

Serving Those Who Have Served

How Rotary Clubs Can Form Partnerships That Better
Support Our Nation's Veterans



Serving Those Who Have Served: Helping Rotarians Better Serve Veterans

By Suzanne Gordon

Table of Contents

Foreword – Dorothy Salmon	3
Introduction	4
Chapter One – Why Rotarians Volunteer	8
Chapter Two – How The VA Works and What It Does.	12
Chapter Three – The Wounds of War and Military Service	20
Chapter Four – The PDAT Program	26
Chapter Five – How To Become a VA Volunteer	35
List of Acronyms	42
Acknowledgments	43

Foreword

Dorothy Salmon

Rotary's motto "Service Above Self" is more than just words. It reminds us that the most powerful thing we can do in life is to put the needs of others ahead of our own and to help others without demanding recognition for our service. My Rotary Club of Napa has provided me with an opportunity to do just that. It has given me the gift of participation in a larger community of Rotarians across the world, while simultaneously working with others to make a difference in my own community. I have been a dedicated and proud Rotarian for 31 years. In fact, I was honored to be the first woman president of my Rotary Club, which will celebrate its 100th anniversary in April 2020.

As a lifelong community activist and nonprofit fundraiser, I was a natural fit to help the not-for-profit program The Pathway Home raise awareness about the problems of veterans struggling to successfully move from active military service and into civilian life. I also helped the organization develop sustainable funding so that it could, over time, fulfill its important mission.

As we will explain later in the guidebook, The Pathway Home was a residential treatment program for veterans returning from the conflicts in Iraq and Afghanistan. In 2008, my Rotary Club decided to support The Pathway Home, and I joined its board in 2013. Working with recent veterans as they returned from military to civilian life exposed me to the realities of post-traumatic stress disorder and what can happen to our soldiers after serving multiple deployments in today's conflicts.

I began by helping my Rotary Club raise funds for The Pathway Home at our annual April cycling event, which attracts more than 2,000 cyclists. What began as an offer to help fundraise, bring coffee at six am to other volunteers at our annual cycling event, and join the nonprofit board has now become my life's work.

Supporting veterans has also introduced me to the activities and programs available to veterans through our regional Veterans Health Administration medical centers and clinics.

After a terrible tragedy in 2018, The Pathway Home program decided to continue its commitment to veterans and reinforce its legacy of service by working with the VHA and encouraging more Rotarians to do the same.

I have learned a lot about the VHA over the past decade and a half. I am particularly impressed by the dedicated staff who work to heal veterans on a daily basis. As I have become more familiar with the integrated health services offered to our veterans, I became a dedicated advocate and friend of the VA.

I invite you to share in the rewards that come from serving those who have served us. The goal of this guidebook is to provide a roadmap for any Rotarian who has thought, "I'd like to help veterans but I don't know how." Here is your road map. It's intended as a gift from one Rotary Club in Napa to thousands of other Rotary Clubs across the country.

The well-known author and health care expert Suzanne Gordon has helped produce this guidebook. Like the Rotary Club members who have dedicated their efforts to do more than simply say, "Thank you for your service," Suzanne is committed to making sure veterans have the best health care possible.

This guidebook is a loving tribute to the three brave women who were killed on March 9, 2018 at The Pathway Home from my Rotary Club, the other Rotary Clubs who partner with us, and our amazing sponsors.

It is dedicated to every veteran who has served our country, every Rotarian who lives every day of their lives in "Service Above Self," and, most of all, to Christine, Jenn, and Jennifer whose sacrifice and love will never be forgotten.

Introduction

It's two pm on Saturday, April 20, 2019, and 2,000 people are gathered at Justin Sienna High School in Napa, California. Many of the attendees of the 11th annual [Cycle for Sight/Rotary Ride for Veterans](#) have pedaled between 15 and 50 miles through the rolling hills and vineyards of the California Wine Country. Their goal is to raise money for veterans, local charities, and [The Enchanted Hills Camp for the Blind](#). Riders and their families and friends are now strolling past stalls that offer tastings from 25 local wineries and five microbreweries, as well as food provided by ten local restaurants.

Standing amidst a group of honorees on a large stage at a corner of an athletic field, Napa Rotarian Gary Rose takes the mic and asks for the crowd's attention. Rose tells the

PDAT staff, among them Jeffrey Kixmiller, the program's director; neuropsychologist James Muir; neurologist Anthony Chen; recreational therapist Kathleen Waterman; and psychology extern and Iraq veteran Zach Skiles, who graduated from The Pathway Home program (TPH). Also on stage is Dorothy Salmon, a past president of the Rotary Club of Napa as well as president of the TPH Board of Directors.

After PDAT staff express their gratitude to all the generous participants who gathered to help veterans, Jim Muir introduces a PDAT graduate, Tylor Holstein, who served in the Marine Corps in Iraq. The stocky young man is dressed in a long sleeved, deep-periwinkle-blue shirt, dark tie, and neatly pressed black slacks.



Left: Tylor Holstein and the PDAT staff and Rotarians standing with Tylor as he speaks to the crowd at the 2019 Cycle4Sight Rotary Ride for Veterans. **Right:** Pathway Home Board Members Dr. Alex Threlfall, Dorothy Salmon, Yountville Mayor and Pathway Home Board Member John Dunbar, and Mike Crosby riding in the 2019 event.

audience that he wants to introduce a very special group of honorees: former patients and staff of the Post Deployment Assessment Treatment (PDAT) program, which is located at the Martinez VA Community-Based Outpatient Clinic.

