

Somers SCVA Testimony, Sept. 27, 2017

Senator Isacson, Senator Testor, and Members of the Committee. We sincerely appreciate the opportunity to have our thoughts and testimony entered into the record.

As many of you are aware, our son, Daniel Somers, took his own life on June 10, 2013, after two deployments to Iraq, and 10 years of what he described as “fighting his demons.” He left a remarkable suicide letter, which we have included as **Attachment 1**. Because of his letter, we have dedicated ourselves to trying to help our Service Members, Veterans and their families, deal with the issues Daniel faced. We have also made it our mission to try to change the system to better address proactively the many issues, especially suicide, facing our transitioning Service Members and Veterans.

In the course of our journey, we have become convinced that the best way to positively affect the tragedy of suicide within the Veteran community is to dramatically change the entire **Transition Process**. We strongly feel that DoD must provide a more in-depth period of transition, not just a five day, 8 hours a day round of PowerPoint presentations. If it took months of intense training to transform Daniel from a civilian into a soldier, it should certainly take at least that same amount of time to help him transition back to civilian life. This is an idea that has gotten significant support both at VA and DoD. There are several white papers circulating within the VA & DoD space that outline very specific details for such a program. The two that we are most familiar with were both prepared by Jason Roncoroni, LtCol USA, Ret, and the former Executive Director of Stop Soldier Suicide. They are based on his own experience: Reverse Boot Camp and TRIBE. We would like to describe TRIBE, the more comprehensive of the two.

TRIBE (Transition, Renewal, Integration, Becoming, Empowerment), Attachment 2, is in response to the ongoing suicide epidemic that the military and veteran communities face. This proposal was presented at VA’s recent Innovation Conference in Boston and was one of the three prize winners. In essence, it represents a new way to offer veterans the opportunity to discover

Somers SCVA Testimony, Sept. 27, 2017

“an empowering path for a new life after the military”. What it does is commit everyone, DoD, VA, families, VSO’s, the general community and the veterans themselves to bridging all of the gaps during the transition process in order to ensure long term success. Of critical importance is the way the program eliminates the stigma attached to seeking mental health support by making assessments, monitoring and wellness programs mandatory for everyone.

What makes TRIBE different from all other programs is that it uses a peer-support model to work with a veteran’s inner strengths to heal the person as a whole.

Amazingly, even though DoD has created and implemented more than 900 suicide programs since 2001, suicide rates more than doubled from 2001–2013. Utilization of the Veterans’ Crisis line continues to rise even as the number of veterans diminishes. The overall goal of all of our efforts must be the termination of crisis related services. That is the ultimate measure of the success of our efforts. We are all aware that expenditures for VA care have increased 300% since 2001. This year’s budget request was \$182.3 billion. In spite of this less than 43% of the 21.6 million veterans in 2014 were enrolled in VA. Disability compensation for veterans has more than doubled since 2011, from \$39 to almost \$80 billion. Most people don’t realize that this represents the largest chunk of VA’s expenses. These figures are unsustainable in the long term.

In years past communities and cultures have worked together to welcome warriors back from the battlefield. Native Americans continue to use elaborate ceremonies and rituals for this purpose. This is the only way we will successfully re-integrate our returning service members back into society.

The Phases of TRIBE

Transition

This phase has two objectives. First, the transitioning Service Member relinquishes all official duties, responsibilities, and positions of authority in the military. Second, all follow-on activities

Somers SCVA Testimony, Sept. 27, 2017

for the next year of the program are coordinated. At the same time, all of the administrative requirements to depart the service are completed.

Renewal

This phase addresses guilt, shame and regret. It includes treatment and therapy necessary for core healing, by dealing directly with moral injury. We know this was a tremendous factor in Daniel's inability to deal with his demons. Innovations include mandatory, extensive, behavioral health assessments, and training in mindfulness and meditation.

Integration

This is the community celebration of honorable military service, which renews a tradition that modern society has lost. Instead of a veteran's first experience being in a hospital or through a form letter and bureaucratic morass, the Veteran Integration Ceremony initiates a very positive experience.

Becoming

This is the process by which veterans decide on what they want to do and how they want to do it after the military. The various features include:

Professional Coaching – Credentialed life coaches, all veterans themselves, partner with new veterans for three months of life and transition training.

Transition Benefit Program – There would be a 6-month severance program of pay and benefits for those who qualify. The qualifying factors include duration of honorable service, combat or some combination. This would avoid the need to immediately find a job after separation.

Career Services – This phase follows the three months of professional coaching, and encompasses the final 3 months of the TRIBE program.

Somers SCVA Testimony, Sept. 27, 2017

Empowerment

Towards the end of the 3-month coaching program, the veteran is connected with peer support and VSO's. An added incentive is that qualifying veterans have the opportunity to sponsor those who might not be progressing as well through the duration of the 3-month program, and even beyond.

TRIBE Program Benefits

It Eliminates Mental Health Stigma.

By providing a mandatory schedule of mental health evaluations and assessments, the burden of self-selection for mental health treatment is resolved. In short, the issue of perceived weakness and shame for requesting mental health care is turned into one of acceptance and expected intervention. As there are mandated evaluations throughout the program, documentation, progress and anticipated future needs are easily recognized.

It Improves Military Readiness

Currently, service members are encouraged to begin preparation for transition up to 18 months prior to separation. This forces the individual to divide their attention between their actual job and combat readiness and the transition process.

It Improves Veteran Engagement

At this time, less than 45% of veterans are connected to VA through its services and programs. In contrast, TRIBE proactively connects all veterans to VA early in the transition process. We would like to see, even before this initiative is adopted, that Congress mandate an "opt out" provision for VA services, rather than the "opt in" process that is currently in effect. This would provide a seamless passage between DoD and VA medical care, and eliminate many of the bureaucratic barriers that end up hindering veterans from enrolling in VA.

Somers SCVA Testimony, Sept. 27, 2017

It Heals Moral Injury

As we have said, and as you've heard from Daniel's letter, moral injury played a huge part in his mental anguish. VA still has no protocols to address this issue. As moral injury is not an official diagnosis, it cannot be diagnosed or treated directly, only as part of an officially recognized mental health condition. Many feel that the lack of approved treatment programs specifically targeting moral injury is potentially the greatest weakness in the ongoing struggle against military related suicide. TRIBE attacks this issue head on.

It Sustains Behavioral Wellness

By educating and training every veteran in mindfulness and meditation, the program automatically forms a peer network for support in the long term.

It Celebrates Honorable Military Service

Veteran Integration Ceremonies (VIC) restore the ancient tradition of welcoming warriors back into society. They allow the public to acknowledge and accept veterans' service and sacrifice.

It Reframes Veteran Engagement with VA

Instead of first experiencing VA at a hospital or as a victim of a bureaucratic maze, the first exposure the veteran has with VA is through the VIC. The ensuing coaching program provides a positive guide towards the future.

It Has Certified Coaching

All coaches would be International Coaching Federation (ICF) certified, and fellow veterans. As part of the coaching experience, veterans will identify their inner purpose and passion with their preferred post-military career path. It goes without saying that this will dramatically reduce veteran unemployment and job turnover rates that are so high within the first two post-service years.

Somers SCVA Testimony, Sept. 27, 2017

It Promotes Financial Stability

Qualifying veterans will receive 6 months of pay and benefits after separation from the military. As such, veterans and their families can concentrate on learning how to relate to one another instead of worrying about employment and income.

It Inverts the Current Cost Structure

By healing warriors before they leave the service, we can stop the long-term payments for potentially treatable conditions and offer veterans a life of meaning and purpose. The idea is to heal the wounds proactively, not continue to pay retirement and disability benefits.

The current state of affairs is not sustainable. If things don't change, we run the risk a continued increase in the number of military-related suicides, and running out of money to treat those individuals who we can identify as being at risk. Current prevention and intervention programs are not working. Every year approximately 200,000 men and women transition from service member to veteran. We must fundamentally improve the approach to veteran health and wellness, or we will never see a reduction in the number of suicides, or the other multitude of issues that adversely affect our former warriors. For every veteran, the transition process is a critical part of the post military journey. Unless that process is fundamentally transformed, we will not see any progress. The TRIBE program provides a blueprint that allows our service members to discover a post-military path to empowerment. We are absolutely convinced that TRIBE would have been of immeasurable help for Daniel.

