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Coalition for Iraq and Afghanistan Veterans



STRENGTHENING SERVICES FOR THOSE WHO SERVE

3rd Annual Conference Report

COALITION FOR

IRAQ+AFGHANISTAN

VETERANS

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Front Cover: OIF/OEF Veterans (From left to right): Yaniv Newman, U.S. Marines; Joe Sturdivant, U.S. Marines; Meg Krause, U.S. Army; Kayla Williams, U.S. Army; Lee Cothren, U.S. Army; Starlyn Lara, U.S. Army; and Braxton McCoy, U.S. Army
All Photos courtesy of Tim Murakami

Strengthening Services for Those Who Serve

Thank you all for attending the 2010 Coalition for Iraq and Afghanistan Veterans conference. Our third annual conference demonstrated the tremendous power of our shared mission to serve Iraq and Afghanistan service members, veterans, families and survivors.

We were joined by our partners in the Department of Defense, the Veterans Administration, and other government agencies including the Departments of Labor, Justice, Housing and Urban Development, National Institute of Mental Health, researchers, family members, and more. There was tremendous dialogue throughout the conference panels, work sessions, and meals. We are definitely on the right track, but our work will undoubtedly get more challenging in the years to come. We are seeing unprecedented rates of suicide, a 64 percent increase in medical discharges based on mental health issues, and more families struggling to hold themselves together through repeated deployments, coupled with a tough economy, lack of affordable housing, physical injuries and loss. Our community and government roundtable discussion panels and presentations yielded positive solution-based dialogue to address these issues in the years to come.

Coming together as a coalition, we are able to support one another and our mission of serving those who serve. Our members are there every day to offer our assistance, one CIAV agency offering financial help, another legal aid, another peer and grief support. We as advocates and providers are also struggling to sustain funding while also managing an ever increasing demand. And importantly, we must ensure that we as advocates remain healthy. Self-care for our staff and volunteers is essential if we are to deliver services and support under such stressful and emotionally charged conditions. The conference was a time to leverage our wealth of knowledge, support one another, and ensure the best possible supports and services.

We will be growing as a coalition in the coming years, many of our partners in the community are eager to join us and we are happy to extend a welcome to agencies that are providing valuable services and who demonstrate best practices. We were joined by new friends and colleagues, namely Adam Burke who has launched the Veterans Farm in Florida for his peers disabled in service, Service Women's Action Network (SWAN) who have done amazing work for our women veterans, and Mike Zacchea, whose address at our first conference moved us beyond words presented on his new endeavor, Entrepreneur Boot Camp. We extend a special thank you to Lee Woodruff, Colonel Charles Hoge, and Sebastian Junger who shared their unique perspectives in books and film.

In closing, we thank everyone who joined us, and thank all serving those who serve. And of course, our deepest thank you to our service members, veterans, families and survivors.

Amy



Conference Overview

NEXT STEPS

Strengthening Services for Those Who Serve

This year we came together with the mission to strengthen services for those who serve – with our Coalition partners, our government partners and the community-at-large. This truly collaborative effort energized our ongoing work throughout the nation, while opening up new channels to network and work in concert for our service members, veterans, families and survivors.

During the final hours of the conference, CIAV members strategized on how best to support one another and leverage our individual and collective expertise to better serve our military and veteran community. Many spoke of the need to target our efforts and get more strategic to influence policy and direct services. Specifically, the disconnect between the federal government who shape policy and the community level on the ground needs to be lessened by utilizing out-of-the-box partnerships and communicating the needs of our cohort. Even small non-profits must knock on the doors of the Department of Defense, the Veterans Administration, and Congress to collaborate and share information.

Looking forward, there are many challenges for our individual agencies and for the CIAV as a whole. As the initial IADIF funding ends, we need to come together with our common mission and commitment to the work that IADIF has made possible. With funding tight for many, and media attention waning, we must strategically leverage our efforts and creatively tackle these challenges as the need for our services and expertise will only increase. As we move forward, the CIAV is projected to increase our membership and increasingly focus on collaborative efforts with our government counterparts.

Looking inward, the CIAV will establish a firmer model over the coming years as we expand our membership and reach. We will determine our outcome focus through our advisory committee and establish a strategic plan for engaging the federal government, community organizations and the public, as well as our military and veteran community.

While the energy and opportunities of the 3rd Annual CIAV Conference are still fresh in our minds, we pledge to support one another's efforts as we strengthen services for those who serve.



3rd Annual Coalition for Iraq and Afghanistan Veterans Conference



Brig. General Sutton, Barbara Lau, Cause, and Paul Sullivan, Veterans for Common Sense



Rep. Harry Teague, (D -New Mexico)

U.S. ARMY BRIGADIER GENERAL LOREE SUTTON, M.D.

Brigadier General Loree Sutton,* director of the Defense Center of Excellence (DCoE), focused on the Center's guiding principles of resilience, recovery, and reintegration and how they continue to inform the agency's efforts including the *Real Warriors Campaign* and the *Building Bridges Collaborative*.

Resilience

In its two year history, the DCoE has forged strong partnerships with military and veteran organizations. Sutton cited the partnership with Sesame Workshop in assisting families and children to better understand the hardships of deployment and service. She also cited the importance of continued partnerships with federal and civilian organizations such as those with the USO, TAPS, and the Red Cross.

Another of the DCoE's projects, The *Building Bridges Collaborative* now has over 400 partners. Last year the group released six guides focused on different topics, all of which are available on the *Real Warriors Campaign* website.

Recovery

The DCoE has worked with the service to convert best practices guidelines for the management of concussion into an event driven mandatory protocol. Now, when a service member is exposed to a blast, this protocol requires a set of actions at the unit command and medical level to reduce the risk that a service member that may not show physical signs of trauma is put back into action without proper evaluation. "Concussions are real, the unseen wounds of war are real, and we need to give the brain, that individual, that human being time to heal," said Sutton.

She further elaborated on the issue of recovery by introducing eight simple questions to determine resilience: Got sleep? Got fuel? Got health? Got friends? Got love? Got faith? Got hope? Got growth? Sutton explained that there is a body of evidence demonstrating that if every service member knew the answer to those questions, the services would lose fewer troops to suicide every year.

Furthering the recovery aspect of the DCoE's framework is the implementation of a new Post Traumatic Stress Disorder (PTSD) psychological health protocol similar to the concussion protocol and establishing the next phase of the *Building Bridges Collaborative* to include peer-to-peer support.

Reintegration

Sutton reported that the initial \$600 million investment in research is now seeing a return when looking at the efficacy of complimentary conventional and non-traditional therapies in assisting returning service members. DCoE is now working with federal and civilian partners to produce a "virtual coffee shop" that will bring together individuals, organizations, families, and communities to support returning service personnel. Additionally, the DCoE is working with RAND Corporation to produce outcome metrics for programs now reaching maturity, and with Gallup to determine strength-finders and engagement indexes in an effort to synchronize evidence-based solutions.

*As of June, 2010 General Sutton resigned her post and has been replaced by Army psychologist, Col. Robert W. Saum

"It gives me great hope, comfort, and courage to know that each of you are out there, going about your business every single day. It helps me keep going, and my team keep going."

~General Sutton

MENTAL HEALTH AND SUICIDE WORKING GROUP

The following questions and points were presented:

- How can we, (the DoD, the VA, and community) get involved to address stigma and mental health discrimination?
- How should we educate our military about the effects of war and supportively instruct on measures for suicide prevention?
- We must address the true “cost” of mental health and suicide to our nation.
- We must change the culture within the military that distrusts mental healthcare.
- NCOs are trying to produce results and are trying to respond and prevent suicide and other mental health issues.
- What would be a positive incentive for Department of Defense (DoD) personnel to make long-term changes regarding mental health stigma and policies regarding suicide prevention?

The CIAV member organizations were joined by representatives from federal agencies; including SAMSHA, DCoE, SAPRO, DoD, community-based providers, veterans, and individuals from the community for a strategic planning session to address the mental health needs of Iraq and Afghanistan veterans and the issue of suicide prevention. Participants were encouraged to use professional and personal expertise to find a common ground and formulate solutions for these veterans and their families.

The working group discussed peer support as a solution. Peer support is a successful crisis prevention method for service members and veterans, as well as a tool for healing from combat and other trauma that may occur during military service. One challenge for peer support initiatives both in the non-profit and government sectors is the use of outreach. Social media networking has increased and the ongoing benefits to this method of outreach are still being uncovered. For these creative ideas to transform into widespread solutions, greater outreach and established best practices are needed.

Mental health resilience models are needed both in the community and government for service members and veterans, and for families, survivors, and caregivers. A particular area in need of resilience strengthening and support is pre- and post-deployment. This is a vulnerable time for all involved. Community and government entities need to come together and collaborate to properly prepare families before deployment, during and after deployment.

Recommendations for the Mental Health and Suicide Working Group:

Continue further dialog with members of the government and community.

Listen to feedback from service members, veterans, families, and survivors; as well as their recommendations for change.

Train junior officers and non-commissioned officers in recognizing and appropriately addressing mental health needs.

Ensure accountability when mental health needs are not addressed appropriately.

Train agencies and individuals working with those affected by the wars in Iraq and Afghanistan in cultural competency, mental healthcare, and community and government resources.

Fund public–private partnerships to provide training and support services.

Commitment to change and engagement of all parties involved must be attained for this all to be possible.

PAIN: THE NEGLECTED AND INVISIBLE WOUND OF WAR



Carolyn Noel and Tamara Sloan

Carolyn Noel, a military and veterans advocate for the American Pain Foundation and Tamara Sloan, Director for Strategic Development for the American Pain Foundation, presented on the topic of pain and how it relates to military service. APF implemented the *Military and Veterans Pain Initiative* to improve the quality of life of service members and veterans suffering from painful conditions by collaborating with other organizations and providing resources and information to service members and/or veterans, their families, loved ones, and caregivers.

Sloan began by explaining that pain is subjective and unique to every individual, and despite substantial research into its physiological workings, pain still remains a great mystery. She added, however, that the paradigm that pain is a symptom of some greater trauma is changing to treat pain as a disease unto itself. Notably, the Veterans Administration (VA) has labeled pain as the "Fifth Vital Sign," reiterating the importance of recognizing pain in treatment models.

