can take form while writing about them and when receiving feedback to their stories. They rely on peers just as service members do, when everyone in the newsroom has deployed they become a good support for each other.

VETERANS PANEL

The Second Annual CIAV Conference featured two panels of Iraq and Afghanistan veterans who candidly shared their experiences and perspective on transition, PTSD, advocacy for their peers, and the myriad of serious issues facing this newest generation of our nation's veterans. The panels spanned the branches of services including the Guard and Reserve, and several women veterans who have served alongside their male peers in combat theaters. The following quotes highlight key points in the conversation and the need for ongoing dialogue with stakeholders to ensure proper services and support.

On Transition

For transition to become a priority at the command level, it needs to come from a group such as yourself, to unite together and draft something that would change how transition occurs while the person is still on active duty. – *Michael Van Derwood, USMC*



VETERAN PANELISTS

People don't welcome soldiers home because they don't really understand what they do. When we talk to the civilian population, when we talk about the military...we need to talk about it as a professional whole. – *Tom Tarantino, U.S. Army*

As every veteran here, we are still continuing our transition. It's not something that just happens over night...it's a very difficult thing – but it's because of people like you that give me the ability to get up every day. – *Michelle Saunders, U.S. Army*

You're talking to some of the hardest men and women in today's society. We have chosen to take on a rigorous lifestyle and put ourselves in harm's way, so we're looking at the idea of having to maintain that. – *Abel Moreno, U.S. Army*

We train our men and women so hard for combat, and we do minimal training for transition on the way out. It's my vision that the last six months of someone's enlistment goes into transition. We need to provide that continuum of care...that's an important piece that's missing. – *Michelle Saunders, U.S. Army*

The difference between 2003 and 2008 and the awareness out there are total night and day. Within 30 days of getting back from Iraq, I was out of the Marine Corps trying to figure out what to do...I thought the VA was for guys who got blown up...that for me is one of the main issues: guys needing to be prepared to get out when they choose to. – *Ernesto Estrada, USMC*

We have to figure a way to have the senior leadership listen to us. You've got to shift that focus, you've got to understand that it's ok that we're all sitting up here and we're feeling the things we feel, it's normal because we've been trained to fight, to go out there and fight in a place where what we see every day is not normal...you're driving down a road and you see a box and you flinch, or you see somebody's leg, or you smell burning flesh. Those things are not normal. And to come home and get a pat on the back, 'Thank you for your service, good luck, now go find a job,' is like all the sudden you're expected to take off your psychological Kevlar and you're expected to be productive in society. As a service member, we can do that, but how long does that last? All the sudden six months down the road you hit a wall – that's the time when we need to stand up and say it's okay...PTSD is out there, it's very real. – *Michelle Saunders, U.S. Army*

The transition from DoD to VA, did not work in my case...hopefully in the future it will start to work due to the legislation put in place to help make it work. – *Brian McGough, U.S. Army*

As far as being a National Guardsman I deployed with 28 days notice, spent five days in demobilization, came back to a home with no job, shortly after I destroyed my relationship...I had to find something to put all my energy in to and I chose to invest it in my fellow veterans. – *Horst Laube, CA National Guard Guard/Reserve*

When I was hit, my wife was pregnant, so it was my duty to get myself squared away. I had to get myself help because I needed to be a father to my son. – *Derek McGinnis, U.S. Navy*

On Advocacy

I've been doing this job for three years and I feel like this panel just shows the amazing amount of veterans who have matured and have become advocates. It just used to be me telling all these stories and now there are ten of us saying the same stories, all becoming advocates for our generation, and that makes me feel good to be a part of this. – *Patrick Campbell, Army National Guard*

One of the most interesting things that I have seen throughout the span of this Coalition gathering is the embracing of everyone's service, which I really want to put emphasis on. If it wasn't for the understanding of us who have served and those who want to provide quality service, I think we would be missing the mark. – *Abel Moreno, U.S. Army*

We are looking at a surge of veterans coming home next year. But the conflicts are going to wane, there's not going to be a lot of coverage in the news and it's a cruel joke that as the wave of men and women coming home need these services the attention span of the American public and legislators decreases...in the next few years, we need to turn up the pressure...we need to get better at what we do because since the American people are not connected to the military, they are going to stop paying attention. – *Tom Tarantino, U.S. Army*

We need to bring about a shift in paradigm. We have to start communalizing trauma. We need to come together as a Coalition...we must force our legislators to integrate us into the system because we are part of the system. When Johnny comes limping home, he will inevitably return to the community he came from, and if he's not properly reintegrated, it will start draining the resources of that community...we can start paying the price at the front-end and make a difference, or at the tail-end and never make a difference. – *Andrew Pogany, U.S. Army*

It took me a while to realize I was dealing with significant issues...it took time to re-find myself, but now I dedicate most of my time to working with Iraq and Afghanistan veterans. – *Abel Moreno, U.S. Army*