Support Network

Somers SCVA Testimony, Sept. 27, 2017

We have proposed a Support Network (**Attachment 3**), that we feel would be an invaluable aid to the family and loved ones of our Service Members and Veterans. National Guard Headquarters, DSPO, and the staffs of the Armed Services Committees of both Houses of Congress have endorsed this idea, along with many members of both House of Congress. We feel every new service member must be afforded the opportunity to provide a list people (say 5 or 10) that they consider the people they would turn to with good news or bad. The DoD would take that information and put it on a listserv, possibly through a neutral party such as the USO, that would routinely send out generic information to that network. Information about what basic training is like, what happens when a unit is called up for deployment, what deployment means, what physical, psychological and transitional issues returning service members are experiencing. It would include specific links with more in-depth information about these issues, and highlight national AND local organizations that the service member, veteran, family member or friend could turn to for additional assistance and information. This knowledge will save lives by empowering those in the Support Network with the confidence necessary to know what to say, how to say it and where to find appropriate resources. The receiving party could opt out at any time and the service member would be notified. Likewise, if the service member deleted a previously listed name, that person would be notified. This would have been a HUGE red flag for us.

Gun Research

Why has Congress mandated that no research can be done on firearms and what part easy access to firearms plays in veteran suicides?

Until early 2016 when we participated in a conference on Lethal Means and Suicide we did not know of this ban on gun research. While the two of us have never been advocates for or against gun

Somers SCVA Testimony, Sept. 27, 2017

ownership, Daniel had a fascination with guns since his early teens when he joined a Police Explorer club in Phoenix where he was taught the use and responsibility of owning a gun. Daniel was a member of the NRA and a strong believer in the 2nd Amendment, but we believe he would have disagreed with a ban on gun research. In other high death risk activities, where there has been prevention research, the results of that research have lowered the numbers of those that have died: motor vehicle accidents, fires and drowning. When using a firearm, 85% of suicide attempts are successful, but if the attempt is made with any other means, the completion rate is 5%. The fact is that seventy percent of those attempting suicide make the decision within one hour before the attempt. Now let's add in veteran factors like TBI. Depending on the number and severity of TBIs there is a 7-22% increase in the likelihood of this population to attempt suicide.

Though VA has a robust gun lock program, we feel that more can be done by both VA and DoD to permit and encourage providers to counsel all veterans about lethal means safety. While formal gun violence restraining orders may not be the answer, voluntary surrender of firearms to a friend or family member when one is feeling stressed could indeed be a way to ease a veteran's discomfort with giving up control.

Mental Health Infrastructure

As a society, we have not prepared ourselves as regards our mental well-being. We need to begin with our children – today – and provide them with regular mental health screenings just as we do their physical and dental screenings so that it becomes a way of life. To do these mental health screenings, we need to drastically improve our mental health infrastructure. Not only do we require more mental health providers at all levels, we need to provide expanded mental health training to other healthcare professionals. Specifically, we see the need to increase mental health training in Internal Medicine, Emergency Medicine, OB/GYN, Primary Care and

Somers SCVA Testimony, Sept. 27, 2017

Pediatric specialty programs. We need to provide access to mental health training programs for teachers and coaches. We need to bring mental health issues out of the closet, out from being the step-child of physical medicine and give it fiscal parity. The only way we are going to improve mental health care amongst our service members and veterans is to de-stigmatize it in our society as a whole. We must talk about the brain as an organ that has its own set of diseases and maladies as does every other part of our body.

Other Than Honorable Discharges

We believe that Secretary Shulkin's initiative to allow those with OTH discharges to seek emergency Mental Health care at VA facilities is a good first step. However, it is unconscionable that DoD continues to discharge Service Members with years of honorable service and, in many instances, multiple deployments, with less than honorable discharges because of an episode that likely was due to the psychological effects of their military service. This is an injustice that must be corrected, especially with regards to those handcuffed by this injustice. Innumerable lives will be saved when this is accomplished.

Engaging the Entire Medical Community

As Dr. Shulkin says, "VA should do what VA does best." We see a need to engage our full community. We can do that best for our veterans by re-focusing VA healthcare to its core mission of being a center of excellence for service-related issues. In addition to mental health, rehabilitation and polytrauma specialists, we need to have a team of highly trained primary care physicians at VA, coordinating the best possible care for each veteran. By referring our veterans out into their communities for "everyday" care that we all have in common, those many highly qualified medical professionals and better-staffed medical facilities will see and treat our veterans and immediately send reports back to VA. This will free up our VA facilities to see and treat conditions that are specific to our service members and veterans, notably in the fields of mental

Somers SCVA Testimony, Sept. 27, 2017

health and rehabilitation. It will continue the VA tradition of identifying symptom clusters, provide greater numbers of research opportunities and, we believe, increase the number of eligible veterans willing to seek VA care while providing greater transparency of the agency itself.

Opt-Out vs. Opt-It

Currently, only 43% of eligible Veterans are enrolled in VA. Of the 20 Veterans who take their own lives every day, only 6 are enrolled in VA. Of those 6, only 3 have been seen by Mental Health professionals. We feel that one way to dramatically improve these figures is to change current regulations to have eligible separating Service Members automatically enrolled in VA prior to their discharge from DoD. At present, those eligible have to make the conscious decision to “opt-in” after discharge, and are subsequently faced with the bureaucratic nightmare of signing up for VA. If those already eligible are already enrolled, the numbers utilizing VA services will dramatically increase, thereby allowing those who need services to easily obtain them. VA will also know in advance how many patients to prepare for. This is an issue that **TRIBE** addresses as well.

Summary

When we first started our advocacy efforts, we were often amused by DC “buzzwords”, like “low hanging fruit” and “silos”, but one word that we really liked was “resiliency”. It is why we believe that our Support Network idea and an expanded transition program are so vital. From the moment a person walks into a recruitment center, the idea of returning that person to their community as a better person, a leader, should be paramount. Our mothers used to say that you should always leave things better than how you found them. That is something that is quite foreign to our military leaders. They’ve always believed their goal was to win the war, but that cannot be a singular goal. As Arthur DeGroat said, “Failing to effectively transition this generation of veterans from military service to productive private citizens will yield consequences that

Somers SCVA Testimony, Sept. 27, 2017

are strategic in nature and national in scope. Severe damage will be done to the American civil-military relationship, the viability of our Armed Forces, the Post-9/11 Era veteran population, and society at large for decades to come.”

Thank you for the opportunity to add our voices to the discussion on how to prevent Veteran suicide. We look forward to continuing to work with you to address this incredibly important issue.

I am sorry that it has come to this.

The fact is, for as long as I can remember my motivation for getting up every day has been so that you would not have to bury me. As things have continued to get worse, it has become clear that this alone is not a sufficient reason to carry on. The fact is, I am not getting better, I am not going to get better, and I will most certainly deteriorate further as time goes on. From a logical standpoint, it is better to simply end things quickly and let any repercussions from that play out in the short term than to drag things out into the long term.

You will perhaps be sad for a time, but over time you will forget and begin to carry on. Far better that than to inflict my growing misery upon you for years and decades to come, dragging you down with me. It is because I love you that I can not do this to you. You will come to see that it is a far better thing as one day after another passes during which you do not have to worry about me or even give me a second thought. You will find that your world is better without me in it.

I really have been trying to hang on, for more than a decade now. Each day has been a testament to the extent to which I cared, suffering unspeakable horror as quietly as possible so that you could feel as though I was still here for you. In truth, I was nothing more than a prop, filling space so that my absence would not be noted. In truth, I have already been absent for a long, long time.

My body has become nothing but a cage, a source of pain and constant problems. The illness I have has caused me pain that not even the strongest medicines could dull, and there is no cure. All day, every day a screaming agony in every nerve ending in my body. It is nothing short of torture. My mind is a wasteland, filled with visions of incredible horror, unceasing depression, and crippling anxiety, even with all of the medications the doctors dare give. Simple things that everyone else takes for granted are nearly impossible for me. I can not laugh or cry. I can barely leave the house. I derive no pleasure from any activity. Everything simply comes down to passing time until I can sleep again. Now, to sleep forever seems to be the most merciful thing.

You must not blame yourself. The simple truth is this: During my first deployment, I was made to participate in things, the enormity of which is hard to describe. War crimes, crimes against humanity. Though I did not participate willingly, and made what I thought was my best effort to stop these events, there are some things that a person simply can not come back from. I take some pride in that, actually, as to move on in life after being part of such a thing would be the mark of a sociopath in my mind. These things go far beyond what most are even aware of.