Pain is handled uniquely in the military – on the battlefield the "suck it up" mentality is useful, however, it can be damaging in the long run. This mentality can lead to adaptive pain responses that can turn into maladaptive pain – a wounded soldier may fight through pain as a matter of survival (adaptive), but uses the same rational upon return from combat (maladaptive) likely exacerbating physical and mental problems. Furthermore, there is negative stigma associated with pain treatment in the military. While technological advancements have increased survival rates for traumatic injuries sustained in Iraq and Afghanistan, injuries often cause veterans chronic pain. In addition to those exposed to traumatic injuries, Sloan expressed concern over the many service personnel who exit the military, accepting pain resulting from normal military activity which can often lead to chronic pain later in life.

The *Military and Veterans Pain Care Act*, developed by APF and passed by Congress in 2008 created a joint Department of Defense (DoD) and VA task force to work on the issue of pain. It resulted in the Veteran Health Administration (VHA) Pain Management Directive, a three-step individualized strategy to provide a continuum of treatment to patients suffering acute and/or chronic pain.

Sloan and Noel spoke about what is termed Opioidphobia: a belief that most patients will become addicted to opioid pain medications. While it can occur, the actual rates of occurrence are low as two and ten percent of patients truly becoming addicted. There is a notable distinction between addiction – where a patient compulsively uses medication even to one's own detriment – and situations where the patient's body simply reaches a level of tolerance, and therefore the dosage may need to be increased or the medication changed. The American Pain Foundation "Advocates for good comprehensive medical treatment of which medication for most people needs to be an option if they've got chronic pain issues," said Sloan, adding that it is unethical to not treat pain for this reason, and that pain can cause a whole host of other problems if left untreated.

Resources and publications available at painfoundation.org

Treatment Options: A Guide for People Living with Pain

Target Chronic Pain Notebook - A pain diary to chart pain and the efficacy of treatment

Exit Wounds by Derek McGinnis offers information on a variety of veteran-specific pain issues.

PROVIDING RESOURCES FOR PH AND TBI TO THE MILITARY COMMUNITY

**For more information
about the DCoE visit**

www.dcoe.health.mil

Users can find
information, resources,
and referrals to other
agencies and
organizations working to
serve military, veterans,
and their families in all
areas of psychological
health.

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury's (DCoE)
Dr. Lolita O'Donnell, the Center's Director for clearinghouse, outreach, and advocacy gave a thorough overview of DCoE's purpose, recent efforts and accomplishments, and ongoing research.

Dr. O'Donnell began by briefly discussing the inception of the DCoE, which sprang from a presidential commission studying the concerns of returning service members and their families following the Walter Reed scandal in 2007. One of the commission's recommendations was the establishment of a collaborative effort between the Department of Defense (DoD) and the Veterans Administration (VA) to address issues of Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

The DCoE has conducted assessment, evaluation, identification and facilitation of efforts related to the reintegration of service members, veterans and their families upon returning from duty in Iraq and Afghanistan. The DCoE's core message seeks to normalize and de-stigmatize issues surrounding psychological health within the military; as Dr. O'Donnell pointed out, this requires a cultural transformation.

To accomplish this cultural transformation, the DCoE is employing a multi-faceted approach. By serving military personnel, veterans and their families, as well as healthcare providers, researchers, employers, caregivers, chaplains and DoD civilian personnel. Working with all stakeholders, the DCoE provides resources and works collaboratively on research and development of methods to combat stigma and improve treatment associated with PTSD, TBI,

and psychological health in general. The DCoE has built their model around the three R's -Resilience, Recovery and Reintegration – and has founded partnerships with federal agencies including the Departments of Agriculture, Housing, Labor and Justice to further assist in the reintegration process.

Some of the DCoE's major accomplishments include the *Real Warriors Campaign* – a multimedia anti-stigma campaign – and the DCoE's partnership with Sesame Workshop in the production of the three part *Talk, Listen, Connect®* series. Much to the satisfaction of those in attendance, Dr. O'Donnell invited a conference participant to place a "secret shopper" call to the DCoE's 24/7 hotline. In a matter of minutes the caller, who played the role of military spouse seeking resources and assistance regarding her spouse's behavior following his deployment, had preliminary resources which included the phone number and address for the Vet Center in her locale. The center's counselor then offered to email detailed information to the caller and reassured her that what she and her spouse were experiencing was common and that the call center is at her disposal should she need further resources or assistance.

New DCoE initiatives and research include the *Building Bridges Community Collaboration*, where professionals and family members interested in addressing the issues surrounding TBI and PTSD collaborate monthly to identify and undertake worthwhile projects. Last year this collaborative developed and launched tool kits available on the website and intended for service providers, service members, veterans and their families. The collaborative is currently striving to implement a military marital and family counseling program.

Dr. O'Donnell highlighted several of the research studies currently in progress including two being conducted by the RAND Corporation – the Deployment Life Study and a study on Innovative Practices for Psychological Health and TBI. DCoE is also working with the National Institute of Mental Health on the Army Study to Assess Risk and Resilience in Service Members (STARRS) and with the Henry M. Jackson Foundation for the Advancement of Military Medicine on the Families Overcoming Under Stress – Combat Injury (FOCUS-CI) study.

COMMUNITY CIRCLES OF SUPPORT FOR VETERANS FAMILIES

There is a need for replicable and scalable initiatives that address some of the gaps in services including those that:

- Reduce stigma around seeking mental health services through public education and “no wrong point of entry” services.
- Expand eligibility or services by broadly defining military/veterans’ families to include parents, siblings, girlfriends or boyfriends, friends/older teen children.
- Address the need to provide services for geographically dispersed activated Reserve & Guard members, veterans and their families.
- Provide supports that help maintain and sustain family and community efforts to create effective transitions for veterans, especially for those with PTSD and TBI.

Although there is heightened attention to the impact of Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) on returning war fighters, many health and mental health services are designed only for the veterans themselves. Current services do not have sufficient resources to address the needs of all family members, including parents, siblings, romantic partners and friends who play a significant role in a veteran's successful reintegration back into the community. Strong social networks often make the difference between a productive life in the community or deteriorating relationships contributing to arrests for domestic violence crimes or being on the streets.

Risa Greendlinger, Project Director for The National Center on Family Homelessness and Dr. Casey Taft, National Center for PTSD, Boston VA Medical Center and Associate Professor, Boston University School of Medicine, discussed the newest Community Circles of Support for Veterans Families (CCSVF), created by The National Center on Family Homelessness with funding from Blue Shield of California Foundation. The CCSVF is a comprehensive, community-based mental health and education initiative that incorporates knowledge of the impact of PTSD/TBI on both the veteran and family. The latest iteration of the CCSVF is in keeping with the commitment of Blue Shield of California Foundation to end domestic violence in California. It recognizes the need to raise awareness of and prevent violence in the home, meeting emerging needs of veterans’ families who are reuniting with their service member. The goals of this program are to prevent future difficulties such as interpersonal violence and homelessness, enhance relationships between returning veterans and their loved ones, train service providers in specialized clinical interventions for traumatic stress and family violence, educate the broader community about the experiences of veterans and their families, and support veteran reintegration into civilian life.

The new California sites will feature a multi-dyad group, ten session cognitive-behavioral therapy, Strength At Home (Taft et al, 2009). The group therapy is designed to improve relationship functioning, reduce the impact of traumatic stress-related symptoms and prevent interpersonal violence. Sessions include psycho-education about the connections between stress disorders and relationship difficulties, conflict management strategies, communication skills training, and instruction in how to decrease traumatic stress-related avoidance, and promote increased relationship positivity.

A community outreach campaign designed to increase public awareness of the experiences of veterans and their families creates a network of referral sources for the clinical intervention while promoting community awareness. Outreach is focused on community-based entities, law enforcement agencies, community providers of mental health, domestic violence, substance abuse and suicide prevention services, faith-based groups, and social organizations.

The National Center also provides each local CCSVF and up to twenty community-based clinicians’ a two-day, 15 hour manualized training with a workbook of the *Strength At Home* intervention. Trainees may be drawn from Veterans Medical Centers, Vet Centers, law enforcement agencies, local university and community college mental health clinics, clinicians’ from social service agencies including those providing substance abuse and interpersonal violence prevention and private clinicians’ whose practices include military families.

SPIRITUAL INJURIES OF WAR AND SPIRITUAL CARE

What Are They? Why Are They Important? How Are They Being Addressed?

There is a growing interest in whole person, bio-psycho-social-spiritual approaches to caring for veterans and their families. Spiritual care derives from a holistic approach to war-related trauma that mobilizes ancient and modern wellness techniques as well as the healing power of community, creative expression and recreating together in beautiful environments. **A. Keith Ethridge, M.Div. BCC, Director, VA National Chaplain Center** explained that the essence of spirituality has to do with that which is life giving. Ethridge says there are three spiritual life functions that all of us embrace over the course of our lives: 1) our sense of identity, 2) our ability to be creative, and 3) our sense of transcendence. Negative experiences in war and combat can get to the heart of our spiritual injuries; often a result of guilt and traumatic grief over losing comrades and the belief that one has let others down. As troubling as conditioned responses are to combat, which are often the most recognizable symptoms, spiritual injuries remain with veterans as the most troubling over the course of their lives.

Steven Torgerson, Wing Chaplain, Executive Director, Travis AFB Community Action and Information Board, affirmed that when combat trauma occurs, the mind doesn't have any place to put those scenes, and the deep memories of combat stay with the service member. The great spiritual dilemma is the feeling that one is broken, and the essential way to deal with this deep injury is to give up the image of themselves before combat, the image they cannot return to, and essentially "give up hope." Torgerson explained that once they are able to recognize how combat has changed them spiritually, they are able to process their experiences. He went on to say that it is not our strengths that tie us all together – it's often our weaknesses and inabilities.

"Cumulative war trauma can override all systems for coping and can make the veteran become bonded to that trauma." ~Joseph Bobrow

Joseph Bobrow, Founder and President, Coming Home Project describes spiritual injuries as a collapse of one's assumptive world; beliefs and philosophies that shape our working model of the world. After combat, the service member needs to reorganize that assumptive world. Cumulative war trauma can override all systems for coping and can make the veteran become bonded to that trauma. When communicating the trauma whether through working with chaplains, at retreats, with fellow veterans, or the community, the transformational

process allows these memories to find their proper place in the hierarchy of memory. When they are brought out in the open they lose their power with us. Combat memories can then be integrated into a mature spiritual life which accepts the joys and sorrows and is able to bear them.