The PDAT is part of the Veterans Health Administration's (VHA) extensive network of rehabilitation programs that help veterans recover from injuries or conditions like post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), spinal cord injuries, chronic pain, low vision, or blindness. Fanning out behind Rose are members of the

Holstein looks down at the crowd, thanks them for coming, and then begins to relate his grueling struggle to cope with PTSD, TBI, and chronic pain. He says that he graduated the program in 2016 and that, put simply, "this program saved my life. If I didn't come here, if I didn't take a leap of faith on two strangers in 2015, I'd probably be dead, to be honest with you."

When he entered PDAT, he continues, he was traveling down "a dark, dark path, using alcohol and other stuff to cope with my issues, not wanting to get help because I felt that other veterans needed it more than I did. I came to the program in 2015 and ended up staying for nine months. I graduated and then went into the transition program until the end of 2016. Doing that gave me a whole new perspective on life.

"I tried to kill myself three separate times," Holstein explains. "It didn't work. I could never really figure out why. So I try to hold on to the idea that maybe I can use

my voice and experience to help somebody else out there in the world.” Holstein stops speaking, coughs uncomfortably, and gazes out at the crowd as if suddenly realizing that he is revealing some of the most intimate details of his life to 2,000 strangers. Gathering courage, he laughs and confesses, “Sorry, they didn’t tell me how many people would be here, so I’m a little nervous.”

“Maybe I can use my voice and experience to help somebody else out there in the world.”

– Tylor Holstein, Marine Veteran

The crowd claps and cheers. “Go Tylor!” someone yells out.

Buoyed by the support, he carries on. “My mission now is to share my story, and maybe it will stop one veteran from killing themselves. I’ve lost 36 friends in total, only five lost in combat. This program is life changing, as was The Pathway Home. It’s not all rose gardens and sunshine afterwards. I really have to work at it. Thankfully I have found meaningful employment. I’ve had the same job for 18 months, which is the longest I’ve had a job since I was in the Marine Corps, and I got out at 22.

“This program changes lives, and I am a walking, talking, breathing example of that.” Holstein stops, looks sincerely at the crowd and then says, “Thank you all for donating.”

For the past 11 years, the Rotary Clubs of Napa, Pacifica, San Rafael, and Brentwood, as well as local sponsors like the Queen of the Valley Hospital and Trincherro Family Estates, have supported the Cycle for Sight/Rotary Ride for Veterans. During that period, the event has raised over \$2 million for TPH.

Launched in 2007 with an initial \$5.6 million grant from an anonymous donor, TPH specialized in helping veterans who had served in Iraq and Afghanistan and were struggling to integrate back into the civilian community and cope with PTSD and TBIs. Its residents came from all over the United

States – most referred to the program by the VHA. At any given time, TPH cared for between six and sixteen veterans who stayed between four and six months, with a very small number staying for as long as a year. Over the course of a decade, TPH treated about 460 veterans and their families.

The program was located on the campus of the [Veterans Home of California-Yountville](#), which was built during the Civil War and is the largest and second oldest veterans home in the United States. The Yountville Veterans Home is operated by the [California Department of Veterans Affairs](#) (Cal Vet) and leased space for the program to TPH.

TPH patients received intensive therapy for their mental health, substance abuse, and other issues. Veterans in the program also received medical care as well as mental health services from nearby VHA facilities. Most importantly, TPH helped its residents – who had become increasingly isolated from their friends and families – reconnect socially and re-engage in their communities. TPH supported veterans as they relearned how to participate in everyday activities from going to a restaurant or a baseball game, to shopping, to attending church or other community or family functions. TPH also assisted veterans to return to school or find and keep a job.

The local community, in particular the Rotary Clubs of Napa and Brentwood, supported TPH since its founding. Through the Rotary Club of Napa, TPH established therapeutic partnerships with members of the Napa community. Napa Rotarians volunteered to take veterans hiking, fishing, bowling, and to sporting events.

Rotarians also connected veterans to famous chefs like Thomas Keller and Jacques Pepin. Keller’s restaurants, the French Laundry and Bouchon, are located in Yountville. Jacques Pepin, who lives in France, frequently visits Napa. Keller’s father was a Marine in World War II. Every Thanksgiving Keller would open his bistro Bouchon and serve dinner to TPH residents, staff, and their families. Pepin, on one visit to Napa, spent two hours teaching

veterans who wanted to learn to be chefs how to cook the perfect omelet.

TPH also established partnerships with Napa Valley Community College. In partnership with the San Francisco VA Health Care System, the community college worked to help veterans succeed in school and better navigate their journey from military to civilian life.

Numerous Rotarians also drew on their professional expertise to help veterans learn essential skills. Bankers helped veterans organize their finances. Lawyers volunteered to help with legal issues. Realtors helped with housing issues. Other Rotarians tutored veterans who had returned to school and needed to improve their skills in math, science, and other subjects. The superintendent of the county schools, Barbara Nemko, who was a past president of the club, went bowling with residents and helped them navigate the educational system.

Rotarians also drew on their social and professional networks to help veterans find employment opportunities and introduce them to a variety of different occupations that could draw on skills that veterans had mastered in the military.

All of these partnerships with Rotarians helped TPH veterans successfully make the journey back to civilian life. One of TPH's graduates, Zach Skiles, whom we will learn more about later, decided to become a clinical psychologist and is now working as a psychology extern at the PDAT program.

In 2018, however, a terrible tragedy ended The Pathway Home program. On March 9, 2018, a deeply disturbed veteran who had been in the program broke into a party for staff members who were moving on to other jobs and took its participants hostage. Hostages included four staff members, four veterans, and the three women who directed TPH: Executive Director Christine Loeber, Clinical Director Jennifer Golick, and VA psychologist Jennifer Gonzalez Shushureba, who had been seconded to work part-time at the program from the San Francisco VA Medical Center. After releasing the staff members and veteran hostages, the veteran killed the three program directors and himself.