To force me to do these things and then participate in the ensuing coverup is more than any government has the right to demand. Then, the same government has turned around and abandoned me. They offer no help, and actively block the pursuit of gaining outside help via their corrupt agents at the DEA. Any blame rests with them.

Beyond that, there are the host of physical illnesses that have struck me down again and again, for which they also offer no help. There might be some progress by now if they had not spent nearly twenty years denying the illness that I and so many others were exposed to. Further complicating matters is the repeated and severe brain injuries to which I was subjected, which they also seem to be expending no effort into understanding. What is known is that each of these should have been cause enough for immediate medical attention, which was not rendered.

Lastly, the DEA enters the picture again as they have now managed to create such a culture of fear in the medical community that doctors are too scared to even take the necessary steps to control the symptoms. All under the guise of a completely manufactured "overprescribing epidemic," which stands in stark relief to all of the legitimate research, which shows the opposite to be true. Perhaps, with the right medication at the right doses, I could have bought a couple of decent years, but even that is too much to ask from a regime built upon the idea that suffering is noble and relief is just for the weak.

However, when the challenges facing a person are already so great that all but the weakest would give up, these extra factors are enough to push a person over the edge.

Is it any wonder then that the latest figures show 22 veterans killing themselves each day? That is more veterans than children killed at Sandy Hook, *every single day*. Where are the huge policy initiatives? Why isn't the president standing with *those* families at the state of the union? Perhaps because we were not killed by a single lunatic, but rather by his own system of dehumanization, neglect, and indifference.

It leaves us to where all we have to look forward to is constant pain, misery, poverty, and dishonor. I assure you that, when the numbers do finally drop, it will merely be because those who were pushed the farthest are all already dead.

And for what? Bush's religious lunacy? Cheney's ever growing fortune and that of his corporate friends? Is this what we destroy lives for?

Since then, I have tried everything to fill the void. I tried to move into a position of greater power and influence to try and right some of the wrongs. I deployed again, where I put a huge emphasis on saving lives. The fact of the matter, though, is that any new lives saved do not replace those who were murdered. It is an exercise in futility.

Then, I pursued replacing destruction with creation. For a time this provided a distraction, but it could not last. The fact is that any kind of ordinary life is an insult to those who died at my hand. How can I possibly go around like everyone else while the widows and orphans I created continue to struggle? If they could see me sitting here in suburbia, in my comfortable home working on some music project they would be outraged, and rightfully so.

I thought perhaps I could make some headway with this film project, maybe even directly appealing to those I had wronged and exposing a greater truth, but that is also now being taken away from me. I fear that, just as with everything else that requires the involvement of people who can not understand by virtue of never having been there, it is going to fall apart as careers get in the way.

The last thought that has occurred to me is one of some kind of final mission. It is true that I have found that I am capable of finding some kind of reprieve by doing things that are worthwhile on the scale of life and death. While it is a nice thought to consider doing some good with my skills, experience, and killer instinct, the truth is that it isn't realistic. First, there are the logistics of financing and equipping my own operation, then there is the near certainty of a grisly death, international incidents, and being branded a terrorist in the media that would follow. What is really stopping me, though, is that I simply am too sick to be effective in the field anymore. That, too, has been taken from me.

Thus, I am left with basically nothing. Too trapped in a war to be at peace, too damaged to be at war. Abandoned by those who would take the easy route, and a liability to those who stick it out - and thus deserve better. So you see, not only am I better off dead, but the world is better without me in it.

This is what brought me to my actual final mission. Not suicide, but a mercy killing. I know how to kill, and I know how to do it so that there is no pain whatsoever. It was quick, and I did not suffer. And above all, now I am free. I feel no more pain. I have no more nightmares or flashbacks or hallucinations. I am no longer constantly depressed or afraid or worried.

I am free.

I ask that you be happy for me for that. It is perhaps the best break I could have hoped for. Please, accept this and be glad for me.

Daniel Somers



Transition, Renewal, Integration, Becoming, Empowerment

A Program of Community Reintegration

2 June 2017

Foreword

Jason Roncoroni is a former battalion commander with more than 33 months of combat service in Afghanistan and the creator of the TRIBE innovation. Jake Clark is a veteran, former federal agent, and the founder and President of Save A Warrior, a national non-profit organization for healing moral injury. Together, they are committed to ending the epidemic of veteran suicide.

The ongoing suicide epidemic is the most urgent crisis facing our veterans and their families. Traditional methods and existing protocols have proven largely ineffective and extremely costly. If we hope to solve this problem, it is time to try something different. It is time for TRIBE (Transition, Renewal, Integration, Becoming, Empowerment). Unlike the current strategies to the suicide problem, TRIBE is not a program of prevention or intervention. TRIBE represents an innovative, cultural shift. TRIBE offers veterans the opportunity to discover an empowering path for a new life after the military.

TRIBE is essential for reintegration back to civilian society. This paper describes the five-phase, structured process to transform veterans from military heroes to community leaders – veterans with the wisdom and power to continue a life of service. It also outlines the rationale behind this human-centered design and makes a compelling case for why this effort must begin now. Lastly, this paper describes how TRIBE is both a symbolic and substantive change from the current approach to military transition.

Symbolically, TRIBE sends a powerful message to military families, veteran communities, and external audiences. It asserts the commitment to the long-term wellness and success of service members beyond their transition date. Externally, the implementation of TRIBE will demonstrate every veteran’s potential to become a valuable asset to society. Substantively, the advent of TRIBE represents a quantum moment, ushering in a comprehensive approach for achieving whole-person wellness while optimizing career potential to further ease a veteran’s reintegration into a new societal role. It eliminates the crippling stigma to mental health support by incorporating mandatory assessments, monitoring, and wellness programs. As a collaborative initiative, TRIBE leverages a broad spectrum of community resiliency programs in a coalition of intentional, supportive services for transitioning service members to discover a post-military life with a renewed sense of purpose, meaning, and empowerment as servant leaders.

TRIBE is the key to ending the suicide crisis. For the sake of our veterans, TRIBE is an idea whose time has finally come.



Jason Roncoroni
LTC, U.S. Army (Retired)
TRIBE Creator



Jake Clark
Founder, President
Save A Warrior™

Contents

Foreword	ii
TRIBE: A Program of Community Reintegration	4
Executive Summary	4
The Problem	4
Why Our Military and Veteran Communities Need TRIBE	5
Why Now?.....	6
Theoretical Foundation.....	8
TRIBE Program for Military Transition	8
TRIBE Program for Veterans.....	11
Strategic Vision	13
The Value Proposition.....	13
TRIBE Program Benefits	14
Conclusion.....	16
Notes.....	17

TRIBE: A Program of Community Reintegration

“If warriors are returned home having had better psychological and spiritual preparation, they will integrate into civilian life faster and they and their families will suffer less”¹

- Karl Marlantes, Author, USMC Veteran

Executive Summary

The veteran suicide epidemic is a symptom of the broader social decay of the veteran population. Despite the massive investment and expansion of public, private, and non-profit services over the past decade, suicide remains an elusive problem. The conventional approach of prevention and intervention has proven both costly and ineffective. In order to solve this problem, we must reframe the approach to veteran wellness to one that recognizes the potential of all veterans to continue an empowering life of service after the military. What the veteran community requires is TRIBE.

TRIBE addresses the core issue of disconnection that leads too many veterans down the path of isolation and despair that often ends in suicide. The acronym “TRIBE” stands for Transition, Renewal, Integration, Becoming, and Empowerment. As a program, it bridges the gap between the Department of Defense (DoD) and the Department of Veterans Affairs (VA) in the current model of military transition. As a proactive, comprehensive approach to wellness, TRIBE inverts the conventional approach to mental and emotional health and first addresses the shame from moral injury and psychological suffering. As a reintegration process, TRIBE represents a sustainable solution to repurpose and unleash the veteran’s potential for a meaningful life of service after the military.

The Problem

Suicide hides in the shadows at the end of a long road of mental, emotional, and spiritual suffering. Unfortunately, the widespread implementation of intervention and prevention initiatives over the past decade has been unable to reverse the ongoing epidemic. By continuing to frame solutions from the perspective of prevention and intervention, marginal improvements remain the most optimistic outcomes. An enduring, sustainable solution comes from an alternative path from the isolation and lack of purpose that loses so many veterans to the darkness of despair.