Ethridge says the collaborations among medical and health providers as well as Veterans Administrative (VA) Chaplains to address these injuries allow them to effectively respond as a team to the spiritual needs of veterans. The VA Chaplain Center has a Veteran Community Outreach Initiative to train clergy in the community. Chaplains conduct trainings, offer resources, and offer their help. The focus now is in rural communities to areas welcoming home National Guard and Reserve. Ethridge says much of the care for addressing spiritual injuries needs to happen in the community who are often the first responders to the spiritual needs of veterans.

PEER SUPPORT

Addressing Gaps in Women Veterans Services/National Guard Peer-to-Peer Program



Jon Wilson, CA National Guard

National Guard

Jon Wilson, California National Guard and Marlisa Grogan, Service Women's Action Network (SWAN) presented their respective organization's efforts in the area of peer support. The California National Guard's model focuses broadly on all returning Guard personnel. SWAN's model is focused on serving women veterans (although it should be noted that 11 percent of calls to the SWAN helpline are from male veterans) seeking peer support.

Wilson opened by providing scientific findings indicating why peer support is important to the treatment of combat-related Post Traumatic Stress Disorder (PTSD): trauma usually occurs in the context of a peer group, trauma survivors are suspicious of non-trauma survivors, and peers provide feedback in the form of education, self worth, and a familiarity with the trauma's context.

The California National Guard has implemented its nationally recognized peer support model throughout the state's National Guard units and in several units outside the state. Commands are asked to identify soldiers to serve in the peer support role. Those soldiers are instructed on the aforementioned components of peer support, and then return to their units to serve in a peer support capacity for fellow soldiers. This model has gained such recognition that it is now being used as part of a nationwide program through the National Guard Bureau to provide the same program to Guard members in other states.

SWAN

Grogan discussed the early stages of implementing a helpline to provide peer support to women veterans and the process of responding to callers. Callers leave a message and within 48 hours a trained helpline staff member returns the individual's call and assists her by following established principals of peer support including references to outside sources.

Having started in April of 2009, the helpline is still in its early phases, but call volume is steadily increasing and program evaluation has already begun. Distrust of current systems of care (i.e. Department of Defense [DoD] and the Veterans Administration [VA]), having exhausted mainstream methods of self-advocacy, and feelings of alienation and marginalization are among reasons female veterans cite as necessitating SWAN's helpline. All staff peers are women veterans and service member with whom callers can relate.

Six Components of Peer Support:

- Active listening skills
- Clarifying issues
- Supporting the person
- Problem solving process
- Confidentiality
- Referrals to professional resources

FAMILIES COPING WITH GRIEF

The death of a service member marks an incalculable loss to family and loved ones. In the wake of this grief, Sesame Workshop and Tragedy Assistance Program for Survivors (TAPS) are building dialogue around two facets of grief often overlooked: 1) for Sesame, the experiences of young children and their families; and 2) for TAPS, coping with a loved one's death regardless of the circumstance of death.

Since the wars began, 12,000 military children have experienced the death of a parent. In an effort to reduce the anxiety, sadness, and confusion children experience following the death of their parent, Sesame Workshop provides tools to support children through the traumatic grief process. **Lynn Chwatsky, Sesame Workshop Assistant Vice President, Outreach Initiatives and Partners**, discussed their latest initiative, *When Families Grieve* which uses the power of Elmo and the Sesame Street Muppets to provide resources and support to families with young children coping with the death of a parent. Sesame Workshop created a primetime television special and two customized, bilingual resource kits: one designed to support the specific needs of military families and one designed for the general public.

Founder Bonnie Carroll launched TAPS in 1994 in response to the tragic death of her husband. Since then, TAPS has grown to be a primary resource to the families and loved ones of our military men and women. **Heather Campagna, TAPS Youth Programs Director and the National Good Grief Camp Director**, described the power of their extensive volunteer network and small group of dedicated staff who provide comfort and care to surviving loved ones. Comprehensive services and programs include peer-based emotional support, case work assistance, crisis intervention, and grief and trauma resources. The framework for TAPS' support is connecting on a personal level through shared experiences; as one family navigates the journey of grief and is also accessing the military's bereavement benefits, another survivor is there to guide them. This peer support creates a powerful connection through a simple recognition of shared stories. With a new wave of suicides among our military men and women, TAPS has expanded its focus to support a loved one regardless of the circumstance of the death. Resources and retreats are available for survivors of suicide and TAPS advocates for mental health and bereavement benefits.



REAL WARRIORS, REAL BATTLES, REAL STRENGTH

Combating Stigma Surrounding Mental Health Treatment in Military Culture

What I wish more warriors would realize is that I was getting worse and worse because I wouldn't go get help - because it wasn't until I got the emotional help that I needed that I was able to fix the rest of my problems."

~Meg Krause, Army Medic

Jill Herzog, a representative from the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury (TBI) and Meg Krause from Concepts, Inc. presented on the *Real Warriors Campaign* which launched in 2009. This groundbreaking effort has successfully utilized social marketing theories and technology to spread the knowledge about psychological health conditions and TBI to service members and their family. The *Real Warriors Campaign* partnered with the CIAV and is reachable through the CIAV website. For this year's conference a thorough presentation was given on this innovative program including testimony by Army Reservist, Meg Krause.

The culture of stigma for mental health injuries has long plagued both the civilian and military communities. Over the course of the conflicts in Iraq and Afghanistan the U.S. military has seen rates of Post Traumatic Stress Disorder (PTSD) and TBI rise in unprecedented numbers. Initially, service members were not screened when returning from deployments, and treatment of these injuries were addressed on a case-by-case basis. Stigma on reporting a psychological health condition is a serious issue in the military. The *Real Warriors Campaign* addresses this stigma straight on and has been successfully revolutionizing the perception of "invisible" injuries. This panel presented on the successes of this approach both within the military and as a resource for family members and caregivers.

Army medic Meg Krause served in Operation Iraqi Freedom (OIF) transporting the wounded from Iraq to Germany and treating the wounded in the field. Although Meg knew the signs of PTSD, she was unable to see them in herself. "My psychological health," she explained, "I didn't think it was an issue...it wasn't until two and a half years later when I was in the high stress of graduating from college...when I really started to notice a problem." Her Army Reserve Unit reached out to her and helped her get the help she needed to address her PTSD. Meg is still serving as a decorated non-commissioned officer in her unit and speaking on behalf of the *Real Warriors Campaign* to help other soldiers know that it is ok to ask for help.



Jill Herzog and Meg Krause

INNOVATIVE METHODS FOR CONTINUING CARE



Fred Gusman

Relapse is an unfortunate possible outcome for anyone entering mental health or substance abuse treatment. For combat veterans, relapse post-treatment can lead to a lifetime cycle of chronic mental health issues and co-occurring disorders. **Fred Gusman, Executive Director and Dr. Kent Drescher, of The Pathway Home, William Harms, Director of Technical Assistance at Altarum Institute and Dr. Dennis Reeves with the DCoE** addressed the issue of relapse and successful patient care for OIF/OEF combat veterans. Their methods utilize computer and cell phone technology to improve the provision of mental healthcare.

The Pathway Home has developed and conducts a residential treatment program for Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and post-combat stress. The program employs technology the veterans already have, such as personal computers and cell phones, and applies computer programs and online social networking methods to support current patients and graduates. Following treatment, these warriors can stay in contact with their care team who aid in the transition back home and prevent relapse. In addition to the relationship built with staff and patients, and life tools developed for individual success, this new program also includes peer support. By staying in touch with

their peers via the phone and Internet, warriors can support each other through treatment and beyond – chipping away at the feeling of alienation common in mental health injuries.

The following are lessons the Pathway team has learned from working with warriors:

Warriors can

- Learn to “move on” from their combat-related stress.
- Learn to cope with negative situations or experiences.
- Survive and thrive. Grow from traumatic experiences.
- Translate and use military skills and knowledge into post-combat coping in the “real world.”
- Take responsibility for themselves and others.
- Have discipline.
- Deal with adversity/unknowns.
- Have the ability to create, stay focused, and achieve goals.
- Know that skills are attained with practice.
- Possess physical, mental, and emotional strengths.

Attendees of the CIAV conference were given the unique opportunity of having some of the preeminent specialists dealing with combat stress and innovative treatments all together in one panel. The panel gave a clinical demonstration of this ongoing, dynamic research project. The ideas presented by this panel will hopefully not only affect veterans treated at the Pathway Home but also affect approaches of other service providers addressing these life-affecting combat issues.

STORMING THE HILL

Iraq and Afghanistan Veterans of America (IAVA) and their supporters presented their legislative agenda for Congress in this year's Storm the Hill 2010. In the words of IAVA's Executive Director, Paul Rieckhoff, "As troops come home from Iraq, and more head to Afghanistan, the need to implement broad change for new veterans is more critical than ever. IAVA's 2010 Legislative Agenda and Storm the Hill campaign will deliver the tools to Washington to make our nation's veterans a priority...IAVA will work with Congress, the Administration and other veterans organizations to show veterans of all generations that "we've got your back."

IAVA's Todd Bowers, Jennifer Hunt, Jonathan Schlieffer, and Tom Tarantino reviewed best practices in advocating for veteran issues in Washington, D.C. IAVA has put on their Storm the Hill Event for three years. Each year they mobilize hundreds of veterans and bring them to D.C. to speak to legislators about a specific issue. For 2010, the issue was disability reform. For such a large event to be effective, not only is there much planning involved, but several key steps in making such an effort worthwhile.