After this tremendous loss and traumatizing experience for its staff, TPH could not continue to operate. Instead the TPH board decided to continue its mission to serve veterans by supporting the PDAT and other VA programs. (Prior to the tragic event at TPH, its leaders had already started discussions about building a partnership with the PDAT program at the Martinez VA Outpatient Clinic.)

Rotarians also resolved to continue serving veterans in their communities. In 2019 Cycle for Sight/Rotary Ride for Veterans raised awareness about and money to support the PDAT program.



Rotarians are perfectly poised to help veterans succeed educationally and professionally and become involved in their communities. The motto of Rotary International is “People of Action.” As explained on the website home page, “Rotary is where neighbors, friends, and problem-solvers share ideas, join leaders, and take action to create lasting change.”

Rotarians are community leaders with key social and professional connections. Rotary club members include bankers, lawyers, teachers, business owners, and philanthropists. Typically, school superintendents and community and four-year college and university presidents are members of their local Rotary Club. These are people who can help veterans get into, and succeed in, school.

Partnerships formed between Rotary Clubs and the VA can further support veterans' efforts to return to school and move into well-paying jobs. Rotarians and VA clinicians can work together to introduce veterans to programs that build on the skills that they have learned in military service. These include vocational training and higher education to become

welders, mechanics, carpenters, teachers, lawyers, business owners, nurses, doctors, psychologists, or other health care professionals.

In this guide we will describe one such Rotary Club-VA partnership. This partnership is a model that can help Rotarians support veterans and the VA as they share their skills, connections, and mentorship and help fundraise for needed

programs. This guide will also teach you about other VA programs across the country.

When you finish reading this guide, you will be ready to build a partnership between your Rotary Club and the VA in your area. You and your fellow Rotarians will be well on your way to “creating lasting change” for veterans in your community.



Chapter One: Why Rotarians Volunteer

Over the past decade, many Rotary Club members have volunteered to work with veterans. Listen to their stories and you will understand why they devote their time to helping veterans and how rewarding their volunteer work has been.

Gary Rose, a Napa realtor

Cycle for Sight was originally created in 1988 as a benefit for The Enchanted Hills Camp for the Blind and Vision Impaired. I was then in the Napa Active 20/30 Club, a service club for people in their twenties and thirties. When I turned 40, I joined the Rotary Club of Napa.



When The Pathway Home started in 2007, they came to my Rotary Club to do a presentation. I was unaware of the problem of veteran suicide, PTSD, and readjustment to civilian life. TPH was seeking our help, and I thought, “Why not resurrect the Cycle for Sight?” which had ceased to operate for almost 20 years. People in the cycling and event world knew about it, and it had been very popular. In 2007, we brought it back as the Cycle for Sight/Rotary Ride for Veterans. The Rotary Club of Napa, which continues to manage and run it, was a leader in its resurrection. We were helped by three other clubs in Napa and five in Northern California as well as by the Napa Kiwanis Club.

In 2019, after The Pathway Home moved its mission to the Post Deployment Assessment Treatment Program (PDAT), Cycle for Sight/Rotary Ride for Veterans continued with Enchanted Hills as one beneficiary and PDAT as the other. I am very pleased that our Rotary Club is continuing its work helping veterans by supporting this program at the VA. It is shocking that Americans are not doing more to support veterans. Like The Pathway Home, PDAT, as well as many other VA programs, save lives, and we Rotarians should support these programs.

Barbara Nemko, Superintendent, Napa County Office of Education

Volunteering with veterans helps me feel that I am honoring the sacrifice veterans have made for us. I only had one uncle in the family who was a veteran. But I very sincerely believe that if it weren't for veterans we wouldn't have the great life we have today.



When I work with veterans, I work to develop a relationship with them over weeks or months. It's very important not to ask them a lot of personal questions and respect that most of them don't want to talk about what happened to them. You absolutely cannot go in like gangbusters.

It's important that other Rotary Clubs participate in this effort. We started in Napa because of our proximity to The Pathway Home. But there are veterans everywhere, not just Napa. There are so many ways Rotary Club members can help veterans reintegrate into the civilian world.

Kent Gardella, a jewelry store owner in Napa City

I have been volunteering to work with veterans for ten years. It has become a real passion for me. Life is more fulfilling when you are doing something for other people. I am also a Vietnam veteran so I relate really well to other veterans. Although I served in the military decades ago, I still understand the lingo. Veterans can talk in acronyms –MOS (Military Occupation Specialty), DD214s (military discharge paperwork) – and I know what they're talking about.



At TPH we started out bowling, and I continue bowling with the PDAT program. It's been a great experience but it took a lot of work to get Rotary Club members to join in. You have to find people in your Rotary organization who have a passion for it. Then you can encourage others to join in. In our

Rotary Club, about ten people out of a hundred are heavily involved on a regular basis. It's also important to have a really committed person like Dorothy Salmon who will do the hard work of organizing events and fundraising. If we didn't have someone like Dorothy, the whole thing would've fallen apart.

I have not done that kind of core organizing work. That's not my strength. My strength is working one-on-one with people and also corralling other Rotarians to join in the effort. I helped work on Cycle for Sight/Rotary Ride for Veterans, which raised funds for a budget of \$8,000 that allowed us to go bowling every week and purchase pizzas and sodas at the bowling alley.

After Pathway moved its mission to PDAT, Dorothy recruited some of us to be involved with the PDAT program. I visited the program twice and have been bowling with PDAT residents in Napa ever since.