Examining the suicide problem from the perspective of wellness reveals a much more disturbing socioeconomic view of the veteran population. As shown in Figure 1, the combination of factors that includes suicidal behavior, mental health, dissolution of the family, substance abuse, job security, and homelessness highlights the overwhelming failure of veterans to successfully reintegrate back into society.

By the Numbers : The State of Veteran Decay in America in 2017	
> 2,800,000	Number of calls by struggling and suicidal Veterans into the Veteran's Crisis Line from 2007 to early 2017. ²
708,062	Number of mental disorder diagnoses for Veterans who served between October 1, 2001 to June 30, 2015. This figure represents 58.1% of Veterans who used VA health care. ³
> 74,000	The number of times operators from the Veteran's Crisis Line dispatched first responders to high risk Veterans between 2007 and early 2017. ⁴
39,471	Number of homeless Veterans Every Night in the United States in 2016. ⁵
259%	During an 11-year period ending in 2013, the number of prescriptions from the VA for pain meds like oxycodone and morphine surged 259 percent nationally. ⁶
88%	Percentage increase in reported cases of sexual assault in the military from 2007 to 2013. ⁷
65%	Percentage of Veterans who will change jobs within the first two years after departing military service. ⁸
62%	The higher rate of divorce for combat Veterans. ⁹
53%	Percentage of Veterans who will collect unemployment within 15 months after departing Military Service ¹⁰
50%	Percent of Veterans seeking treatment for PTSD or combat-related mental health issue who commit some form of domestic assault. ¹¹
45%	The higher rate of motor vehicle accident deaths for Veterans compared to the general population. Some of these may be intentional while others indicate the practice of high-risk behavior. ¹²
39%	Percent of Veterans returning from Iraq and Afghanistan with problematic alcohol use. ¹³
21%	Percent of domestic violence across the United States attributed to combat Veterans. ¹⁴
12%	Percentage of Veterans who received a substance use disorder diagnosis from 2001-2010. Veterans abuse prescription drugs at a rate twice the rate of non-Veterans. ¹⁵
9%	The higher rate of PTSD among military wives when compared to non-military wives. ¹⁶

Figure 1: State of Veteran Decay in America in 2017

Addressing the poor state of wellness among veterans starts at the beginning. It starts at the transition process - the point in time where the military journey ends and the veteran life begins. Done correctly, the transition program repurposes service members into a fulfilling life as leaders in our communities throughout society. Veterans become assets. Done incorrectly, veterans struggle to connect to a society that is increasingly estranged from the military experience. Isolated, suffering, and alone, veterans become a burden on society. The right transition program is perhaps the most significant and important endeavor to improve the welfare of the veteran population.

Why Our Military and Veteran Communities Need TRIBE

TRIBE reinvigorates the deep psychological and spiritual healing currently absent from the contemporary military transition process. This omission has been a major cause of our failure as

a nation to deal with the massive suicide rates among veterans and active-duty military personnel. TRIBE provides the initiation experience for long-term behavioral changes conducive to accelerated healing. The initiation experience is grounded in the collective traditions from our shared culture throughout history. Whereas the traditional medical model uses a distant clinician, TRIBE employs a “parallel” process. TRIBE utilizes a peer-support program to work with a veteran’s pre-existing strengths to create an opportunity for healing the whole person.

Why Now?

There are two compelling reasons why we must act now.

First, the traditional approach of prevention and intervention is simply not working. Even though the DoD implemented more than 900 suicide prevention programs since 2001, suicide rates in the military more than doubled from 2001 to 2013.¹⁷ As shown in Figure 2, the utilization of crisis resources like the Veteran’s Crisis Line (VCL) continue to rise even as the overall population of veterans continues to shrink. The Department of Veterans Affairs has struggled to keep pace with the increasing demand for crisis related services.¹⁸ In the wake of investigations and hearings to improve the performance of intervention programs like the Veteran’s Crisis Line, we have overlooked the more pressing question: Why aren’t the number of crisis related events *decreasing*? Given the ongoing investment into the status quo for veteran support, those numbers in Figure 2 are trending in the wrong direction. Termination – not expansion – of crisis related services should be the overall objective and greatest measure of effectiveness for veteran wellness initiatives.

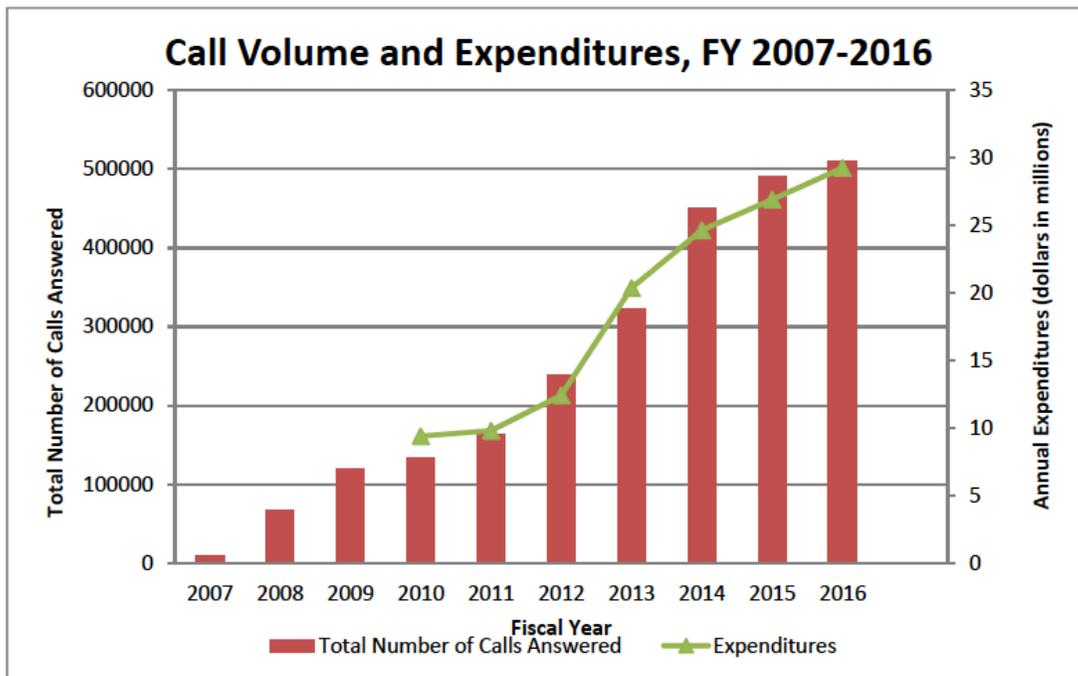


Figure 2: Veteran’s Crisis Line Call Volume and Expenditures, FY 2007-2016¹⁹

Second, the cost structure for the existing model is rapidly approaching unsustainable levels. Over the past two decades, the VA ballooned to more than 1,203 outpatient sites, 144 hospitals, and 300 Vet centers, and 56 regional offices.²⁰ In 2017, the budget request for the VA was \$182.3 billion and included funding for over 366,000 employees.²¹ That figure represents a 300% increase in funding since the terrorist attacks in 2001.²² This massive investment comes at a time when the veteran population actually decreased by 17% from 2001 to 2014, and only 62% of Veterans who qualify for health benefits actually utilize VA Healthcare.²³ Of the more than 21.6 million Veterans in 2014, slightly more than 9.1 million - less than 43% of the total population - were even enrolled with the VA.²⁴ Why do we continue to invest in an approach that doesn't connect with more than half of the veteran population?

For those veterans enrolled in the VA, service connected disabilities and costs related to treatment and compensation benefits have skyrocketed. Funding for mental health more than doubled over the past decade to a staggering \$7.8 billion in 2017.²⁵ The funding and capacity expansion fails to keep pace with demand as more than 300,000 veterans continue to wait up to two months for medical appointments.²⁶ As shown in Figure 3, the number service connected disabilities and the commensurate compensation benefits have exploded over the past decade.

Metrics from the Department of Veterans Affairs Annual Benefits Reports	2007	2015	Growth Rate
Number of NEW service connected mental health disabilities receiving compensation	42,936	110,420	157%
Total Number of Veterans with service connected mental health disabilities	629,475	1,368,427	117%
Estimated cost of disability compensation for NEW mental health disability claims	\$518,609,242	\$1,497,997,892	189%
Estimated total cost of disability compensation for mental health disability claims	\$7,603,212,978	\$18,564,578,534	144%

Figure 3: Disability and Compensation Metrics from Annual Benefits Reports from the Department of Veterans Affairs.²⁷

Disability compensation for veterans more than doubled from \$39 billion in 2011 to almost \$80 billion in 2017.^{28,29} Should this growth rate continue, the annual payment of compensation benefits (checks in the mail) for mental health disabilities in 2030 will exceed the entire budget for the VA from 2017.