The following is a list of recommendations from IAVA on how such an event is possible:

- *Pick an issue.*
- *Come up with a specific ask.*
- *Have an outcome or goal in mind.*
- *Cultivate membership support.*
- *IAVA sends out a survey. Each question has space for comments. In this way they receive thorough feedback from their members and personal stories to illustrate the need for reform.*
- *Meet with fellow veteran organizations and agree on common goals and issues.*
- *Meet with congressional committee members prior to the event.*
- *Organize a legislative agenda, personal stories, and event logistics.*
- *For a planned legislative trip like Storm the Hill, make the visit worthwhile for your members by providing educational and leadership training. Take this opportunity especially to mentor young veterans who will be the leaders of tomorrow.*

In addition to explaining their strategy for legislative advocacy, IAVA also included their legislative agenda for 2010, which includes the following priorities:

- *Modernize the outdated disability claims process.*
- *Address the current problems with the Post-9/11 GI Bill.*
- *Reduce unemployment among new veterans.*
- *Eliminate the stigma associated with mental healthcare.*
- *Improve care and benefits for female veterans.*
- *Increase support for the caregivers of wounded warriors.*

BUILDING COALITIONS TO SERVE OIF/OEF

The following is a list of recommendations for building trust within a community referral network:

- Review their individual strengths and areas of specialization.
- Identify areas of service duplication amongst participating agencies and possible gaps in service within the community.
- Discuss resource availability – current capacity vs. maximum capacity

Promote a safe environment where participating members may:

- Voice their concerns regarding need for additional education.
- Seek assistance from the team when there is a lack of current knowledge on existing/available services, a client with a complicated case, etc.
- Share information (example: newly available resources, power point presentations for continuing community education).
- Capitalize on each other's strengths and work collectively to help veterans, military personnel, and their families.



Jean Logan, Alexandria Douglas-Bartonlone, Fannie Cocalides, and Dr. Casmiro Crockett

Fannie Cocalides, Operation LinkUP, Dr. Casmiro Crockett, First Stop*Faith*Hope*Love* Charity, Alexandria Douglas-Bartolone and Jean Logan, all members of the Florida BrAlve Fund brought their expertise on building a network of resources for veterans, service members, and their families in a region with no active duty military base, but a high population of Guard and Reserve personnel. This presentation was built on the principles of engagement, building a “system of care,” and creating military cultural awareness. The Dade Community Foundation re-granting IADIF funding to 17 agencies brought both hope to the region as well as presented challenges. As a result, the Florida BrAlve Fund at the Dade Community Foundation has created a model of resource distribution and care that can be utilized by other community organizations working with the veteran, military, survivor populations.

The challenges faced to create a state coalition of community agencies include: repairing a disconnect between the Veterans Administration (VA), its clients, and community service providers; the limited exposure of community agencies to military culture; and the vital need for emergency assistance funds. The BrAlve Fund staff employed targeted outreach in both traditional and non-traditional models. The staff conducted outreach through the Department of Defense (DoD) and the VA sponsored events, as well as community events, colleges, and even sports bars. In addition to outreach itself, selection of outreach personnel and other program staff is vital to the success of an organization’s mission. Their comprehensive outreach approach found that “word of mouth” was one of the most successful forms of outreach. Service members still in theater found out about the programs and services provided in Florida. Examples such as these illustrate the possibility of truly seamless transition.

Finally, the presenters provided lessons learned from their work in Florida. The pre-planning process was vital to ensure the success of not just a coalition, but the simpler elements of the program as well. Now that their program is established, the BrAlve Fund staff have been able to focus on “connecting the dots” in the system of care. No services in the region are static; meaning that care and services are coordinated. This successful model illustrates that responsiveness to providers and consumers is vital, developing knowledge and trust between Federal and community agencies is a must, and engagement of those we serve and those who serve can produce a sustainable model of resources and care.

ECONOMIC HEALTH WORKING GROUP

“The ultimate goal,” said Lopez, “is to discuss the types of funding available, the types of programs that can be started, and how to start and maintain such programs under specific guidelines.”

The Economic Health Working Group comprised of the Veterans Administration (VA), HUD, Department of Labor (DOL), SAMSHA, National Coalition for Homeless Veterans (NCHV), community groups and individuals focused on three areas of economic health and how they relate to veterans and service providers. Moderator Dave Lopez, Director of Supportive Services at Swords to Plowshares, introduced participants to a number of primarily federal programs in the areas of housing, employment and training, and education. While allowing for discussion and input from all participants, the session was largely informational in that experts from government, public, and private agencies informed participants on implementing new programs.

Housing

The discussion began with a brief overview of four Veteran Administration (VA) programs aimed at addressing the issue of veteran homelessness. Those were: 1) VA Grant Per Diem Program, 2) the Substance Abuse Day Hospital (SADH) program, 3) VA Special Needs programs, specifically the Chronically Mentally Ill (CMI) and 4) Frail and Elderly programs. Many in attendance expressed interest in implementing federally funded housing programs but were unsure as to the specifics of the grant application process. As a result the working group focused on the application process and program administration.

The Veterans Affairs Supportive Housing (VASH) Program

VA representatives discussed the additional vouchers which will be distributed next year. The HUD-VASH vouchers are similar to Section 8 vouchers, in that the government will guarantee rental funding in the open market. Participants expressed that there is a need for site-based programs so agencies interested in establishing housing programs can cover operating costs and develop supportive environments for the most vulnerable chronically homeless veterans. However, it is agreed that the need for non-site based vouchers continues to exist giving veterans a choice regarding housing arrangements.

Employment and Training

As with the housing portion of this working group, much of the discussion centered around federal funding available to organizations wanting to start employment and training programs.

Among the funding sources discussed, the following grants from the Department of Labor (DOL) took center stage:

- *Homeless Veterans Reintegration Program (HVRP).*
 - *Provide employment and training specifically for homeless veterans.*
 - *Provide for homeless female veterans and homeless veterans with families.*
- *Veterans Workforce Investment Program (VWIP).*
 - *This grant focuses on green jobs and renewable energies.*
- *Incarcerated Veterans Transition Program.*
 - *Funding used to serve veterans recently released from incarceration that are now at risk for homelessness.*

Department of Labor grants have strict program requirements and are outcome based. **Melanie Lilliston, National Coalition for Homeless Veterans (NCHV) Director of Technical Assistance and Finance** announced that NCHV has received a grant to assist agencies with grant application: www.nchv.com.

Attendees agreed that programs should focus on the needs of their community in addition to, and in some cases, rather than federal guidelines regarding growing industries. This point was well illustrated by **Michael O’Gorman, Executive Director of the Farmer Veteran Coalition**, who highlighted the need for farmers in rural communities throughout the country. Additionally, organizations were encouraged to develop relationships with local employers to ensure that when veterans complete training programs, jobs are available in relevant sectors.

Education

The aforementioned grants do not cover long-term education; rather they focus on occupational training. Thus the conversation focused on Veterans Educational Benefits such as the Montgomery and Post 9/11 GI Bill.

Several recommendations were made to organizations interested in assisting veterans in this light:

- *Make contact and develop relationships with veteran’s representatives at local community colleges.*
- *Ensure a good understanding of the differences between the various education benefits available prior to making recommendations to veterans.*
- *Conduct thorough assessments with veterans before entering into such a program to ensure the veteran understands program requirements and has a firm plan prior to starting school.*

THE VIRGINIA WOUNDED WARRIOR PROGRAM

The Commonwealth of Virginia is home for over 819,000 veterans and has deployed over 230,000 troops to the wars in Iraq and Afghanistan. Virginia currently ranks seventh among the states in veteran population. The Veterans Administration (VA) predicts that Virginia will rank fifth by 2014 and fourth by 2016. This positions the Commonwealth of Virginia to lead the nation in how to serve veterans and their families while enabling them to continue to serve their country and their communities.

Catherine Wilson, Executive Director and Jim Thur, Regional Director for the Virginia Wounded Warrior Program (VWWP) noted that the Virginia Wounded Warrior Program (VWWP) was established within the Virginia Department of Veterans Services in 2008. VWWP provides services to veterans, National Guard and Reservists not in active federal service and their families. The program focuses on addressing the effects of combat stress and traumatic brain injuries on service members and their families, connecting them to existing care and expanding the availability of behavioral health and rehabilitative service through existing consortia of community mental health providers and brain injury services specialists. Five regional VWWP consortia are organized throughout the Commonwealth and cover the entire geographic region of the state. In addition, three Regional Directors work directly with the regions and local constituents. The VWWP has been cited as a model for other states and is the only state that is a recognized partner of the DCoE.

VETERANS BENEFITS: REPRESENTATION AND REFORM

Teresa Panepinto, Legal Director, Swords to Plowshares, Bart Stichman, Co-Director, National Veterans Legal Service Program (NVLSP), and Paul Sullivan, Executive Director, Veterans for Common Sense, presented potential

For veterans seeking discharge upgrades or changes in character of service, not only is the system complicated, but few individuals are even knowledgeable on the specifics of military/veteran law in order to help this population.

solutions regarding access to benefits through the Veteran Benefit Administration (VBA) and care through the Veteran Health Administration (VHA). The current system is fraught with inconsistencies and barriers for veterans trying to access care.

The panel addressed both the VBA claim process by which veterans secure compensation and disability benefits and the separate issue of discharge upgrade process before military review boards. Panepinto, of Swords to Plowshares, spoke to the personal impact on the veteran and the individuals at veteran service organizations trying to tackle this bureaucratic mountain. Each day Swords to Plowshares' legal department advises countless numbers of veterans, many of whom are completely unaware of benefits or have been inappropriately denied Veteran Administration (VA) benefits. With regard to discharge review representation, Panepinto explained that "Many service members

experience health problems that go undiagnosed and/ or untreated; this is particularly the case for Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Instead of receiving medical treatment and a medical discharge, one of two things often occurs: 1) discharge for misconduct with a characterization of Other than Honorable or 2) discharge for Personality Disorder, which enables the military to get out of medically retiring the service member." In addition, Other than Honorable (OTH) and Bad Conduct discharges can bar veterans from receiving VA medical care and compensation.

Sullivan spoke to the wider system issues within the VBA. Paul presented practical suggestions to streamline care and reduce unnecessary paperwork. Sullivan urged the VBA to enact systemic improvements so that veterans can receive prompt and high-quality medical care and benefits. "Veterans for Common Sense support reforming and streamlining the VBA. We believe this will result in more accurate claims decisions, faster claim decisions, plus improved relations between veterans and the VA. Improving the claims system remains vital because an approved disability claim often opens the door to free VA medical care.

Stichman reviewed the class action litigation in which NVLSP and pro bono counsel Morgan Lewis & Bockius, LLP represents thousands of veterans. The lawsuit alleged that between December 17, 2002 and October 14, 2008, the military illegally denied benefits to an entire class of service members who returned from Iraq and Afghanistan with PTSD and were discharged from service.