Steve Orndorf, a management consultant in Napa

I've been a member of the Rotary Club of Napa since 1983. I just happened to be the president of the Rotary Club of Napa when The Pathway Home began operations. I learned about the program from an article in the local *Napa Valley Register*. As incoming president, I was responsible for designating where most charitable funds were directed. I went up to The Pathway Home when it was in its formative stages and thought it was a fantastic cause. We have supported it ever since. Everyone got on board and has been on board to this day.



My primary involvement has been around social activities with the veterans. I put together trips to Angel Island, or hiking, or to baseball games, or going fishing. Because I have a small, 14-foot boat I can only take one person out at a time. Fishing is a wonderful activity. The environment is relaxing and serene. Usually we go out for four hours at a time, and you really get to know someone during that period.

It has been a pleasure to work with the Martinez VA PDAT program. Everything there has been so carefully constructed. The colors and pictures on the wall are serene and relaxing. I have met with PDAT staff who explained how the program works and how we can most effectively work with the program. I have taken three veterans out fishing so far.

I never ask the guys about what they've been through. I learned early on not to do that. Our goal is simply to let veterans know that people in the community understand and care about them.

It's been a real privilege to associate with the programs and the veterans. This kind of volunteering has never seemed like a big deal to me. People compliment me because I am doing such a great thing. But I don't think I am doing anything special.

If taking veterans out hiking or fishing puts them at ease and relieves their stress for a few hours, then that is all that's important. I'm hoping when the Northern California rains start I can get some of the veterans to go out mushrooming with me. Another pair of eyes is always great when you're looking for mushrooms.

Brian Gross, a Napa realtor

I got involved with The Pathway Home before I got involved with the Rotary Club. My wife was friends with a Rotarian who was also very involved in The Pathway Home. This person got me in touch with The Pathway Home, and I got involved in Monday night bowling. I got to know other Rotarians and ultimately joined Rotary and became president of the club. We've gone mountain biking and on outings to Alcatraz Island and to baseball games at Skyline Park.



You learn a lot about yourself and helping others when you volunteer with veterans. One of the main things you have to learn is not to pressure anyone into doing anything. It's really important, for example, not to pressure veterans into reliving painful memories. That's why bowling is so important. At bowling, you have to just let things flow.

You also have to have realistic expectations about what some veterans can and cannot handle. That's why working with VA clinicians and getting training is so important. For some veterans, some of the most basic things that are easy for us – like showing up at noon for an appointment – are a big deal. You also learn that not every location is the right one for an outing. You might think it would be great fun to go out to eat at a particular restaurant or go on a particular outing. But it may be hell for some of them. These are things we may not think of, but VA clinicians understand these problems and their input is invaluable.

Take a baseball game. If it's really crowded, it can freak some veterans out. They worry about who they want to walk behind or in front of. A loud, sudden sound is not good. One of the reasons why bowling is good – while a huge baseball game may not be – is that bowling is more contained and in a smaller setting. They can get used to sudden sounds and the fact that there is another group laughing loudly nearby.

When they become comfortable, they're laughing and joking with each other.

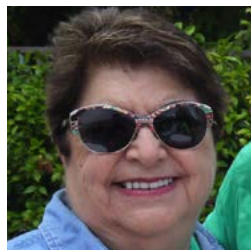
How to anticipate problems is not something we routinely think about, but VA clinicians are trained to understand and anticipate such problems.

You also have to deal with very hard things and be prepared to get help when you're not able to deal with things yourself. For example, one guy called me and said he didn't know whether to kill himself. You quickly learn to seek help from a professional even if it means breaching confidentiality.

I hope other Rotarians all over the country will partner with the VA and join in helping veterans like we are doing in Napa with the PDAT program.

Barbara Turcios, president of the Rotary Club of Martinez

I got involved with volunteering when Dorothy Salmon approached me, as president of the Rotary Club



of Martinez, and encouraged me to help with the PDAT program. We live close to the PDAT program, which is located in our community.

We visited the PDAT program and brought a dinner of pizza and pasta. We had such a good time that we planned a car show with 12 vintage cars. One of our members owns Martinez Auto Body, and his friends have cars from the 50's and 60's and brought them over. We had tacos and burritos, a Mexican food fest, and the veterans loved it.

In late April, we took them bowling to Diablo Bowl. We got cokes and pizza, played a couple of games, and went home.

Helping vulnerable human beings means a lot to me. I have two handicapped kids. They are sweet guys who need help. One is schizophrenic and one has cerebral palsy. Dealing with a schizophrenic son has helped me understand how difficult it is to cope with mental illness and how much help people need navigating the illness and getting through daily life.

When it comes to helping veterans, at the Rotary Club of Martinez we have gotten everybody on the same page. People who work at the VA are so helpful to us and to the veterans. They are super people, and the veterans are super.

To help at the VA, the first thing you need to do is learn about the programs there. Go meet with the veterans and therapists, and you will understand how your club members can help. Ask them what they want and need us to do.

Mike Crosby, The Pathway Home board member and business consultant

I spent 20 years in the Air Force. I now work as a business consultant and was the president of the Rotary Club of Brentwood, CA. I also live in an active-adult community that has a large population of veterans who are members of Trilogy at the Vineyards Veteran Association.



I met Dorothy Salmon at The Pathway Home. My Rotary Club, which had been involved with the Rotary Ride for Veterans, came to a graduation ceremony for The Pathway Home. We were deeply touched by the contribution of a Rotary Club to the work of enhancing the health and welfare of veterans suffering from PTSD. We listened to one veteran who told the group that without the support of the Rotary Club he'd be dead.

Dorothy then reached out and asked me if I would agree to be on The Pathway Home board. I was the only member of the board who had served in the military. Saying yes came naturally. Since I was an Eagle Scout, my life has been one of service.