On Women in the Military

We as women veterans have relatively few role models to turn to... – *Kayla Williams, U.S. Army*

Women are in combat. They're MPs, combat medics, Intel, finance, supply people: they are all out there running missions outside the wire and engaging as well with the enemy. – *Genevieve Chase, U.S. Army*

I had the experience of transitioning from being in the military to being a civilian as well as transitioning to being a spouse. – *Kayla Williams, U.S. Army*

Find a female veteran and ask to hear their story because we need the American public to be aware that we are out there and we are doing it. We may not be officially in combat units, but we are attached to combat units. There's a difference in semantics, but not in the actual job. And I would really appreciate it if you would all make yourselves that much more aware. – *Genevieve Chase, U.S. Army*

On Resources for OIF/OEF Veterans

Help a vet find a job. – *Ernesto Estrada, USMC*

Everybody knows there are lots of resources out there. It's how you get to them. – *Michelle Saunders, U.S. Army*

There is a stigma attached to seeking help among service members. If you finally reach out and say I need help, to have to do that over and over and over is a huge barrier...it is my sincerest desire that organizations like the CIAV are going to help fill those gaps and smooth the process. – *Kayla Williams, U.S. Army*

I, myself, am from a rural town in East Tennessee and just the stigma, and then access to proper healthcare is just not there...focus on the rural counties in your states so that resources are at least known there. – *Phillip Goodrum, U.S. Army*

The Warrior Transition units that have been established are a step in the right direction. They may have their own challenges, and I think it's important for us to continue to monitor how those work or don't work. – *Kayla Williams, U.S. Army*

I think a lot of change has been due to necessity. When I first got out in 2005, PTSD was coming up and we were only at a count of like 1,002 and I think it for some reason depended on body count for people to be suffering from traumatic events...to see there's a definite need. – *Abel Moreno, U.S. Army*

In the Guard and Reserve we're still trying to manage school, our families, our civilian employment, our military careers, and our injuries – it's very hard to do without resources. – *Horst Laube, CA National Guard*

STAKEHOLDER ROUNDTABLE: Moderated By Kim Dozier, CBS News

The CIAV was pleased to host a roundtable of stakeholders to discuss the ways in which law and policy makers, DoD, VA and government agencies can work together to streamline care for our military and veteran community. Two central questions were addressed:

How can communities and non-profits become joint partners in delivering solutions for military, veterans and their families?

How can the DoD and the VA maximize the expertise and creativity of the public non-profit sector to fill gaps in care and reintegration?

Participants included White House staff, Matt Flavin, Director of Veterans and Wounded Warrior Policy; Arizona Congresswoman Gabrielle Giffords, member of the House Armed Services Committee; Anne Cannon MacMillan, Office of the Speaker; Cathy Wiblemo, House Committee on Veterans Affairs; CDR Anthony Arita, Defense Center of Excellency Director; representatives from the military Wounded Warrior programs: Elizabeth Sweet, Mental Health Advisor, Substance Abuse & Mental Health Services Administration and Gold Star Mother, and LTC Cynthia Rasmussen, National Guard and Reserve; Stephen N. Xenakis, M.D. Brigadier General (Ret), Special Assistant JCS and others.

The panel was moderated by Kimberly Dozier, CBS News who began the session with remarks about her own experience of serious traumatic injury while embedded in Iraq and her long recovery at Walter Reed Hospital.

The CIAV is such a clearinghouse. We are vetted effective organizations and familiar with other community and government resources through our day-to-day work. This meeting was the beginning of a dialogue. This is the time to build a sustainable and comprehensive safety net now and in the decades to come. Moving forward we will continue to work together to reduce barriers between government and community in our common mission of caring for the military and veteran community.

KEY MESSAGES WERE THAT...

- General consensus among the CIAV members and the stakeholders present is that there needs to be stronger partnerships and referral systems between non-profits and government agencies, but vetting organizations is problematic. Panelists expressed the need for a clearinghouse to demonstrate credibility so that respective agencies and government can trust that partners are reliable and effective.
- CIAV members expressed their willingness to provide services and our respective expertise has not always been welcomed by the VA, DoD and other government entities. There is an understanding that no one entity can handle all the needs and that we will continue to work together to develop partnerships and leverage one another's expertise.
- We are thankful that amputees receive premier care; however, we need to address invisible injuries, 70% of those served by the Air Force Wounded Warrior program have a primary diagnosis of PTSD. Veterans with mental health issues area the second highest cohort.
- Mistreatment or under-treatment of service members who need mental health services is discrimination and should be dealt with as such on the command level.

Next Steps

...for the Coalition for Iraq and Afghanistan Veterans

Moving forward, we hope to continue the momentum and energy of the conference and establish clear priorities to ensure that CIAV members are both well-placed in the community and connected with government. The care, support and services our agencies provide are valuable resources, and it is vital for the government to take advantage of expertise from those of us on the ground, in the community.