As a result of the suit, the military is expediting a review of records to increase the disability ratings previously issued to all class members. The disability ratings which are the subject of the lawsuit are critically important to veterans with PTSD. A permanent disability rating of 30 percent or more entitles a veteran to monthly disability benefits for the rest of the veteran's life, to free healthcare for the veteran and his or her spouse for life, and their minor children. Stichman stressed that "Even if the military board does not end up permanently raising a veteran's PTSD disability rating, the veteran retains the right to ask the court to do so...In short, they cannot end up worse off by virtue of joining the lawsuit and agreeing to a board review."

CREATING RURAL JOBS FOR OUR RETURNING RURAL MILITARY



Michael O’Gorman, Farmer-Veteran Coalition, Adam Burke, Veterans Farm and Stacy Bare, Veterans Green Jobs

Our nation is faced with a crisis in that we lack young farmers to continue America’s agricultural legacy. At the same time thousands of young service members are returning from the wars in Iraq and Afghanistan to a very tight job market. Veterans returning to rural communities are especially lacking in employment opportunities. Rural America makes up one-sixth of the population of the United States; those who serve us in uniform, 45 percent come from rural communities. Organic farmer, **Michael O’Gorman, Executive Director of Farmer-Veteran Coalition** saw the need for young farmers and the numbers of unemployed veterans as an opportunity to develop the coalition, which assists veterans in entering the farm and agricultural industries.

O’Gorman was joined by subject matter expert, **Richard Mestas from the University of Nebraska, College of Technical Agriculture and founder of Combat Boots to Cowboy Boots, Adam Burke of Veterans Farm in Florida, and Stacy Bare of Veterans Green Jobs.** This strong panel addressed this issue in practical discussion and application. Burke’s farm in Florida is an excellent example of providing veterans with training and employment, peer support and strengthening his state’s economy.

Burke provided the Veterans Farm goals for veterans and the community:

- *Provide a farm where disabled veterans grow and sell blueberries at farmers markets, U-pick and commercial markets to become more comfortable socializing with the civilian public.*
- *Show the public that veterans and disabled veterans can be successful working in the civilian marketplace.*
- *Educate the community about the health benefits of eating organic blueberries following the model First Lady Michele Obama to create a healthier nation. Who better to lead the way than our nation’s veterans?*
- *Provide a combination of work, therapy, education and socialization to help veterans reintegrate into society through sustainable agriculture training.*
- *Collaborate and work with local farmers, organic associations, community business leaders and the University of Florida agriculture department.*
- *Collaborate with the Veterans Affairs Work Therapy program (WTP) and Veteran Rehabilitation and Employment programs to work on new innovative ways to increase veterans’ rehabilitation.*

The importance of the expert knowledge and innovation shared by this panel will hopefully grow and be applied by other veteran farmers across the nation in the years to come – not as the work of a few dedicated individuals, but as a national movement.

ADAPTING EMPLOYMENT AND HOUSING MODELS

To Serve OIF/OEF Veterans

The prevalence of unemployment and risks for homelessness among recent veterans calls for a response which addresses both prevention and treatment models adaptive enough to serve OIF/OEF veterans and their unique needs.

Andre Simpson, Executive Vice President & Chief Operating Officer, Veterans Village of San Diego says treatment needs for young veterans often require more program flexibility, less structure, and more physical activity. Although they haven't spent as long on the street or in their addictions, they are quicker to move to addiction, and they tend to leave treatment sooner. Simpson learned what doesn't work: housing combat with non-combat veterans, sitting in classrooms, manualized curriculum therapy, or a strict 12-step model. Simpson described paradoxical thinking of stigma of diagnosis, hyper-arousal, issues with confidentiality, as well as lack of Veteran Administration (VA) benefits for those with "bad paper" and criminal justice system involvement as largely limiting our ability to serve recent veterans in traditional models. Simpson recommends treatment protocol specifically for OIF/OEF veterans which includes housing combat veterans together, creating a peer approach with combat veterans on staff, and creating unique treatment tracks including non-traditional healing modalities such as expressive arts, Yoga and Tai Chi.

Ed Gonzalez, Program Supervisor, Operation Welcome Home, New Directions echoed panelist statements that long-term recovery programs for OIF/OEF with stringent restrictions and few privileges are inflexible in accommodating individual needs and lack first-hand knowledge and education on veteran issues aren't successful. Methods that do work have customized programs and support services designed specifically for OIF/OEF veterans and integrate them into the community with strong vocational, financial, legal, and veterans' benefits assistance.

Dave Lopez, Director of Supportive Services, Swords to Plowshares says providers should use non-traditional methods for assessing readjustment issues. Lopez learned it is easier to talk with recent veterans without using traditional medical language especially when discussing mental health issues or substance use. Recent veterans are often accessing employment services rather than treatment programs, so Lopez recommends incorporating licensed mental health clinicians into employment programs to more closely identify mental health needs. Short-term job trainings structured very similar to trainings in the military have been extremely effective; providing veterans with a unique curriculum and allowing them to be with other recent veterans creates a preventative model. Lopez recommends talking with employers to determine their baseline for employment, explaining the benefits of hiring veterans, and what specifically they might desire in hiring veterans in their companies.

Michael Blecker, Executive Director, Swords to Plowshares says there is a sea of goodwill from the community and the government to get veterans employed, including government funding for employment services, but funding for the wrap around services that address readjustment issues is not as readily available. Housing is generally more available for veterans with chronic issues through grant and per diem and Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) units, not for transitional housing or satellite housing where younger veterans can work on readjustment issues while obtaining the life skills necessary for a successful transition into independent civilian living. Blecker says that although the court system is very interested in diverting veterans to treatment programs, there aren't enough residential treatment programs available, and veterans are being sent to jails or prisons when treatment is more appropriate.

ENTREPRENEUR BOOTCAMP FOR VETERANS WITH DISABILITIES



Michael Haynie, Syracuse New York
Whitman School of Management

Background and Context

Experts suggest that 30 percent of those who have served since 2001 will transition from military to civilian life with an enduring physical and/or psychological disability. **Michael Haynie of the Syracuse New York Whitman School of Management and Mike Zacchea, Associate Director for Entrepreneur Bootcamp for Veterans with Disabilities** noted that two in five of these veterans come from small towns (fewer than 5,000 residents) where economic opportunity may not be readily available.

Small Business Administration (SBA) statistics show that veterans excel as entrepreneurs – four million small businesses are owned by veterans representing the largest demographic segment the SBA uses to measure small business ownership in the United States. Having served in the military is the greatest indicator that an individual will start a small business, and such businesses succeed at a rate nearly twice that of the general population.

How EBV Works

PHASE 1: DISTANCE LEARNING COURSE (45 DAYS) This phase of the program introduces the veterans to the learning process using textbooks, syllabi, and other commonly used instructional methods to ensure their success in the program.

PHASE 2: RESIDENCY PROGRAM (TEN DAYS) Veterans attend a ten-day training period and expenses are paid.

PHASE 3: MENTORSHIP NETWORK AND SUPPORT STRUCTURE (ONE YEAR) EBV connects veterans to a team of content area experts that work with the veterans as they start a business.

While entry into the program is competitive with only 20 seats per class, results from the first class (held in August 2007) are very promising.

- *Of the first 20 participants 17 now own their own small business.*
- *Four of the 17 business have seen at least \$1 million in revenue for 2009.*
- *Three of those four businesses were started by a veteran with only a high school education.*
- *One of those four earned \$3 million in revenue in 2009.*

The program is currently striving to expand, hoping to offer EBV at ten institutions nationwide within three years. To date 220 veterans have completed the program with an additional 150 expected to complete it by the end of summer 2010. For more information about the Entrepreneurship Bootcamp for Veterans with Disabilities, visit www.whitman.syr.edu/EBV

CRIMINAL JUSTICE WORKING GROUP

The Criminal Justice Working Group gathered members from the Department of Justice, the Federal Bureau of Prisons, National Association of Drug Court Professionals (NADCP), Battered Women's Justice Project, Vera Institute of Justice, Veteran Courts Judges, and military and veteran organizations. The discussion extended from prevention and first contact to cycling through the court system and reentry services to integrate veterans from the justice system into the community. The following recommendations were discussed among the group.

Recommendation: Educate first responders on the unique issues of veterans, properly identify veterans at booking and route them to appropriate services.

At first contact, many described the need for proper avenues to identify veterans as they encounter civilian providers or have run-ins with police. Many cited poor avenues for veterans to self-identify at booking, as oftentimes veterans don't identify themselves if they are afraid of losing benefits, if they are in the Guard or Reserve, or if they haven't participated in combat. **Margaret Noonan, Statistician for the Bureau of Justice Statistics** explained the need for an extensive standardized assessment process which includes asking about prior military experience versus specifically asking if they are a veteran. **Catherine Wilson, Executive Director of the Virginia Wounded Warrior Program** said we must educate those who screen for prior military service to understand veteran issues and appropriate services. Cultural competency among first responders can de-escalate confrontational situations, allow the first responder to understand the experiences of veterans, and provide them with resources to route veterans and their families to appropriate services. **Amy Fairweather, Policy Director Swords to Plowshares**, discussed their post-certified police training which includes cultural competency and practical guidance in grounding and de-escalation when interacting with a veteran with Post Traumatic Stress Disorder (PTSD).

Recommendation: Inform justice-involved veterans of their rights to VA benefits.

Unfortunately, the fear among incarcerated veterans that they will lose their VA benefits is all too real, although benefits are suspended after 60 days of incarceration. Many have seen veterans whose benefits are suspended or reduced even though they spent less than 60 days incarcerated and even if it was not for a felony conviction. Participants stressed that the VA only accepts either a signature from probation or parole officer, or a "Verification of Incarceration" document from the jail or prison as proof of the time served. Veterans must be informed of these rights.

Recommendation: Implement timely and frequent data cycles on incarcerated veterans.