I served on the board since 2016. Then the tragedy hit on March 9, 2018. The Rotary Club of Brentwood was instrumental in raising funds for The Pathway Home, and now it is raising funds for PDAT. When we first moved from supporting The Pathway Home to helping the PDAT program, we began with a series of small meetings acquainting our club members with the veterans at PDAT. PDAT staff came to one of our meetings to explain the program. People at the meeting were very interested in working with the VA.

Of course, we had to overcome the resistance of some members who wondered why we should donate time or money to the VA. Their feeling was, it's a government agency, we support it with our taxes. We had to educate members to understand that the VA's budget is for facilities, staffing, benefits, as well as infrastructure improvement. What we helped people understand is that volunteering is vital to supplement VA programs.

PDAT is a good example. It takes the treatment of veterans one step beyond what The Pathway Home could do, by, for example, funding eight apartments for PDAT graduates. It pays for rent and utilities to help PDAT graduates adapt to a new life beyond treatment.

The VA is not able to provide funds to help with food and transportation. So financial support by Rotary Clubs and Trilogy is also critical. People quickly understood this, and we sent two checks to PDAT supporting their transition program. We also explained that it's critical for Rotarians to establish a partnership with the VA, not only in terms of money but also in talent and compassion.

We have all been impressed with the incredible dedication of staff there. I know, from personal experience, that this kind of dedication is typical of those who provide service to our veterans at the VHA. I've had tinnitus and hearing loss from being in the Air Force. I have used the VA to get hearing aids. The service was wonderful.

My message to Rotary Club members who want to help veterans is help the VA. Working with the VA, you can touch thousands of veterans. That is why we want to reach beyond Northern California. Every town in the U.S. has a Rotary Club. In these towns and cities there are veterans who need support and help. Even though there may not be a VA facility nearby, the VA can reach veterans in all kinds of ways.

Volunteering is not only the right thing to do to help others. It enhances physical, mental, and emotional well-being for the volunteer and even helps improve professional skills. A United Health Group study entitled "Doing Good Is Good for You," documented that, of people who volunteered in the last 12 months:

- 94 percent reported that volunteering improved their mood.
- 76 percent reported that volunteering made them feel healthier.
- 78 percent said that volunteering lowered their stress levels.
- 95 percent said they helped to make their communities a better place.
- 96 percent said that volunteering enriched their sense of purpose in life.
- 80 percent said they feel they have control over their health.

Employers reported that employees who volunteered had:

- Better time-management skills,
- Stronger colleague relationships,
- Better teamwork skills, and
- Enhanced professional skills.

Chapter Two: How the VA Works and What It Does

Pam Moulton is member of the Rotary Club of Windsor, California. Her father was a veteran of World War II and a VA patient. “My parents lived in San Francisco when my father had the early signs of dementia. It was painful for my mother, and our family was offered counseling. My mother passed before him. She had cancer and put his needs before her own. The VA kept a good watch over him. When Dad moved to Sonoma City, we had such a good relationship with his doctor that we’d drive down to San Francisco to see her. They followed him all the way through to the end. The VA was really instrumental in helping him get the care he deserved and helped him die peacefully.”



San Francisco VA Medical Center

The care Pam Moulton describes was delivered by the Veterans Health Administration (VHA), which is the largest sub-agency in the [Department of Veterans Affairs \(VA\)](#). The VA is the second-largest agency in the federal government. Only the Department of Defense is larger. The VA is comprised of four sub-agencies, each headed by an undersecretary who reports to the VA secretary:

1. The Veterans Benefits Administration

The [Veterans Benefits Administration](#) determines and administers a host of veterans benefits, like the GI Bill, housing benefits, vocational rehabilitation and employ-

ment services, pensions, home loans, life insurance, and disability compensation.

2. The National Cemetery Administration

The [National Cemetery Administration](#) provides burials for eligible veterans and maintains the national cemeteries.

3. The VA Office of Information Technology

The [VA Office of Information Technology \(OIT\)](#) is an elevated sub-agency under the VA structure. The OIT tries to assure the seamless sharing of critical information between the sub-agencies. Like the VHA and Veterans Benefits

Administration, an undersecretary leads OIT. OIT is primarily responsible for VistA, the VA’s electronic medical record.

4. The Veterans Health Administration

The [Veterans Health Administration \(VHA\)](#) is the largest of the VA’s four sub-agencies and the largest health care system in the country. It is also the nation’s only comprehensive, integrated health care system with full public funding.

The VHA delivers care to roughly nine million eligible veterans at more than [1,255 facilities](#), including acute-care hospitals, outpatient clinics, rehabilitation facilities, nursing homes, inpatient residential programs, and campus and

community-based centers. The VHA operates 170 medical centers and is organized into a regional network of Veterans Integrated Service Networks (VISNs), each with a regional director. Each medical center or health care system, which comprises a medical center and affiliated community-based outpatient clinics (CBOCs), also has a director.

The Four Missions of the Veterans Health Administration

The VHA has been a leader in pioneering advances in patient safety, research, teaching, and care delivery. Its work has improved the health and well-being not only of veterans

but also of people cared for throughout the U.S. and the entire world.

1. Delivering Health Care

The VHA cares for veterans in over 1,255 different sites of care, including 170 medical centers, 740 CBOCs, and other facilities that assist more than [230,000 people every day](#). To increase its capacity and improve access, the VHA has become a global leader in [telehealth](#). Care providers can conduct appointments in everything from physical therapy and audiology to mental health and primary care via the telehealth program.

