

MOVING FORWARD

Our Iraq and Afghanistan veterans are heroic Americans who have risked their lives on a daily basis. As a society, we owe them our full support when they return to our shores. This white paper has outlined steps that can be taken to fill remaining gaps to implement that support effectively. An urgent need exists to take action now.

There are many local veteran groups, ranging from those originated in World War II to Vietnam Vets, and veteran groups that developed during the Gulf, Iraq, and Afghanistan Wars that already offer outreach services to our returning veterans. A national effort to identify and share best practices among these groups could increase the overall effectiveness of these current activities.

STRATEGY 5: COMMUNICATION THROUGH THE INTERNET

Military personnel frequently form life-long friendships because they share a common threat and destiny. Hence, it will be important to help sustain these friendships once veterans return home. The Internet is a significant, modern tool that can be used to facilitate communication on a worldwide basis. Appropriate web sites should be developed, so that returning veterans have access to e-mail, chat rooms, bulletin boards, and instant messaging. All returning veterans should be given common e-mail addresses to facilitate this linkage. To initiate this service, the VA could pay a one-time set-up charge for each returning veteran. The Internet service providers could be asked to offer continuing benefits as a public service.

STRATEGY 6: ADDRESSING SEVERE DISABILITY

Undoubtedly, those who are most severely disabled will have the greatest difficulty in re-establishing their lives once they return home. They are also the most likely to require ongoing support from their family members, which can engender significant stress and role conflict. These families will need ongoing support services to cope with health, emotional, and logistical issues. Currently, almost 22,000 returning veterans have suffered severe wounds in Iraq or Afghanistan. We estimate, at a minimum an equal number suffer from severe mental health or substance use conditions.

Those who have experienced physical wounds have received the most prominent attention. An excellent set of services has been established nationally and locally to assist with personal and family needs. This net includes DoD, VA, and State and local coalitions dedicated to assisting, tracking, and supporting the family. An excellent critical service in this net is the Military Severely Injured Joint Support Operations Center.

National planning needs to be done to extend similar services for families of returning veterans who experience severe mental health or substance use conditions. DoD, VA, and HHS should be charged with this responsibility.

STRATEGY 7: COPING WITH THE LOSS OF A VETERAN

Grief support should be available to those families unfortunate enough to lose a family member in Iraq or Afghanistan. If the deceased veteran was the only breadwinner in the family, the remaining family members may require financial support and job training so that they can remain economically independent. Planning needs to be done so these families are given the customized help required to cope with the loss, without causing family disintegration. The Congress may need to appropriate special funding and charge HHS, VA, and DoD with this outreach activity.

STRATEGY 2: A NATIONAL COMMUNICATION INITIATIVE

Not only do we need to prepare veterans to return home, but we also need to prepare our communities to receive them. Public service announcements are needed on jobs (Give a Vet a New Start!), families (Welcome Your Vet Home!) and communities (Have You Spoken with Our Returning Vets?). Longer presentations are also needed (Joe Walsh Comes Home to LaCrosse) to generate interest and support.

DoD, VA, and HHS need to develop an overall communication strategy for returning veterans, to test communication products in different communities and groups, and to produce the media and print products required. Focused products will be needed for returning female veterans.

STRATEGY 3: SCREENING AND SERVICES

Upon return, excellent screening is available to veterans. They are currently screened for mental health and substance use conditions, physical health problems, family health and readjustment issues. In addition, VA staff are available to provide information and to link veterans with community benefits. If appropriate community benefits are limited or not available, such services should be made available close to the veteran's home. State mental health, substance use, social service, and job agencies will need plans and resources to help accomplish these gap-filling services successfully. A very important point will be to offer mainstream services in the community, rather than in locations that are remote and difficult to access.

Each State should have a strategic service plan for addressing veteran needs as they return home. This plan should transcend the parochial interests of any particular state agency and address the full spectrum of services. Federal resources and technical assistance will be needed in developing these plans. Special effort will be needed for those veterans who are severely disabled (see Strategy 6).

A number of best practices are in place across the country, including State coalitions that bring together DoD, VA, and community resources to focus efforts for returning veterans and their families. Similarly, a memorandum of understanding has been developed between the National Guard and the VA to coordinate services for members of the Reserve and their families. Each of these can serve as models for incorporation into State plans.

STRATEGY 4: LOCAL VETERAN SUPPORT COLLABORATIVES

Successful reintegration into the community can be facilitated through participation in a support group comprised of others who have had similar experiences. These support groups can be an excellent opportunity to recount personal experiences; they should also reach out to provide opportunities for returning veterans to engage in community services in local schools, nursing homes, and other community institutions. This will greatly facilitate the process of reintegration of veterans into the community.

For some veterans, these symptoms predate service in Iraq or Afghanistan, but have been exacerbated by it. For others, the symptoms are a direct result of combat and operational pressures. Still other veterans have substance use symptoms, mainly caused by alcohol or illicit drugs. Yet others suffer from very severe wounds that lead to long-term disability and mental health symptoms. Some suffer from combinations of these problems.