There is a wide interest in obtaining timely data as the latest numbers of justice involved veterans date back to 2004. **Guy Gambill, Soros Justice Fellow** said the numbers of OIF/OEF veterans entering the justice system are undoubtedly increasing, but without timely data we are unable to identify the true scope of the problem. What the numbers do show, however, are the trends from older era veterans, with many cycling through the system when similar problems that we see now such as PTSD, economic struggles, and domestic violence persist. Data shows that although veterans are half as likely as non-veterans to be incarcerated, oddly they serve longer sentences for similar crimes and are more likely to be there for a violent crime. Interestingly, many are serving almost two years longer than non-veterans for the same offenses. Trends also show an increase in suicide by cop, although the data is very thin. The outdated data doesn't capture the impact on Guard and Reservists; in 2004 as recent veterans began returning from deployments and touching the criminal justice system, Guard and Reservists began deployments in unprecedented numbers. This population returns to rural areas far from available resources specific to their needs. Anecdotally, we can say that this is a high risk population, but with

outdated numbers we are unable to identify how many have touched the system. Overall, participants bellowed for a frequent cycle to capture data.

Recommendation: Provide needed resources to counties to create Veteran Treatment Courts.

Many communities are willing to initiate Veteran Courts but are unable due to resource restraints. Geographical barriers also exist, such as being located outside of the jurisdiction of a Veteran Court or away from a Veterans Administration (VA) facility. Regardless of whether the veteran goes through a Veteran Treatment Court, a judge may refer the veteran to rehabilitative care if the resources exist. **Judge Wendy Lindley, Orange County Veteran Treatment Court** stated a lot of courts are providing resources and services to veterans whether or not they have links to VA resources. **Judge Robert Russell, Buffalo County Veteran Treatment Court** said the courts which are successful have a Veterans Justice Outreach worker, VA Benefits Officer, and links to community resources in the court. This environment can bring in all needed resources to immediately address benefit issues, discharge status, housing, employment, and financial needs as well as family reunification.

West Huddleston, CEO of the NADCP said **Veteran Treatment Courts** need committed judges in order to be successful. These judges must dedicate time on their calendars and not have a rotating schedule. The judge must also have a good knowledge of the initial constellation of treatment and housing programs which agree to be there when the judge hands the veteran over to their care. NADCP is working on creating a team-oriented training for communities to implement Veteran Treatment Courts which is modeled after Drug and Mental Health Courts. Although they cannot design the courts to standardize eligibility requirements, they can discuss the target population of who the courts will be serving and recommend an approach for admissions. Huddleston says the courts should be an alternative to incarceration where the real benefit is getting a veteran with mental health issues or addiction the treatment they need. Michael Bajeck, the father of an incarcerated veteran mentioned that the veteran must volunteer for the court and may resist treatment. Bajeck says Veteran Treatment Courts should investigate having an obligatory function where the judge can mandate treatment if necessary.

Recommendation: Include Other than Honorable (OTH) Discharges in treatment programs.

Participants stressed the importance of involving the VA, and Judge Russell says he is hopeful and encouraged that the culture of the VA is changing with the establishment of the Veterans Justice Outreach (VJO) program. Still, many participants stressed there is more work to be done, especially with regard to Other than Honorable (OTH) discharged veterans who cannot be linked to the VA. Many courts serve the veteran regardless of ineligibility for VA services, but many courts exclude these cases because of a lack of resources. Programs such as the Virginia Wounded Warrior Program can work with OTH discharged veterans to appeal their discharge. **Teresa Panepinto, Legal Director for Swords to Plowshares**, said that many providers aren't aware that if an OTH discharged veteran has an injury that was incurred during service, that veteran is eligible for VA treatment specifically for the injury incurred. But she mentioned it's what comes before discharge while in the military that determines their future treatment options. She noted it is command discretion to send a service member to treatment even if they are in active duty. But so often she sees veterans who ended up with an OTH discharge after once slipping with drugs and/or alcohol. Catherine Wilson stated the DoD must educate command officers that once you give a service member an OTH, you label them for life.

Criminal Justice

Recommendation: Incorporate veteran peer mentors into treatment models.

As we look at resources, we tend to underestimate the value of peers in the process. Peers bring something that service systems don't and provide an opportunity for the veteran program alumni to support new participants while understanding their unique needs. Judge Russell, who has a successful peer program, noted it says a lot about military culture to have a veteran with similar history who wants to see another succeed. Peers can be involved in any stage of the process: from educating first responders and booking, to sentencing, rehabilitation, and reentry.

Recommendation: Examine domestic violence and other violent crimes and include the offenders when appropriate.

Glenna Tinney, Military Advocacy Program Coordinator for the Battered Women's Justice Project said a common belief is to keep domestic violence cases out of Veteran Treatment Courts for fear of under reporting. She said it's important within the model to have the ability to do proper assessments and include domestic violence without the assumption that it is caused by PTSD. Many noted they see violent offenders who were never violent prior to their military experience and don't have PTSD, and also see veterans with prior domestic violence issues whose violence is exacerbated. Judge Lindley often does not see a major difference among violent offenders in her program with PTSD and those without. Tinney believes it is important to see domestic violence cases with a strong victim advocacy component as part of the model. Many courts such as Judge Lindley's will take domestic violence cases but make sure there are no priors. Judge Lindley has had great success by interviewing victims and ensuring they have justice in the court, and is now creating a new batterer treatment program. Many noted the new interest among the community, especially funders, of learning about and treating domestic violence in the veteran community.

Recommendation: Provide reentry services to reduce recidivism.

After the Vietnam War, it typically took veterans around eight to nine years after coming home to fall into the criminal justice system. Now, at least anecdotally, we are seeing the fallout of the wars in Iraq and Afghanistan much sooner. Now comes the time, according to participants, to tailor existing services for prior era veterans for the new generation. Guy Gambill spoke about examining collateral consequences and the impact of a criminal record on future economic opportunities. Treatment programs should include a pre-guilty plea or record expungement in order to truly provide opportunities for transition and reduce recidivism. Veteran Treatment Courts, as Judge Russell stated, must have a holistic approach and link the veteran to employment, education, housing, and mental health services.



Guy Gambill, Soros Justice Fellow



Judge Robert Russell, Buffalo County Veteran Treatment Court



Judge Wendy Lindley, Orange County Veteran Treatment Court

VETERANS TREATMENT COURTS

Providing Justice for Our Veterans

“If we don’t assist these veterans and simply house them in jails or prisons, they are further traumatized and spend more time without appropriate services, coming back to the community more affected by the symptomology they had before, making their lives more difficult, harder to reintegrate, and harder on communities.”

~Judge Wendy Lindley

Veterans Treatment Courts are based on the successful Drug Court and Mental Health Court models and ensure that veterans involved in the criminal justice system have the opportunity for treatment. Veterans go through the treatment court process with others who are similarly situated and have common past experiences to link them with service providers who understand military service and the distinct needs that arise from it. **Brian Clubb, Project Director, Veteran Treatment Court Program for the National Association of Drug Court Professionals (NADCP)** says a successful Veteran Court utilizes partnerships with the federal, state and local agencies, veteran service organizations and mentor/peers while integrating substance treatment, mental health treatment, and medical services with justice system case processing using a non-adversarial approach.

The NADCP is developing a curriculum to implement nationwide, created in conjunction with the Veterans Administration (VA), GAINS, and Veteran Treatment Court professionals and includes a treatment court model plus services for veteran specific trauma. The weeklong training includes a visit with an existing Veteran Treatment Court, and the NADCP provides pre-training work and post-training assistance.

The goal is to also educate jurisdictions on the target population of veterans who can be served by the court, although eligibility is up to each individual court based on resources, including Other than Honorable (OTH) discharged veterans ineligible for VA services and violent offenders. The Services Education and Rehabilitation for Veterans (SERV) Act was introduced recently would provide \$25 million in grants for new courts, expanding drug courts, or existing Veteran Treatment Courts. The current language of the bill states funding will be available for jurisdiction over non-violent, substance-abusing offenders that have served in the military.

Sean Clark, National Coordinator for Veterans Justice Outreach (VJO), Veterans Health Administration (VHA) Office of Mental Health Services, says the VA has changed the way they work with the courts and the community by the establishment of the Veterans Justice Outreach Program. The VJO and Health Care for Reentry Veterans (HCRV) program works with veterans in contact with local law enforcement; veterans in jail, either pre-trial or serving a sentence; and veterans involved in adjudication or monitoring by a court. They can provide outreach, assessment, referral and linkage to services, as well as treatment for justice-involved veterans who are not incarcerated, but Title 38 CFR 17.38 does not allow the VHA to provide hospital and outpatient care for a veteran who is either a patient or inmate in an institution of another government agency. The VJO provides access to VA services for eligible justice-involved veterans to avoid unnecessary criminalization and incarceration of veteran offenders with mental illness and/or Traumatic Brain Injury (TBI). Their participation in the treatment courts is crucial to successful rehabilitation, and links them to services both in the community and in the VA when eligible. In communities where justice programs relevant for veterans exist, the VA will take the initiative in building working relationships to see that eligible justice-involved veterans get needed care. In

Criminal Justice



Sean Clark and Brian Clubb

communities where no such programs exist, the VA will reach out to potential justice system partners to connect eligible justice-involved veterans with VA services. In 2008, after noticing an increase in the number of veterans in the Orange County criminal justice system and an increase in combat veteran suicide, **Judge Wendy Lindley** founded one of the first Veterans Courts in the country. Judge Lindley found it an opportunity for different outcomes for OIF/OEF veterans than Vietnam veterans. Orange County Combat Veterans Court provides an inter-agency, collaborative, non-adversarial therapeutic justice program for veterans in the criminal justice systems who suffer from Post Traumatic Stress Disorder (PTSD), psychological, substance abuse, TBI

or sexual assault trauma symptoms as a result of having served in a combat theater. They introduce participants to an ongoing process of recovery designed to help them become healthy, mentally and physically stable, substance abuse free, employed and in school, and/or reaching their personal goals. Cases considered include both misdemeanor and felony cases, which includes cases of violence, making the court unique since many veterans courts exclude violent cases. Judge Lindley says cases of violence need to be addressed with our combat veterans coming home, and she is able to rely on California Code Section 1170.9 for combat veterans which says they can take felony cases and cases of violence as well as misdemeanors. She also does not exclude veterans from the Veteran Treatment Court based on military discharge status, and works with community resources when the VA cannot link them to VA services. Ultimately, the Veterans Treatment Court has been proven to reduce recidivism and reduce the cost associated with criminal case processing and re-arrests.