2. Research

The VHA is a [research](#) powerhouse uniquely positioned to conduct innovative studies because it has more patients it can track consistently over a longer period of time than any other health care system. VHA research innovations have included helping to develop the shingles vaccine, the nicotine patch, the first implantable cardiac pacemaker, and the use of beta-blockers to reduce postoperative mortality rates. The VA's [Million Veteran Program](#), which is investigating how genes impact health, has established the largest genomic database in the world.

3. Teaching

The VHA is affiliated with more than 1,800 educational institutions. The agency invests \$900 million annually to provide education and instruction to health care professionals in training. More than [70 percent of the nation's doctors](#) have received training in the VA. The VA also trains nurses, psychologists, social workers, physical and occupational therapists, and many other health care professionals.

The VHA's cutting-edge training goes beyond how to deliver direct clinical care to include lessons in interprofessional teamwork and the use of telehealth. The VHA also runs one of the largest U.S. medical simulation centers, [The VHA SimLEARN National Simulation Center](#).

4. Emergency Management

The VHA often responds in emergencies – hurricanes, tornadoes, wildfires, earthquakes, and even volcanic eruptions – to assure that veterans can access health care services during disasters or disruptions of service.

For example, VHA facilities created command posts and conducted outreach to thousands of veterans in fire zones during the 2018-2019 California wildfires. Employees made sure veterans had needed medications and medical equip-

VHA training is far broader than that provided in civilian-sector health care training institutions. The VHA considers a patient's nonmedical concerns like housing, employment, and legal issues.

– Suzanne Gordon, *Wounds of War: How the VA Delivers Health, Healing, and Hope to the Nation's Veterans.*

ment, were able to get to or reschedule appointments, and had access to services when the disaster was over. In Puerto Rico, the [VHA hospital was one of the only functioning facilities](#) during and after Hurricane Maria. The VHA provided crucial health services to veterans in Puerto Rico and throughout the Caribbean.

The VA Workforce

The VA has a salaried staff of roughly [350,000](#). Three hundred thousand [of these employees](#) work at the VHA. They include physicians, nurses, psychologists, and other health care professionals. Clerks, coders, transport workers, housekeepers, and many others also support and enhance the care of veterans.

A third of VHA employees are themselves veterans. Some of these veterans work as peer support specialists to help other veterans with their emotional and physical problems. Other veterans are employed in nonclinical roles through [Compensated Work Therapy](#). This program offers employment to veterans who are struggling with homelessness or mental health or substance abuse issues.

Who Is Eligible for VHA Care?

VA health care is not a mandatory government program like Medicare. VA health care funding is limited to the amount Congress appropriates. Access to VA benefits is determined by a veteran's discharge status. Congress has also established a system of priorities for VA enrollment. Veterans who have service-connected health conditions (conditions incurred or aggravated during military service), for example, have higher priority than those whose eligibility is based on limited income. High-income veterans whose health problems have no service connection are not in a high-enough priority group to receive VHA care.

VHA's Integrated Health Care Model

The VHA is the only comprehensive national health care system to offer veterans one-stop shopping for the full spectrum of physical, mental, and public health services that respond to their complex needs. It addresses health care issues among its patients that most private-sector systems ignore, like homelessness, [legal issues](#), and [employment](#).

The VHA's 170 medical centers offer a full range of out-patient, inpatient, and surgical services. Outpatient clinics offer primary care, optometry, audiology, physical therapy, and dental, mental, and behavioral health, as well as numerous other specialty services. Hospitals provide emergency and acute care. The VHA also runs home-based and long-term care programs.

Beyond its services to the nation's veterans, the VHA also influences care delivery for nonveterans. The VHA is a [leader](#) in enhancing patient safety, and the best practices it pioneered for preventing adverse complications from hospital visits, falls, infections, and blood clots are used in medical settings across the country. Finally, it is a [national leader](#) in assuring the health and safety of its employees.

VA Health Care Integration

One of the main differences between the VHA and private-sector care is that it provides comprehensive and integrated care. This integration exists on several levels:

- 1) Nationwide care: In the VHA, care is nationally integrated and supported by an electronic medical record that is universal to every VHA facility. When a veteran travels or relocates and visits a new VA facility, their clinicians can immediately access the veteran's electronic medical record. This avoids the time-consuming scramble for patient data that is all too common in private-sector health care systems.
- 2) Integration across disciplines: Interdisciplinary practice is the norm throughout the VHA system, with staff in every profession communicating and collaborating to provide veterans with a comprehensive plan of care.
- 3) Patient-centered care: VHA's collaborative approach to care involves the patient in decision-making and goal-setting to ensure that treatments are tailored to a veteran's unique needs.

Pioneering the Primary Care Model

The VHA's team-based primary care, centered on the [Patient Aligned Care Team](#), has been lauded as a model for a private-sector system in which primary care has long been in crisis. The primary care of each VHA patient is coordinated by a team, which includes a physician, a nurse practitioner or physician assistant, a registered nurse, a licensed practical nurse, a clerk, a pharmacist, a dietician, a social worker, and a mental health professional co-located in primary care practices. If a veteran has a problem understanding how to take their medications, the patient can consult with a pharmacist who works on the primary care unit. Dietitians are also available to meet with patients who have questions about diet or exercise. Social workers can help with housing, employment, or other issues.

VHA primary care providers also routinely screen patients for PTSD and [military sexual trauma](#) (MST). Routine screening for PTSD is generally unavailable outside the VHA. Indeed, most primary care providers [rarely ask patients](#) if they have served in the military.