The condition of the veteran population hasn't improved anywhere near a level acceptable to justify the unsustainable costs. At what point do we secede failure? Do we wait until the veteran population shrinks to a sustainable level of funding, or are we ready to try something different? Why not consider the possibility of disrupting the entire ecosystem? The solution to end this problem is TRIBE.

Theoretical Foundation

The process of returning warriors to society existed long before the creation of federal institutions and government bureaucracies. Citizens from within the community shared the responsibility to recognize, accept, and welcome warriors back into society. Through a combination of rituals and ceremonies, the citizens of the tribe facilitated the healing and spiritual evolution for successful integration back to civilian life. As our modern culture becomes increasingly more self-reliant, we fail to facilitate those connections necessary to nurture the deep psychological and spiritual needs of returning warriors. We can move forward and improve the welfare of the veteran population by first stepping back and reinvigorating an evidence-based, anthropologically sound process to transform warriors back into civilians.



Figure 4: The Hero's Journey.³⁰

TRIBE is a contemporary application of the Hero's Journey, a transcendent, Jungian approach to healing, personal transformation, and empowerment (see Figure 4). As a human-centered design, this application represents a catalytic innovation to improve the entire condition of the veteran population. The word TRIBE itself harkens back to the cornerstone of community and a shared commitment to serve. TRIBE addresses moral injury, the underlying psychological trauma, and – most importantly – the shame. *Shame* is what disconnects and isolates so many veterans in society today. TRIBE is the vital link between the warrior that once was and the future veteran empowered to continue a life of service in society.

TRIBE Program for Military Transition

As a program of military transition, TRIBE bridges the gap between the Department of Defense and the Department of Veterans Affairs. As shown in Figure 5, the first two phases of TRIBE – Transition and Renewal – occur through the military. Integration occurs at the point of

transition, and the final two phases – Becoming and Empowerment - occur after the service member has departed the military.

Transition. The life of every veteran begins with the application process and administrative requirements necessary to leave the military. As the first phase of TRIBE, the Transition Phase has two objectives. First, the service member is removed from official duties, responsibilities, and positions of authority in the military. Second, the transitioning service member coordinates all follow-on activities for the next year of the program. While the member is relinquishing authority and responsibility of their assigned position, they also complete the administrative requirements to depart the service. This includes the exams, evaluations, and briefings commensurate with

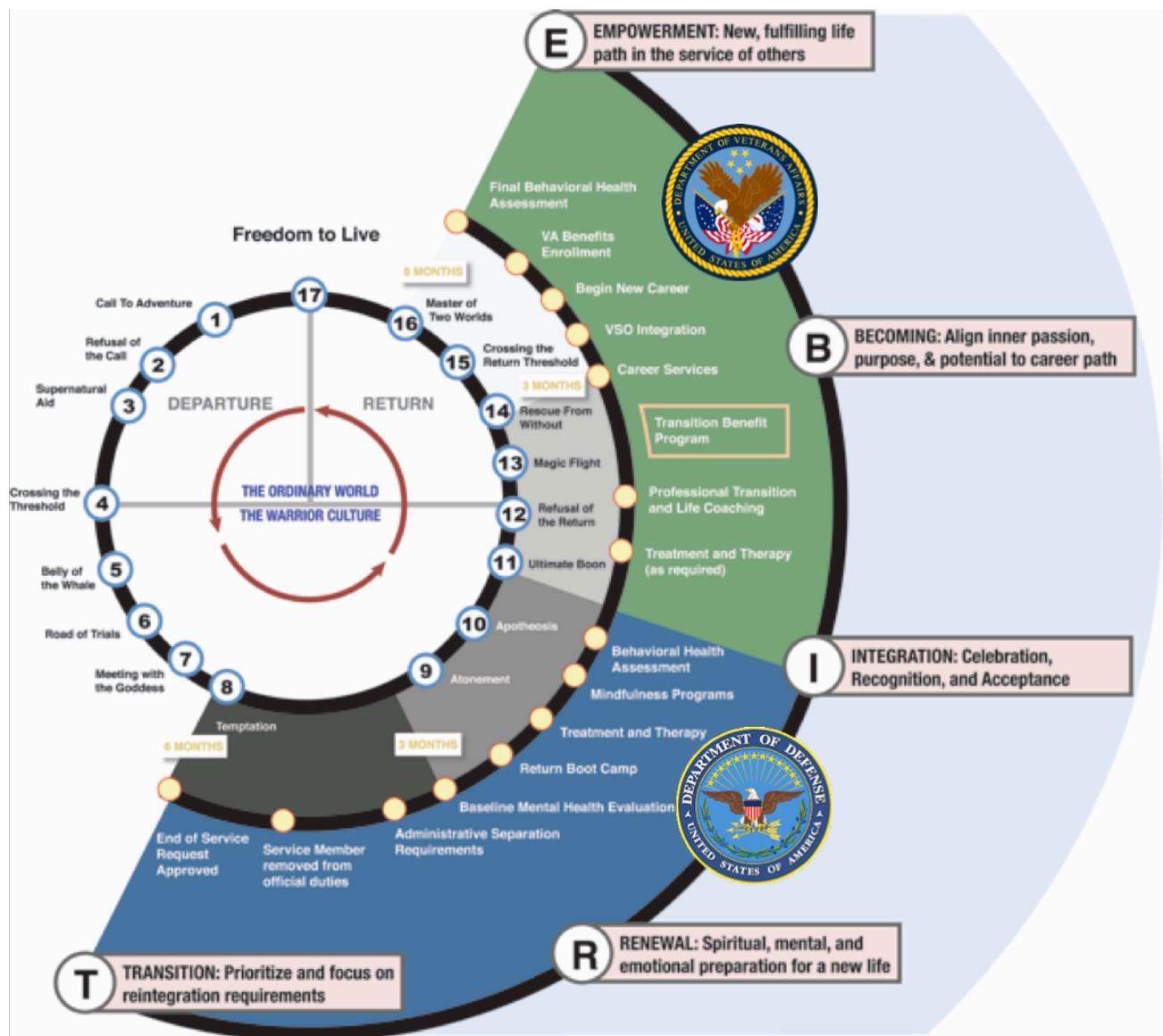


Figure 5: The TRIBE Program for Transitioning Service Members

current service transition requirements. At the conclusion of the Transition Phase, the service

member is administratively prepared to leave the military. The member's only remaining duty is to become a healthy, empowered civilian in society.

Renewal. The Renewal Phase accomplishes the core healing, treatment, and therapy essential for post-traumatic growth and reintegration. It is distinctive from the current medical model because it addresses guilt, shame, and regret – three emotions typically associated with moral injury.

Innovations in this phase include:

- Mandatory, comprehensive behavioral health assessments.
- Spiritual initiation through a Return Boot Camp (as currently provided through the Save A Warrior™ program).
- Training in evidence-based, best practices for mindfulness and meditation.

The Renewal Phase infuses structure and rigor to transform the warrior back into a civilian with the power and wisdom to continue a life of service in society.

Integration. The celebration of honorable military service is a tradition lost in modern society. The Veteran Integration Ceremony renews that tradition. Most veterans are introduced to the VA in crowded hospital hallways and antiseptic correspondence while navigating the bureaucracy and enrollment procedures. Imagine the potential of a lifelong partnership that begins with a community wide commencement to recognize and welcome veterans back into society. The first experience the veteran has with the VA should be a positive one.

Becoming. Veterans earn the opportunity to become something more in life after the military. Becoming is the process of introspection to discover and align purpose and passion with external goals and strategies to achieve them. The distinctive features from this phase include:

- Professional Coaching – A credentialed life coach partners with new veterans for three months of life and transition coaching. Professional coaching enables the veteran to bridge the gap between the identity and role from the past with a new passion and purpose for the future.
- Transition Benefit Program – A 6 month severance program of pay and benefits supplants the immediacy of job placement. Duration of honorable, military service, combat experience, or a combination of both would qualify transitioning service members for this benefit program.
- Career Services – Career services follows professional coaching during the final three months of the TRIBE program. Ensuring comprehensive wellness, departing the military, and discovering a new purpose are the appropriate sequence of activities that should occur before the job search process begins.