Visit nadcp.org/JusticeForVets, a national online clearinghouse for veteran treatment courts, which contains facts and figures related to veterans in the criminal justice system, a directory of veteran courts, veteran court legislation, and other resources.

VETERANS, PEERS AND THE JUSTICE SYSTEM

A Public Health Model

Recent combat veterans are coming in contact with the justice system not through express criminal intent, but through the manifestation of symptoms of combat psychological trauma, including Post Traumatic Stress Disorder (PTSD) and substance abuse. **Guy Gambill, Soros Justice Fellow** discussed meaningful treatment as well as collateral consequences among justice-involved veterans. Gambill emphasized that the lack of up-to-date data on veteran offenders only gives us isolated anecdotes on what is happening throughout the country. The latest numbers from the Bureau of Justice Statistics (BJS) are on 2004 data showing the beginning of OIF/OEF veterans entering the system, yet recent years show the impact of combat on criminality and the numbers are undoubtedly increasing. Different than their military predecessors, current veterans are seeing more collateral consequences; the mark of a criminal record that will prove far more enduring as many veterans don't recover and move into meaningful employment and economic health due to their records.

Mike Bajek, Retired Senior State Department Officer, provided a personal account as a parent of a justice-involved veteran. He described a son who returned home from the initial invasion in Iraq and experienced difficulties accessing services from the VA then began spiraling into substance abuse and the criminal justice system. He described the lack of awareness among civilian providers when he described his son's illness as a combat-related issue, and has since advocated for education as well as mandatory assessments and treatment for justice-involved veterans.

Judge Arthur Burnett, Sr., National Executive Director of the National African American Drug Policy Coalition has a keen interest in addressing substance abuse and mental health issues of our young veterans especially as they enter the court system. Burnett described every substance problem as a mental health issue, and as such, substance abuse should be treated as a healthcare issue. Veteran advocates need to approach policy makers to treat substance abuse among veterans as a product of illness. He also stressed the need to conduct proactive outreach to minority veterans who are traditionally less inclined to seek treatment and are more prone to suffer from collateral consequences, and to encourage wrap around re-entry services and exclude arbitrary time limits on treatment plans.

Instrumental to meaningful treatment is the structured involvement of veteran peers – not to be viewed as volunteers, but as trained partners in the broader effort. Involving peers at a formalized level allows a personal mentorship as well as an understanding of the interplay between their military experience and the clinical and legal realms.

Those with bad discharges from the military with no eligibility for baseline treatment or benefits from the VA often end up self medicating with drugs and alcohol and wind up in the criminal justice system, many ineligible for Veterans Courts. 2004 BJS data show that bad discharged veterans comprise roughly 20 percent of those incarcerated, yet the number of bad discharges among OIF/OEF

veterans is virtually unknown. Gambill recommends expanding parameters of eligibility among Veteran Courts to include less than honorable discharged veterans as well as violent offenses, and to allow veterans to enter treatment without a guilty plea so they may keep their records unmarked.

A MILITARY AND VETERAN FUNDRAISING DISCUSSION

The CIAV held an interactive Q & A session with a panel of fundraising development experts led by Barbara L. Ciconte, CFRE, who has done excellent work with the CIAV organizations. Topics covered fundraising planning, donor development, board development, planned giving, and outcome management. Participants exchanged information and got answers to specific questions to increase their fundraising success. The following tips for corporate and foundation fundraising were taken from the discussion.

Strategies for Corporate Fundraising

- *Find ways to align with companies' strategic management framework, business strategy, vision, mission statement, and principles. Align requests with business calendars and cycles.*
- *Look outside of the public relations' departments and into areas such as: human relations, media relations, marketing, communications, investor relations, government relations, business development, and site and facility management.*
- *Issues noted as most critical to corporations include: education, environment, economic development, healthcare, job training, hunger, disaster relief, homelessness, women's issues, and child care.*
- *Come prepared to illustrate Return on Investment (ROI). Find out what matters to the company and then measure it. Provide evidence of that success.*
- *Illustrate to donors that capacity building is underway with concentration on board and staff development, strategic planning, succession planning, and cross-training.*
- *Care about and cultivate long-term relationships with on-going communication. Be genuinely interested in brainstorming to produce a win/win partnership.*
- *Create local value on a global scale. Involve every level of company structure when possible. For example, have senior leadership on your board of directors, middle management on committees and projects, and volunteers from every level.*

Foundation Fundraising and Grant Seeking

Talk to the funder/program officer

- *Call the foundation's program officer to get more information about the funding guidelines. His/her role is to be a resource for prospective applicants. This also helps to establish a relationship with the funder.*
- *If the foundation representative doesn't respond to your questions, don't take it personally. Some foundations operate with only one staff person or even a half-time staff person.*

Submit a well-planned, compelling grant proposal/application

- *Ask key staff to be involved in the planning efforts. This ensures buy-in from all levels (Funders can often tell when a grant writer has written a proposal/application in isolation without involving others.)*
- *Tell your story in a succinct and compelling way.*
- *Answer each question, avoid jargon and avoid using acronyms – DoD, VA, etc.*
- *Funders often review grants in two phases. During the technical review phase, the funder looks over the proposal/application to determine if it was submitted on time, if it is complete and submitted according to the instructions. Grants with mistakes can be removed from consideration at this stage.*

Fundraising

Maximize the site visit

- *This is an opportunity to showcase your agency's work and to meet with the funder to discuss the proposed project in more depth. Site visits help decision makers to better understand the project.*
- *Ask the funder if there are any questions you should be prepared to answer during the site visit.*
- *Ask the Executive Director, any key project staff key staff and the CFO to participate in the site visit. The CFO or ED should be prepared to answer any financial questions.*
- *Ensure that the grant writer is NOT the only person who can answer questions about the application, this often sends a message that the staff hasn't "bought into" the project.*
- *Site visits help level the playing field. The funder is now on your turf, where you are the expert. Take advantage of these opportunities by making sure you are prepared.*
- *Be sure to ask questions, too, such as when the funder will likely have a funding decision.*

If funded, what should you do?

- *Keep the funder updated of any updates. Publicize the grant if the funder doesn't ask it be anonymous.*
- *Submit timely and thoughtful evaluation reports.*
- *If things don't go as planned, be sure to communicate this to the funder. Don't let the funder find these things out through the grapevine.*

If you don't get funded, what should you do?

- *Say thank you, anyway. Acknowledges the work that the funder undertook in considering the application.*
- *Ask the program officer if he/she has any feedback to strengthen the proposal.*
- *Very important – continue to stay in touch with the funder!*

GUERRILLA FUND AND MEDIA DEVELOPMENT

Effective, Accessible Fundraising, Media Relations & Online Community Building for the VSO

Bill Morgan and Tyrone Ballesteros of National Veterans Foundation (NVF) presented on the resources they have developed for non-profits to raise funds. Their methods include: accessing a national fundraising base, working with strategic partners, and combining fundraising with a coordinated communications efforts.

Successful Steps for Creating an Online Fundraising System:

- *Build your site.*
 - *By creating a separate site, your agency's services will not be confused with reaching funders.*
 - *Your service website can still be utilized to present deliverables to potential and current donors.*
 - *Give potential donors different options to donate to by highlighting your agency's different programs.*
- *Acquire the donor.*
 - *Possibly utilize a third party from your organization.*
 - *Give new funders the option of participating with your agency in other ways before giving them the option to give.*
 - *Keep donation forms and tools simple and easy to use.*
- *Cultivate a relationship with your donors.*
 - *Online fundraising works the same way as traditional fundraising.*
 - *Keep communication open with your donors. Update them on what you are doing and new ways in which they can participate.*

NPR: THE IMPACT OF WAR PROJECT



Danyell Irby

Danyell Irby, Producer for NPR's project, *The Impact of War*, discussed how organizations can work with NPR to develop thoughtful and engaging stories that illustrate the effect war has on soldiers, veterans, families and survivors. Irby provided examples of successful stories as well as ideas for future collaborations. She outlined the steps she must take to produce a quality segment worthy of NPR's high standards of journalism. Additionally, the project has expanded to NPR member stations throughout the country as part of the weekend editions. Local reporters work with organizations and the military community to continue to educate listeners about the devastating impacts of war.

Elements of a Good Story and Pitching

"Radio is not just words anymore. Very few people are getting their news from just traditional sources now. Video and images and a range of voices and sound will strengthen a story and add new elements. That is why I tell reporters to bring a camera when they do interviews and think about the way someone's voice will sound in the end. Differences in voices create diversity in a segment. In one story you'll notice the way the sound of heels clicking on the floor creates a mood" Irby went on to discuss the development of a good story idea from NPR's perspective. Irby said, "Oftentimes when reporters from member stations have a story idea, but no plan I tell them to write their focus statement. I tell them to write one paragraph that reads like a book jacket – something that when you read you say "I have to hear more."

Irby later discussed the internal database used to develop these stories and link reporters, on both the local and national level, with veterans and organizations who can help tell the story. She said, "I can't vet everything, but reporters often let me know about sources. You know – this person is a really great person to talk to or this organization would be good to reach out to. Even if they don't know someone directly they will point you in the right direction. When that happens, I post them to an internal site that all reporters in the [Impact of War Project] can access for future sources. So if you know of any contacts, please pass them on to me."

Types of Stories NPR Looks For:

- Hard-hitting and breaking news
- Investigative pieces
- Feature stories
- Unique programs

Examples:

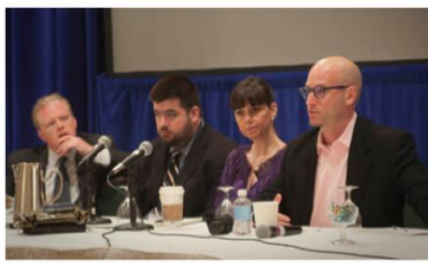
- Rough Road for Military Families with Special Needs
- Army Mom Refuses to Deploy
- Fishing Derby Gives War Veterans a Boost

MEET THE MEDIA: PANEL DISCUSSION

Journalists joined CIAV conference participants in a discussion on how to work with the media and pitch stories.