Private-sector providers may also be unfamiliar with military culture, as well as with military-related conditions, includ-

ing PTSD, Agent Orange-related illnesses, or respiratory problems from burn pits. Every VHA medical center has an [Environmental Health Coordinator](#) who is familiar with military exposures. This staff helps veterans get the appropriate diagnosis and treatment as well as financial compensation for their conditions. The VHA then collects data on military members' exposure to toxic substances for research that will help clinicians better understand, diagnose, and treat exposure-related symptoms and diseases.

Women's Health

Although only 7 percent of VHA patients are women, the VHA now delivers primary care that includes obstetrical-gynecological services, like Pap smears and breast exams. If care is not provided at a VHA facility, the VA pays for services in the private sector to supplement specific care needs (for example, mammograms or labor and delivery). Women veterans program managers and field directors work in every major medical center. In VA CBOCs, at least one health care provider is required to have training in women's health. These providers are specially trained to recognize, be sensitive to, and address the specific problems of women veterans, including a high rate of MST.

As of 2019, women make up 16 percent of the enlisted force and 18 percent of the officer corps. About 280,000 women served in Iraq and Afghanistan, some in combat roles. According to the RAND Corporation, "the proportion of female veterans will increase 3 percentage points, from 8 to 11 percent" between 2014 and 2024. In 2015, there were two million women veterans in the United States and Puerto Rico. They represent 9.4 percent of the total veteran population. Of those two million women veterans, 35.9 percent were enrolled in the VHA. Not all enrolled women veterans use VHA services.

The VA has established a [Women Veterans Health Strategic Health Care Group \(Women's Health\)](#). The VA has also

conducted research and outreach to women veterans to understand why they do or do not use VHA services. The VA's national [survey](#) of women veterans' health care needs and barriers to VA use is a comprehensive compendium of facts about women veterans, their health problems, and the utilization of VA services.

Integration of Primary Care and Mental Health Care

One of VHA's most significant achievements is the kind of [integration of primary and mental health care](#) that is almost impossible to produce in the private sector. In the VHA, mental health professionals are co-located in primary care practices. Every veteran in primary care at the VHA is screened for PTSD, depression, and alcohol and substance abuse. They are also screened at least once a year for MST.

At the VHA, when a patient reveals a mental or behavioral health problem, a primary care provider initiates what is known as a ["warm handoff."](#) The provider personally introduces the patient to a mental health professional who is co-located in the primary care practice. The patient is then seen immediately and may be cared for by that professional or sent to the behavioral health department for further treatment.

Mental and Behavioral Health Care

Unlike the private sector, where mental health care may be subject to strict limits on availability, access, and duration, veterans with chronic conditions have access to needed care without limitation at the VA. One of VHA's most important innovations is its extended care program. This program targets aging veterans through geriatrics, home-based primary care, VHA nursing homes, and palliative care. VHA mental health programs also connect younger veterans to housing and employment support and help with the kind of readjustment problems they have when they return to higher education following separation from service.

PTSD

The VA is a national leader in the treatment of PTSD. The Veterans Health Care Act of 1984 created the [VA's National Center for PTSD](#). The center's mission is to "promote the training of health care and related personnel in, and research

into, the causes and diagnosis of PTSD and the treatment of Veterans for PTSD.” It comprises six integrated centers located in different VHA facilities across the nation, including Dissemination and Training, Clinical Neurosciences, Behavioral Science, Evaluation, Women’s Health, and Executive divisions. The VA’s National Center for PTSD is a leader in the field. Its extensive body of research studies has advanced understanding of PTSD. It has raised awareness of the experience of veterans and nonveterans alike who grapple with PTSD. The VA’s vast body of education, training resources, and initiatives provide VHA mental health professionals with a significant level of support that is not available to clinicians in the private sector. These materials are focused on VHA and Defense Department patients as well as veterans in the general community.

The National Center for PTSD developed a [screen](#) for PTSD that is routinely administered in VHA primary care clinics, as well as to all service members returning from Iraq and Afghanistan. Systematic research by VHA scientists helped evaluate and spread two of the gold-standard treatments for PTSD: [Cognitive Processing Therapy](#) and [Prolonged Exposure Therapy](#). To insure that research informs practice, the VHA established some of the most sophisticated and large-scale training programs in evidence-based mental health treatments ever created.

The National Center for PTSD has also produced important resources on the [relationship between PTSD and suicide](#) that are critical in helping understand and prevent suicide.

Suicide Prevention

The VHA has deployed many programs aimed at lowering the high rate of veteran suicide. Indeed, due to the VA’s suicide prevention efforts, [suicide rates](#) for veterans cared for by the VHA are not rising as rapidly as those in the civilian population. It is important to note that of the 17 veterans estimated to die by suicide every day, the vast majority, 14, have never been to a VA facility or seen a VA provider.

Each of the 170 VA medical centers has at least one dedicated suicide prevention coordinator (SPC), with more than

Veterans Crisis Line

Since its launch in 2007, the national Veterans Crisis Line (VCL) operates 24 hours a day and 365 days a year. Initially located in Canandaigua, New York, VCLs also now operate in Atlanta, Georgia, and Topeka, Kansas. VCL operators have answered more than 3.8 million calls from veterans and their family and friends. Operators have completed more than 640,000 follow-up referrals to local VA Suicide Prevention Coordinators. The VCL has initiated emergency responses nearly 112,000 times and had 439,000 chats and 108,000 text messages with individuals in crisis. Care coordination is more effective when a veteran’s provider is in the VHA because the VCL links directly to VHA facilities.

400 nationwide. The SPCs provide enhanced care coordination for veterans in VHA health care who are identified as at a high risk for suicide. SPCs help to reduce suicide risk among vulnerable veterans through collaboration with VHA’s integrated network of provider and community partners and the [Veterans Crisis Line](#).