Empowerment. Empowerment is the desired state of being for the veteran community. It is the opposite path from the isolation and despair that contributes to the slow decay that ends in suicide. As an alternative to prevention and intervention strategies, TRIBE builds an affirming life path to unleash every veteran's potential as they begin a new, civilian life in society.

TRIBE Program for Veterans

The current veteran population was not afforded the opportunity for social reintegration. As a result, many veterans remain stuck somewhere between military and civilian roles. They may no longer be a part of the military, but they also lack a sense of belonging in civilian society. This precipitates the slow decay highlighted earlier in Figure 1. The suicide epidemic is the unfortunate end of this failed process of reintegration.

In order to improve the welfare of the veteran population, we must apply the transformative aspects of TRIBE to the veteran community. As shown in Figure 6, applying the Renewal, Becoming, and Empowerment phases of TRIBE over a period of three months can repurpose struggling veterans toward a new path of wellness, personal fulfillment, and continued service.

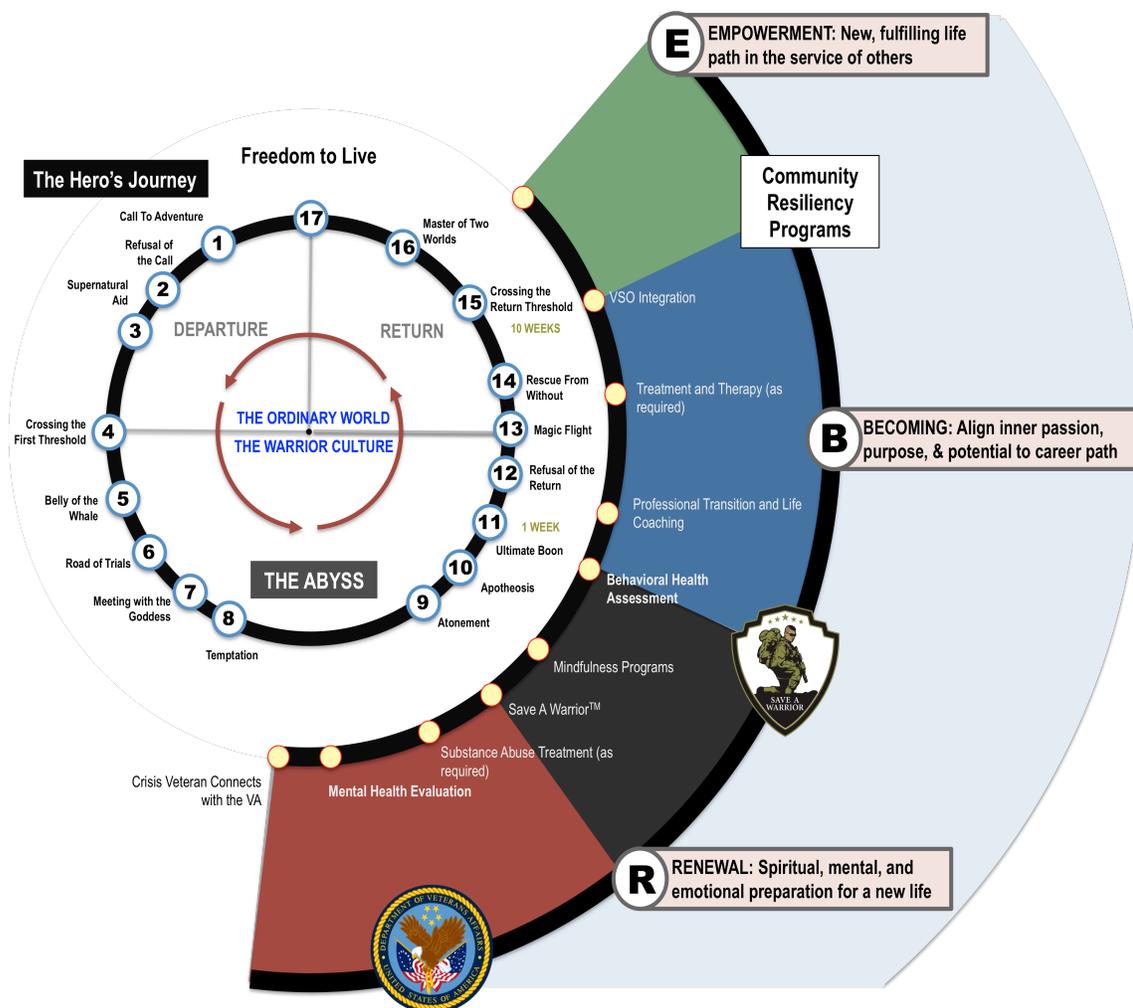


Figure 6: The TRIBE Program for Veterans

Renewal. For veterans, the core of TRIBE is the Save A Warrior™ program of secular spiritual

initiation. This program addresses the accumulation of shame from childhood through combat service. After burning off the shame, Save A Warrior furnishes every veteran with evidence-based programs in mindfulness, such as Warrior Meditation™, to establish and maintain a lifelong practice of sustained emotional and mental wellness.

The impact from SAW on symptoms of suicidality, PTSD, and major depression has been extraordinary. The results in Figure 7 suggest that shame is the underlying factor manifesting through various symptoms in more traditional diagnoses of mental disorders. By addressing the shame, conventional treatments and therapies can resonate more effectively with veteran patients.

Suicide Behaviors Questionnaire-Revised				
Score above 7 indicates an individual at risk of suicide				
Metrics	Before SAW	After SAW	Change	Percent Change
Number of individuals at risk of suicide (score above 7)	38	15	-23	-61%
Percent of the Total Population Sample	64%	25%	-39%	
Average Score for individuals at risk of suicide	11.92	6.87	-5.05	-42%
Conclusion: Average score of "at risk" individuals is below the risk threshold of suicide based on this metric				
Patient Health Questionnaire (PHQ-9)				
Score above 10 has a sensitivity of 88% and a specificity of 88% for major depression. Score above 15 represents moderately severe depression. Score above 20 represents severe depression.				
Metrics	Before SAW	After SAW	Change	Percent Change
Number of individuals reporting major depression (score above 10)	43	5	-38	-88%
Percent of the Total Population Sample	73%	8%	-64%	
Average Score for individuals with major depression	19.63	4.43	-15.20	-77%
Conclusion: Average score of individuals with major depression, bordering on severe depression was reduced below the minimal threshold for this instrument after SAW				
Post-Traumatic Stress Assessment (PCL-M)				
Score above 34 indicates moderate symptoms for Post-Traumatic Stress. Score above 44 indicates HIGH symptoms for Post-Traumatic Stress				
Metrics	Before SAW	After SAW	Change	Percent Change
Number of individuals at risk for moderate Post-Traumatic Stress (score above 34)	52	12	-40	-77%
Percent of the Total Population Sample	88%	20%	-68%	
Average Score for individuals with moderate or HIGH symptoms of PTSD	62.13	29.77	-32.35	-52%
Conclusion: Average score of individuals presenting symptoms of PTS reduced from HIGH to LOW after SAW.				

Figure 7: Save A Warrior Survey Data for Suicidality, PTSD, and Symptoms of Depression³¹

Becoming. The Becoming Phase includes a ten-week program of professional life coaching for veterans. Once the veteran conquers the accumulated shame, a certified coach helps the veteran discover passion and purpose for a higher form of self-actualization. Life coaching from a certified professional is both a distinctive and decisive component of this program. Life coaching enhances goal attainment and quality of life, and life coaching also reduces depression, anxiety, and stress as veterans begin to discover a meaningful life after the Renewal Phase.³² The coaching partnership reveals the purpose and identity, and the coach, as a fellow veteran, also facilitates accountability for continued mental, emotional, and spiritual growth.

Empowerment. Towards the end of the ten-week coaching program, the coach connects the veteran with peer support and related veteran service organizations. Some examples of such organizations include the American Legion, the Veterans of Foreign Wars, The Mission Continues, Team Rubicon, and Team Red White and Blue. Additionally, qualifying veterans earn the opportunity to sponsor other struggling veterans through the duration of the three-month program and beyond. Empowerment means repurposing that passion for service in a new role as an emerging leader in society.