The conference was an opportunity to establish relationships with government, the Department of Defense, Department of Veterans Affairs, and other community stakeholders. The Roundtable discussion and the public forum began a dialogue around services and allowed those who attended to extend a call for assistance and support. It is important in the coming months to continue the relationships made and encourage the administration to partner with the CIAV for more efficient ways to provide services to military, veterans, families and survivors.

The CIAV must also think of ways to reach our military and veteran community and inform them of the resources we provide. It is imperative to ensure our cohort that we are genuine and effective in providing care and support.

It is also essential for the CIAV to sustain the important work we do. The economic climate presents significant fundraising challenges, while at the same time, we anticipate a large influx of combat veterans to return home and a reduction in civilian community based health and social services. Therefore, we must continue to raise awareness of the needs of military, veterans, families, and survivors, and the essential role our agencies play in providing services and support.

Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Brigadier General Loree K. Sutton's presentation at the conference echoed our voices on the need to document our stories and make them heard. "We are in an era of proliferation when funding is provided. Now we need outcome data of what's working for whom, and how do we build on that to become an era of synchronization – where we can join forces and lead the way to evidence-based agility. See over the horizon...and anticipate so that no one is ever in this situation again where we are scrambling to give our best to those who serve." Moving forward, we will work to gather the stories from the ground, in the community, and into the view of those who can make real fundamental substantive changes to strengthen services for those who serve.

Caring for our military, veterans, families and survivors is a critical resource issue for our country, and the future welfare of our military and veteran communities is a fundamental priority for the current Administration, DoD, VA, nonprofit sector, and the community as a whole.

Closing Thoughts

I want to encourage both providers and policy makers to be more sensitive to the needs of women veterans.

~Kayla Williams, OIF/OEF Veteran and Author, *“Love My Rifle More than You”*



If we provide services and support for service members and their families from the day they enlist, then we don't have to be so reactive during the transition process.

~Kelly Hruska, Deputy Director, Government Relations, National Military Family Association

The light we see now is the impact of veterans within the VA and DoD beginning the fundamental shift and change in care...I hope that we can continue this momentum after the conference, and let it be a building block.

~Paul Reickhoff, Executive Director, Iraq and Afghanistan Veterans of America (IAVA)

Transitioning really has to start from day one.

~Fred Gusman, Executive Director, *The Pathway Home*

It is important for us to share what we know from the day-to-day process with those who are dealing with the big policy or doing the big plans with the Administration...we never want to turn anyone away.

~Amy Fairweather, Director CIAV



Our Mission

The Coalition for Iraq and Afghanistan Veterans (CIAV) is a national non-partisan partnership of organizations committed to working with and on behalf of all military, veterans, families, survivors and providers to strengthen the existing system of care and support for all those affected by the wars in Iraq and Afghanistan.

Our Vision

The Coalition for Iraq and Afghanistan Veterans (CIAV) will build strong partnerships with the non-profit community, Department of Defense (DoD), National Guard, military, and Department of Veterans Affairs (VA) to ensure the well-being of our military and veteran communities. The CIAV will increase access to quality care and services for post 9/11 veterans, service members, families and survivors through collaboration among service providers and subject matter experts.

We are committed...

- to honoring all members of the armed services, all veterans, as well as their families and survivors;
- to advancing the cause of the military and veteran community through the provision of high-quality services and referrals;
- to advancing research and information sharing to identify and support best practices on behalf of the military and veteran community.

CIAV Rights and Responsibilities

- No CIAV organization or staff member will make any statement on policy, partisan politics or practice which may be interpreted as a statement from any other member or the group as a whole.
- The CIAV staff will provide technical support in the areas of non-profit management, fundraising, and community education through basic referrals, research, webinars and conferences.
- The CIAV staff will facilitate service referrals among the agencies in order to 'close the loop' and ensure to the extent possible that where there are appropriate referrals to be made, they are addressed in a timely and manner.
- Each CIAV organization is responsive to calls for assistance and support from other CIAV organizations. This does not mean that we actually provide services to one another but to the extent possible we recognize the importance of the work of all agencies.

This report has been prepared by:

Amy Fairweather

CIAV Director

afairweather@stp-sf.org

Mary Moran

CIAV Programs Administrator

mmoran@stp-sf.org

Tia Christopher

CIAV Outreach and Support

tchristopher@stp-sf.org

Megan Klein Zottarelli

CIAV Communications and
Program Development

mklein@stp-sf.org

If you have any questions about this report, or its findings please contact any of the above at:

Swords to Plowshares

Iraq Veteran Project

1060 Howard Street

San Francisco, CA 94103

info@coalitionforveterans.org

415-252-4788

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Iraq and Afghanistan Veterans of America (IAVA)	United Through Reading
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