Other Highlights from the Discussion

- Pay attention to deadlines if you can or at least be aware of the media outlets' news cycle.
- We have been at war for so long and many of these stories have already been told. For example, we really can't write about PTSD anymore unless it is something new and most likely tragic. (Kelly Kennedy indicated she would continue to write about PTSD).
- How to get that "big story": Getting the big story will happen by pitching something that hasn't been written about or some breaking news that is able to highlight an important issue. (i.e. burn pits). If you want that big story you have to be pitching trending news and be ahead of the trends.



Gordon Lubold, Jeff Schogol, Kelly Kennedy and Mark Benjamin

Ami Neiberger-Miller moderated and began by saying, "Reporters are always thinking about stories and we are always thinking about programs."

"How can we identify what makes a good story for you?"

Mark Benjamin, Salon: "It is important for people who pitch stories to know that there are only a few of us who have specialties. I cover military, which includes veteran issues, but I also cover other topics. I think there are a lot of reporters like me who are interested in military stories but I would just say that it is important to know that many reporters don't see themselves as advocates. I know that may sound troubling but it shouldn't. For any good reporter, we are motivated by what makes a good story. If you have something that's personal, real, and has a broad enough scope, depending on the outlet's reach, we want to hear about it. Most reporters want to hear good ideas, but that doesn't necessarily mean they'll follow."

Jeff Schogol, Stars and Stripes: "I'm looking for something that reaches the widest possible audience – something that resonates with everyone in the United States. For example, a veteran who has an untreated Traumatic Brain Injury and it cost him his marriage or cost him his business. What makes the story is what it shows. That before 2007 a lot of people weren't being screened and that this person is just one of an unknown pool of people who are suffering and didn't know why."

Kelly Kennedy, Military Times: "I get 200 emails day. If you aren't doing something really special, I'm just going to delete it. If you are pitching a story to me and it looks like a press release that went out to a ton of people or you clearly don't know my beat – for example you send me something that says "New Vitamins for Pregnant Women" – you obviously don't know what I write about. My beat is almost all PTSD and TBI so most likely I'll be interested in those topics. Essentially, I need to know that something is a systemic problem and chances are I can run with that."

Gordon Lubold, Christian Science Monitor and Politico: "I think the most important thing when pitching a story is to recognize that really all good journalism, whether it is a 50-word announcement or a 1,500-word feature, a good story can really only say one thing. This character is like this, this issue is really about that. So before you email or call think about the story for a long time. Boil it down to 35 words because that is what I have to bring to my editor. Figure out that one nugget, that one grain of truth before you do any pitching."

LEE WOODRUFF

Following her memoir of healing coauthored with her husband Bob Woodruff, an ABC journalist gravely wounded in a



Lee Woodruff and Colonel Charles Hoge

bomb attack in Iraq (*In an Instant*), Lee delivers a collection of 17 brief, plainspoken essays about being a busy mother to four kids and a loving wife, daughter and friend who doesn't always know the right answers. In the essay *A Different Ability*, Woodruff writes movingly of first learning about her younger daughter's deafness (Nora and her twin sister were born by surrogate) and how a personal tragedy has been transformed in time to a testament to the resilience of the human spirit. Similarly, Lee writes of the sustaining friendship with Melanie, whose own journalist husband died in Iraq, through the initial hours of grief when she learned of Bob's injuries. Lee moves fluently from deep to lighter subjects, such as worrying about her sagging knees or bemoaning her otherwise ideal husband's woeful gift-

selecting ability. Self-deprecating and modest, Woodruff is certainly likable, and this collection will broaden her appeal.

Lee is the life and family contributor for ABC's *Good Morning America* and a freelance writer. She is on the board of trustees of the Bob Woodruff Family Foundation, a non-profit organization that provides critical resources and support to our nation's injured service members, veterans, and their families, especially those affected by the signature hidden injuries of war: Traumatic Brain Injury and combat stress. Lee lives in Westchester County, New York, with her husband, *ABC News* anchor Bob Woodruff, and their four children.

COLONEL CHARLES HOGE, MD, U.S. ARMY (RET.)

Colonel Hoge directed the premiere U.S. research program on the mental health and neurological effects of the wars in Afghanistan and Iraq from 2002 – 2009 at Walter Reed Army Institute of Research. He continues to work as a staff psychiatrist treating service members, veterans, and family members. As a national expert on war-related mental health issues and Traumatic Brain Injury, Colonel Hoge has testified to Congress and is interviewed frequently by national news organizations.

Being back home can be as difficult, if not more so, than the time spent serving in a combat zone. It's with this truth that Colonel Hoge, a leading advocate for eliminating the stigma of mental healthcare, presents *Once a Warrior Always a Warrior*, a groundbreaking resource with essential new insights for anyone who has ever returned home from a war zone.

Colonel Hoge explores the latest knowledge in combat stress, Post Traumatic Stress Disorder, mild Traumatic Brain Injury, physiological reactions to war, and their treatment options. Recognizing that warriors and family members both change during deployment, he helps them better understand each other's experience, especially living with enduring survival skills from the combat environment that are often viewed as symptoms back home.

WAR BY SEBASTIAN JUNGER



Sebastian Junger's book *War*, an on-the-ground account follows a single platoon through a 15-month tour of duty in the most dangerous outpost in Afghanistan's Korengal Valley. Through the experiences of these young men at war, he shows what it means to fight, to serve, and to face down mortal danger on a daily basis. Junger turns his brilliant and empathetic eye to the reality of combat: the fear, the honor, and the trust among men in an extreme situation whose survival depends on their absolute commitment to one another. *War* is published by Twelve, a division of the Hachette Book Group.

MOVIE PREMIER – RESTREPO

One Platoon, One Year, One Valley



Deep in Eastern Afghanistan lies the rugged Korengal Valley – an epicenter of the current conflict and one of the most dangerous postings in the U.S. military. To make their thrilling documentary – winner of the Grand Jury Prize at the 2010 Sundance Film Festival – award-winning journalists Tim Hetherington and Sebastian Junger embedded with the soldiers of Second Platoon, Battle Company, as they fought to build and maintain a remote 15-man outpost in the Korengal, named “Restrepo” after a platoon medic who was killed in action. Hetherington and Junger avoid all outside commentary and political context in order to present us war as it is actually lived by soldiers, through their own eyes and in their own words – the backbreaking labor, the deadly firefights, the boredom, the

VETERAN PANELISTS

Jose Aguilar, U.S. Army

Adrian Atizado, U.S. Navy

Lee Cothren, U.S. Army

Meg Krause, U.S. Army

Starlyn Lara, U.S. Army

Horst Laube, California National Guard

Susan Lehrer, U.S. Navy

Braxton McCoy, U.S. Army

Yaniv Newman, U.S. Marine Corps

Carolyn Schapper, National Guard

Joe Sturdivant, U.S. Marine Corps

Tom Tarantino, U.S. Army

Kayla Williams, U.S. Army

COALITION FOR

IRAQ + AFGHANISTAN

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Megan Klein Zottarelli

Program Development and
Evaluation

Tia Christopher

Woman's Outreach

Yaniv Newman

Program Assistant



VISION the Coalition for Iraq and Afghanistan Veterans

Will build strong partnerships with the military, the Department of Veterans Affairs (VA), and non-profit community to ensure the well-being of our military and veteran communities. Through collaboration between and among service providers and subject matter experts the CIAV will increase access to quality care and services for Post-9/11 veterans, service members, families and survivors.

MISSION the Coalition for Iraq and Afghanistan Veterans

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.

GUIDING PRINCIPLES

We are committed...

- To strengthening an inclusive community of providers and supporting the work of all.
- To honoring all members of the armed services, veterans of every branch of service, active duty, Guard or Reserve, officer or enlisted, as well as their families and survivors.
- To augmenting the existing system of care for our military and veteran community.
- 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.
- To amplifying the voices of the military and veteran community.

RIGHTS AND RESPONSIBILITIES

- No CIAV 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, community education through basic referrals, research, webinars and conference.
- The CIAV staff will facilitate service referrals among the agencies and 'close the loop' in order to ensure that where there are appropriate referrals to be made, they are addressed in a timely manner.
- The members of the CIAV are responsive to one another's calls for assistance and support. This does not mean that we actually provide services to one another but to the extent possible we recognize the importance of all agencies work.

BACKGROUND

THE COALITION FOR IRAQ AND AFGHANISTAN VETERANS (Coalition or CIAV) was established in order to coordinate opportunities for and among the Iraq Afghanistan Deployment Impact Fund (IADIF) grantees to best leverage expertise on behalf of OIF/OEF military, veterans, their families and survivors. The CIAV organizations have come together to share our wealth of knowledge, learn from collective experiences, and support one another. An important lesson learned in the process of this collaboration of work is that no one agency or sector can or should bear the burden of delivering the breadth of care and support required for the military and veteran community without the help of others also devoted to the cause.

Who We Are

The Advertising Council

Air Compassion for Veterans

American Pain Foundation

Armed Services YMCA of the USA

Brave New Foundation

California National Guard Assistance Fund

Comfort for America's Uniformed Services (Cause)

Coming Home Project

Community Foundation in Jacksonville

Dade Community Foundation

The Dallas Foundation

Disability Rights Advocates

Disabled American Veterans

Farmer-Veteran Coalition

Fisher House Foundation

Gulf Coast Community Foundation

Homes for Our Troops

Injured Marine Semper Fi Fund

Intrepid Fallen Heroes Fund

Iraq and Afghanistan Veterans of America (IAVA)

Jacob's Light Foundation

Marine Corps Scholarship Foundation

Michigan National Guard Family Fund

National Military Family Association

National Veterans Foundation

National Veterans Legal Services Program

Navy-Marine Corps Relief Society

New Directions

ONE Freedom

Operation Homefront

Operation Mend

Our Military Kids

Pathway Home

Pentagon Federal Credit Union Foundation

Permian Basin Area Foundation

Project Return to Work

Project Victory

RAND Corporation

Returning Heroes Home

Salvation Army Liberty Program

San Antonio Area Foundation

Sentinels of Freedom Scholarship Foundation

Sesame Workshop

Swords to Plowshares

Tragedy Assistance Program for Survivors (TAPS)

United Through Reading

USA Cares

Veterans Homestead

Veterans of Foreign Wars Foundation

Vets4Vets

Veterans Village of San Diego

Warrior Gateway

Zero to Three