RETURNING TO A CHANGED WORLD

It is obvious that the longer one is away, the more one's community, family, and job will have changed.

National Guardsmen and Reservists returning to jobs will find their civilian peers have been promoted and have moved ahead while they are returning to exactly the same job and level that they left when they departed for Iraq or Afghanistan.

Families will have changed. For some, their spouses will have become estranged from them. For others, their children will have developed teen problems of drinking, drugs, and sex. Some older family members will have developed chronic health conditions. Some will have died. For two-spouse military families, when one comes home, the other rotates to the war zone. Such families are under continuous stress.

Communities will also have changed. Because of the large number of people who are geographically mobile, some community members will have moved away, and new community members will have replaced them. Frequently, one's peer group will have changed appreciably because of mobility.

Life will not be the same when the veteran returns.

STRATEGIES FOR ACTION

Below, we outline several strategies necessary to facilitate community, family and job reintegration for our returning veterans. (The need is evident, as documented by a recent DoD, VA, and HHS national conference for community thought leaders on returning veteran services.) The capacity exists to begin implementing these strategies almost immediately.

STRATEGY 1: RESEARCH AND EVALUATION TO IDENTIFY EFFECTIVE STRATEGIES

Before specific gap-filling initiatives are undertaken, focus groups should be conducted of veterans who have returned from Iraq or Afghanistan to identify the problems they confronted upon return and approaches and tools they have found to be useful in helping them address these problems. Separate focus groups should be conducted for female veterans. This inquiry should ask about any suggested improvements to current available services, as well as what services are needed but not available. This information should be incorporated into each initiative.

Further, each gap-filling strategy outlined below should have an evaluation component so that effective features can be enhanced and ineffective elements can be eliminated. The specific design of the evaluation will depend on the focus of each strategy.

THE NEED

As the approximately 400,000 American military veterans who have served in Iraq or Afghanistan begin to return to our shores, a growing need will exist to facilitate their reintegration into communities, families, and jobs. Some veterans will find this to be an easy task. Many will experience some difficulties. Yet others, particularly those who have become disabled, will find reintegration extremely difficult. This document outlines strategies to facilitate successful reintegration of these very brave Americans.

As will be noted below, the Departments of Defense (DoD), Veterans Affairs (VA), and Health and Human Services (HHS) already have excellent initiatives in place to address a number of these needs. Included are VA health care eligibility for 2 years, TRICARE remote benefits for veterans, and a Military One Source assistance line to provide mental health and social service support. The goal of this document is to identify remaining gaps.

IRAQ AND AFGHANISTAN ARE DIFFERENT

Several important differences exist between Iraq and Afghanistan and the other wars of the past half century. These differences have an impact on how our returning veterans adjust to civilian life.

In the Vietnam and Gulf Wars, the tour of duty was of a relatively short duration. Military personnel in Vietnam served for one year before returning to the United States. Because of the short length of the Gulf War, the tour of duty never became an issue. By contrast, in Iraq and Afghanistan, some military personnel have already served more than two years.

Although both the Vietnam and Gulf Wars contained elements of guerilla war, both were, in fact, largely conventional conflicts with clear demarcation of battle zones and safe zones. In Iraq and Afghanistan, by contrast, every location is a potential battle zone, and military personnel serving there are continuously at risk of being wounded or killed.

The Vietnam War was largely fought by draftees with strong ties to civilian culture. By contrast, the Iraq and Afghanistan wars are being fought by a mixed set of volunteers. Career military personnel have close ties to military life. By contrast, members of the National Guard and Reserve have close ties to civilian life. Because of this difference, returning veterans from these groups will have different sets of adjustment problems when they arrive home. These differences are likely to affect their community reintegration.

Together, these three factors—tour of duty, level of danger, and lack of linkage to the civilian culture—will compound the adjustment difficulties experienced by our returning veterans. These difficulties may be further compounded by the fact that Americans are split on the Iraq War: Some support it; many do not.

Emerging data support the assertion that returning veterans are experiencing a range of difficulties. An estimated one-third of returning veterans have self-reported symptoms of mental health conditions when they return from overseas. For many, likely 20% or more, these symptoms are consistent with post-traumatic stress disorder, depression, or anxiety.

TABLE OF CONTENTS

THE NEED.....	2
IRAQ AND AFGHANISTAN ARE DIFFERENT.....	2
RETURNING TO A CHANGED WORLD.....	3
STRATEGIES FOR ACTION.....	3
Strategy 1: Research and Evaluation to Identify Effective Strategies.....	3
Strategy 2: A National Communication Initiative.....	4
Strategy 3: Screening and Services	4
Strategy 4: Local Veteran Support Collaboratives.....	4
Strategy 5: Communication through the Internet.....	5
Strategy 6: Addressing Severe Disability	5
Strategy 7: Coping with the Loss of a Veteran	5
MOVING FORWARD	6

CONSTELLA



G R O U P SM

White Paper

Helping Veterans Return:
Community, Family, and Job

November 14, 2006