Strategic Vision

TRIBE reframes the entire approach to the ongoing suicide epidemic. The objective of TRIBE is to create an affirming life path of leadership in the service of others. By leveraging an archetypal approach to healing, personal transformation, and empowerment, we transform military leaders into community leaders with the wisdom and power to serve and improve society. TRIBE closes the gap between the Department of Defense and the Department of Veterans Affairs to provide a comprehensive transition program for service members and their families. For veterans, TRIBE addresses the critical, overlooked steps in the reintegration process to discover a positive, fulfilling destiny.

Because many organizations already perform aspects of TRIBE for veterans and their families, testing and conceptual development of this initiative should necessarily begin in the veteran community. Many non-profit entities have already abstracted out all the complexities for delivering various phases of the TRIBE program, leaving only scaling and integration as the most pressing issues for institutional acceptance and implementation. Validating and improving TRIBE could occur in under a year followed by a deliberate process of implementation across the Department of Veterans Affairs with a cross-collaborative plan to replace the existing model of transition assistance in the Department of Defense. Given the work already underway, TRIBE could easily supplant the existing transition program within the next five years.

The Value Proposition

TRIBE is a catalytic innovation that intends to end the suicide epidemic. TRIBE addresses the accumulated residue from the warrior role that begets shame. It is a deeper, more lasting approach to wellness that starts before the veteran life begins. Because TRIBE heals the

underlying psychological trauma and shame, it has the potential to reduce if not outright eliminate the need to perpetuate compensation benefit payments for treatable disorders related to mental and emotional health. TRIBE is the initiative that will end the Veteran's Crisis Line and reduce the otherwise rising demand on an overburdened VA Healthcare system. TRIBE offers a more cost-effective, inclusive solution to unleash the leadership and service potential of veterans in society.

TRIBE realizes substantial, long-term cost savings from the current model of veteran support by proactively treating latent mental and emotional health related conditions. If we document and monitor the improved mental and emotional wellness of transitioning members over the period of a year, we can systematically reduce the magnitude of disability ratings for mental health disorders. Furthermore, we create a baseline of documentation to more efficiently process future claims. Proactive engagement and sequencing are the imperatives. The cost offsets would not only cover the expense of severance payments for the Transition Benefit Program, but they will also pay for the entire TRIBE program and reduce the skyrocketing, mandatory financial obligations in the VA's budget.

TRIBE Program Benefits

TRIBE is a human centered design with the potential to completely disrupt the ecosystem of programs and services intended to support the veteran community.

The TRIBE program . . .

Eliminates Mental Health Stigma. A mandatory schedule of provider assessments relieves the burden of self-selection for mental health treatment. This policy would eliminate the mental health stigma since every service member would partake in evaluations, treatment, and related therapy. The culture for mental health services would evolve from one of perceived weakness and shame to one of acceptance and proactive intervention. Additionally, mandating comprehensive mental health evaluations at selected points throughout the TRIBE process facilitates documentation, monitors progress, and helps anticipate future service demand.

Improves Military Readiness. The current construct of military transition encourages service members to begin preparation up to 18 months before departing the military.³³ This guidance competes with service imperatives to optimize combat readiness. TRIBE extends beyond the military transition date to relieve this tension and support military readiness. Additionally, TRIBE provides structure to the process of personnel management by reducing the volatility from personnel turnover.

Improves Veteran Engagement. Less than 45% of veterans are connected to services and programs through the Department of Veterans Affairs. TRIBE proactively connects all veterans to the VA early in the transition process. Therefore, TRIBE more than doubles the VA's current level of engagement with the veteran population.

Heals Moral Injury. The Department of Veterans Affairs currently has no protocols to

address the shame and related social disconnection from moral injury. Neither the American Psychiatric Association nor the VA considers “moral injury” an official diagnosis. This shortcoming limits practitioners to treat symptoms of moral injury common to approved diagnoses for mental disorders. Practitioners cannot diagnose and treat the condition of moral injury directly. The lack of approved treatment programs specific to moral injury is perhaps the greatest vulnerability in the ongoing struggle against military-related suicide. TRIBE provides the solution to this problem.

Sustains Behavioral Wellness. TRIBE educates and trains every veteran in evidence-based, best practices in mindfulness and meditation. Cohorts of veterans who participate in the program form a peer network for mutual support well beyond the duration of the program. Shared accountability to one another facilitates a supportive culture not unlike that of the military.

Celebrates Honorable Military Service. Veteran Integration Ceremonies restore the tradition to welcome service members back into society. As the number of American families personally connected to military service continues to shrink, this forum provides a vehicle for shared public meaning for military service. It provides an opportunity to acknowledge and accept veterans back into society.

Reframes Veteran Engagement with the VA. For many veterans, their first exposure to the VA occurs in the crowded hallways of VA medical centers. These preliminary engagements focus on negative aspects of the veteran’s life – injuries, disabilities, and health problems. After this experience, many veterans refuse to return to any VA medical facility. TRIBE reframes that relationship. The first exposure the veteran has with the VA is through the Veteran Integration Ceremony. The coaching program that follows provides a positive, empowering focus toward the future. These initiatives can repair the strained relationship and rebuild the fractured trust between the VA, veterans, and their families.

Certified Coaching. TRIBE leverages the benefits of International Coaching Federation (ICF) certified coaching to identify and align the veteran’s inner purpose and passion with outer goals and strategies to achieve them. As the precursor to career services, veterans can discover their best career path after the military. By focusing inward before seeking job opportunities outward, TRIBE can reduce the unemployment rate of veterans and the job turnover that occurs within the first two years after leaving military service.

Promotes Financial Stability. The Transition Benefit Program provides six months of pay and benefits for qualifying veterans upon departure from the military. This program relieves the urgency of seeking new employment and provides both veterans and their families the opportunity to focus on collective impacts of transition across the entire family.

Inverts the Current Cost Structure. This proactive approach disrupts and replaces the current cost structure. Why debate the urgency of concurrent retirement and disability payments when we can address and even heal the disability directly? By healing veterans, we can stop the perpetuity payments for treatable conditions and offer veterans something more valuable in return

– a meaningful life of purpose.

Conclusion

If we don't fundamentally change the current approach to veteran health and wellness, we run the risk of running out of veterans, money, or both. Prevention and intervention are not working. It is time to disrupt the status quo and change the entire ecosystem of programs and services that support our veterans. Every year, approximately 200,000 service members join the ranks of our veterans. For every veteran, the post-military journey begins with the transition process. That is our entry point to improve the welfare of the veteran population. TRIBE is an idea whose time has come. It is time to create a process-oriented program to enable our service members to discover a post-military path to empowerment. Most urgently, it is time to finally end the epidemic of military related suicide.

Notes

- ¹ Karl Marlantes, *What It is Like to Go to War* (London: Corvus, 2011), 1.
- ² “About the Veterans Crisis Line,” Department of Veterans Affairs, accessed April 5, 2017, <https://www.veteranscrisisline.net/About/AboutVeteransCrisisLine.aspx>
- ³ Veterans Health Administration, "Analysis of VA Health Care Utilization Among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1st Qtr FY2002 through 3rd Qtr 2015 (October 1, 2001-June 30, 2015)," Veterans Health Administration, January 2017, 11, accessed April 05, 2017, <http://www.publichealth.va.gov/epidemiology/reports/oefoifond/health-care-utilization/>.
- ⁴ “About the Veterans Crisis Line.”
- ⁵ "National Coalition for Homeless Veterans," National Coalition for Homeless Veterans, accessed April 05, 2017, http://nchv.org/index.php/news/media/background_and_statistics/.
- ⁶ Mark Brunswick, "Cut off: Veterans Struggle to Live with VA's New Painkiller Policy," *Star Tribune*, July 12, 2015, accessed April 05, 2017, <http://www.startribune.com/cut-off-veterans-struggle-to-live-with-va-s-new-painkiller-policy/311225761/>.
- ⁷ Sara Kintzle, Ashley C. Schuyler, Diana Ray-Letourneau, Sara M. Ozuna, Christopher Munch, Elizabeth Xintarianos, Anthony M. Hasson, and Carl A. Castro, “Sexual Trauma in the Military: Exploring PTSD and Mental Health Care Utilization in Female Veterans,” *Psychological Services* 12, no. 4 (2015): 394, doi:10.1037/ser0000054.
- ⁸ Leo Shane, III, "Survey: 65% of Vets Likely to Leave 1st Civilian Job within 2 years," *Military Times*, October 01, 2014, accessed April 05, 2017, <http://www.militarytimes.com/story/veterans/careers/civilian/2014/10/01/survey-65-of-vets-likely-to-leave-1st-civilian-job-within-2-years/16527601/>.
- ⁹ Michael Smart, "Study: Combat Vets 62 Percent More Likely to Lose Marriages," News.byu.edu, April 20, 2003, accessed April 5, 2017, <https://news.byu.edu/news/study-combat-vets-62-percent-more-likely-lose-marriages>.
- ¹⁰ Department of Veterans Affairs, *2015 Veteran Economic Opportunity Report* (Washington DC: Department of Veteran Affairs, 2016), i, accessed April 5, 2017, <http://www.benefits.va.gov/benefits/docs/veteraneconomicopportunityreport2015.pdf>.
- ¹¹ Stacy Bannerman, "Husbands Who Bring the War Home," *The Daily Beast*, September 25, 2010, accessed April 05, 2017, <http://www.thedailybeast.com/articles/2010/09/25/ptsd-and-domestic-abuse-husbands-who-bring-the-war-home.html>.
- ¹² Tim A. Bullman, Han K. Kang, Derek J. Smolenski, Nancy A. Skopp, Gragory A. Gahm & Mark A. Reger, "Risk of Motor Vehicle Accident Death Among 1.3 Million Veterans of the Iraq and Afghanistan Wars," *Traffic Injury Prevention*, December 8, 2015, accessed April 5, 2017, <http://www.tandfonline.com/doi/abs/10.1080/15389588.2016.1206201>.

- ¹³ Susan V. Eisen et al., "Mental and Physical Health Status and Alcohol and Drug Use Following Return From Deployment to Iraq or Afghanistan," *American Journal of Public Health* 102, no. S1 (2012): S66, doi:10.2105/ajph.2011.300609.
- ¹⁴ Stacy Bannerman, "High risk of military domestic violence on the home front," *SFGate*, April 04, 2014, accessed April 06, 2017, <http://www.sfgate.com/opinion/article/High-risk-of-military-domestic-violence-on-the-5377562.php>.
- ¹⁵ Karen H. Seal, Greg Cohen, Angela Waldrop, Beth E. Cohen, Shira Maguen, and Li Ren, "Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001–2010: Implications for screening, diagnosis and treatment," *Drug and Alcohol Dependence* 116, no. 1-3 (2011): doi:10.1016/j.drugalcdep.2010.11.027.
- ¹⁶ Carl Prine, "Mental Illness, Alcohol Abuse More Prevalent Among Military Wives," *The San Diego Union-Tribune*, November 04, 2016, accessed April 06, 2017, <http://taskandpurpose.com/mental-illness-alcohol-abuse-prevalent-among-military-wives/>.
- ¹⁷ Bob Brewin, "Military Suicides Are Up, Despite 900 Prevention Programs," *Nextgov*, March 21, 2013, accessed April 06, 2017, <http://www.nextgov.com/defense/2013/03/military-suicides-are-despite-900-prevention-programs/62019/>.
- ¹⁸ John D. Daigh, *Evaluation of the Veterans Health Administration Veterans Crisis Line*, Report No. 16-03985-181, Office of the Inspector General, Department of Veteran's Affairs (Washington DC: Department of Veteran Affairs, 2017), iii.
- ¹⁹ John D. Daigh, 6.
- ²⁰ Department of Veterans Affairs, *2016 Functional Organization Manual - Description of Organization Structure, Missions, Functions, Task, and Authorities*, vol. 3.1 (Washington DC: Department of Veterans Affairs, 2016), 1, accessed April 6, 2017, https://www.va.gov/ofcadmin/docs/VA_Functional_Organization_Manual_Version_3-1.pdf.
- ²¹ Department of Veterans Affairs, "Department of Veterans Affairs - Budget in Brief," Department of Veterans Affairs, 1, accessed April 6, 2017, <https://www.va.gov/budget/docs/summary/Fy2017-BudgetInBrief.pdf>.
- ²² Christine Scott, *Veterans Affairs: Historical Budget Authority, FY1940-FY2012* (CRS Report No. RS22897) (Washington, DC: Congressional Research Service, 2012), 4. <https://fas.org/sgp/crs/misc/RS22897.pdf>.
- ²³ Erin Bagalman, "The Number of Veterans That Use VA Health Care Services: A Fact Sheet (CRS Report No. R43579) (Washington, DC: Congressional Research Service, 2014), 2-3. <https://www.fas.org/sgp/crs/misc/R43579.pdf>.
- ²⁴ Erin Bagalman, 3.
- ²⁵ This statistic was derived from multiple sources within the Department of Veterans Affairs. The 2017 number comes from "VA 2017 Budget Request: Fast Facts" found at <https://www.va.gov/budget/docs/summary/Fy2017-FastFactsVAsBudgetHighlights.pdf>. The "more than doubled" comes from a 2011 figure derived from a press release

<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=1848>. Both of these sites were accessed April 06, 2017.

- ²⁶ Patricia Kime, "Some Veterans Still Wait Months for Medical Care," *Military Times*, June 3, 2016, accessed April 06, 2017, <http://www.militarytimes.com/story/veterans/2016/06/03/some-veterans-still-wait-months-medical-care/85350810/>.
- ²⁷ The statistics from this chart were derived from the "Compensation and Benefits" portion of the VA's Annual Benefits Reports from 2007 and 2015. The number of new service connected mental health disabilities were taken directly from these reports, as were the total number of service connected mental health disabilities. The estimated cost of new and total compensation for mental health disabilities were calculated using the estimated average amounts of annual benefits paid for the combined degree of disability multiplied by the number of veterans with those associated disability ratings to determine a weighted average, or the cost per individual receiving compensation benefits for mental health disorders.
- ²⁸ Veterans Benefits Administration, *Annual Benefits Report 2011* (Department of Veterans Affairs: Washington DC, 2012), 9.
- ²⁹ Department of Veterans Affairs, *Department of Veterans Affairs – Budget in Brief* (Department of Veterans Affairs: Washington DC, 2016), 13, accessed April 6, 2017, <https://www.va.gov/budget/docs/summary/Fy2017-BudgetInBrief.pdf>.
- ³⁰ Joseph Campbell, *The Hero with a Thousand Faces*, 3rd ed. (Novato: New World Library, 2008), 23-210. The picture is a adaptation of the graphic on page 210 based on the steps Campbell outlines in this portion of the book.
- ³¹ The data was provided by Save A Warrior from cohorts 16-20 from December, 2014 through December, 2015. The data was collected at the request of the California National Guard to quantify the effectiveness of the Save A Warrior program.
- ³² Anthony M. Grant, "The Impact of Life Coaching on Goal Attainment, Metacognition, and Mental Health," *Social Behavior and Personality* 31, no. 3 (2003): 259.
- ³³ Adrienne Aanderson, "Transitioning Soldiers get earlier start with ACAP," www.army.mil, February 14, 2013, accessed June 01, 2017, https://www.army.mil/article/96491/Transitioning_Soldiers_get_earlier_start_with_ACAP.

Basic Premise

To allow for a Service Member's civilian network to remain engaged with their loved one during their time in the service, and to learn about and gain an understanding of what Active Duty and post military experiences and potential problems involve.

To educate the Service Member and their Support Network about resources that are available to them if problems arise subsequent to military service. This will enable those around the Service Member/Veteran to understand how to approach their loved one, how to recognize issues that might arise, and how to and where to reach out for assistance if necessary.

The Program

This is a voluntary program, although it is felt that with the proper encouragement all new recruits will take advantage of it.

In boot camp/basic training, new Service Members would be asked to supply a number of names (?4,5,10) of those people they feel closest to (spouses, parents, friends, teachers, etc.). Those on the list may remove themselves at any time. The Service Member may remove anyone as well, but that person would be notified of the change in status. These people represent the "Support Group". DoD (or a third party, e.g. USO) will then push out on a regular basis (quarterly, semi-annually) information deemed important in the following areas. For example:

1. This is what Basic Training involves
2. How to contact DoD in case of emergency.
3. This is what MOS training involves.
4. This is what it means when National Guard/Reserve is activated.
5. These are the steps taken prior to deployment.
6. These are the experiences that one might have while deployed, and the differences between the combat and non-combat experiences.
7. These are the issues that have been identified in returning Service Members. These are the signs and symptoms connected with those issues.

8. These are the resources that are available for Service Members, Veterans, family and friends in DoD, VA, and civilian community.