Identifying Veterans at Risk for Suicide

VHA has implemented a [predictive analytics program](#) that identifies veterans at risk for suicide and offers them enhanced care. The model uses clinical and administrative data to identify VHA-enrolled patients who are at the highest risk of suicide (those who have a 30-fold increased risk of death by suicide within a month).

This cutting-edge, big-data approach allows the VHA to reach out and assist vulnerable veterans before a crisis occurs. The system notifies each veteran’s provider of the risk assessment and enables those providers to reevaluate and enhance the veteran’s care. For at-risk veterans in VHA care, mental health policies include regular screening, a medical record flagging and monitoring system with mandatory mental health appointments, follow-ups to missed appointments, and safety planning.

Some of these high-risk veterans might not have been identified based only on clinical signs. This is a crucial distinction because many veterans who die by suicide do not have a history of suicide attempts or recently documented suicidal ideation.

Suicide Prevention and Firearms

Approximately [69 percent of veteran suicides](#) resulted from a firearm injury in 2016. In comparison, the proportion of suicides resulting from a firearm injury among U.S. non-veteran adults was 48 percent. Approximately 71 percent of male veteran suicides and 41 percent of female veteran suicides resulted from a firearm injury.

Because of these high fatality rates, the VHA has launched a multi-pronged initiative to encourage veterans to safely, voluntarily, and temporarily store their firearms. Many veterans believe that guns must remain in their homes no matter what the circumstance. In response, the VHA launched the first-of-its-kind [open innovation challenge for safe gun storage](#) in 2018. That challenge led to the creation of numerous life-saving product designs. The VHA is a national leader in such “lethal means safety” efforts, training mental health providers in veteran-centric counseling methods. The VHA has also created a [website of resources](#) and hosts a national consultation call line for providers, including those outside of the VHA.

In January 2019, the VA [announced](#) a historic suicide prevention partnership with the [National Shooting Sports Foundation](#), an association that works to promote, protect, and preserve hunting and shooting sports. The [American Federation of Suicide Prevention](#) is also a partner. Together, they are working to develop a program that will empower communities to engage in safe firearm-storage practices. The program will include information to help communities create coalitions around promoting and sustaining firearm safety with an emphasis on service members, veterans, and their families. This is perhaps the nation’s most successful effort to forge common ground on an issue that often generates political polarization fierce enough to compromise life-saving initiatives.

Vet Centers

In 1979, Congress formally established [Vet Centers](#) to help veterans who served in combat theaters or in areas of hostile operations to readjust to civilian life. The VA operates 300 Vet Centers throughout the nation that provide these veterans with readjustment counseling and related mental health services. If it will help with a veteran’s readjustment, counseling is also available for family members.

Vet Centers are part of the VHA but are independent of, and not located on, VHA campuses. Vet Centers work collaboratively with the VHA, and many veterans who use Vet Centers also go to VHA facilities for other services.

Veterans Integration to Academic Leadership

The VHA launched the [VITAL Program](#) (Veterans Integration to Academic Leadership) to support veterans going back to school after military service. VITAL helps facilitate the “transition from service member to student” and, in some form or another, is located on college campuses across the nation.

Veterans Justice Outreach Program

The [Veterans’ Justice Outreach Program \(VJO\)](#), founded in 2009, is designed to avoid the incarceration of mentally ill veterans. Every VA Medical Center has a VJO specialist who connects with veterans in the court system and in jails and encourages them to seek treatment for mental health and substance abuse issues. VJO specialists also provide training to law enforcement personnel and judges about issues that are specifically relevant to veterans, such as how PTSD or TBI may be connected to their history of legal problems.

The VJO plays a critical role in the system of over 220 [Veterans Treatment Courts](#) that exist around the United States. While the VJO is not involved in their administration or operation, these special courts generally aim to place nonviolent veteran offenders into VA treatment instead of incarcerating them.

Services for Homeless Veterans

Over 30 years, the VA has developed an increasingly robust array of programs and supports aimed at reducing home-

lessness among veterans. These have included VA-provided programs and services as well as grants to support the work of nonprofit community providers that help veterans who are homeless or at risk of homelessness. As a result of its collaborative work with both federal and community partners, the VA played a large part in reducing veteran homelessness by 50 percent between 2010 and 2018.

In partnership with the federal Department of Housing and Urban Development, the VA created the [Housing and Urban Development-VA Supportive Housing \(HUD-VASH\)](#) program for the most vulnerable, chronically homeless veterans.

The HUD-VASH program is available only to veterans who are eligible for VHA care. Case managers and other VA staff target homeless veterans and offer them the support needed to remain in housing the VA finds for them. VA case managers also link homeless veterans to health care, mental health, substance abuse, and employment services. The [Supportive Services for Veteran Families](#) program also provides housing assistance to veterans and their families.

Rehabilitation Services

The VHA is unusual in its focus on restoration of function for patients who have hard-to-manage chronic conditions that cannot be cured. VHA facilities offer highly regarded, specialized residential inpatient and outpatient rehabilitation programs.

VA Prosthetics Program

The VA's [Prosthetics and Sensory Aids Service](#) is the largest of its kind in the world. At 70 different sites around the country, technical experts produce cutting-edge assistive devices to help veterans. In the VA, prosthetics include everything and anything that replaces, augments, or supports bodily function damaged by disease or traumatic injury, from artificial limbs, to wheelchairs or canes, to supplemental oxygen, eyeglasses, and joint braces, to computers or cell phones.

Telehealth Capacity

The VHA is a global leader in [telehealth, delivering](#) care via telehealth to over 900 locations. Making use of continually evolving communication and information technology, patients separated from providers by geographical location are able to meet with these clinicians virtually from the convenience of their own homes or local VHA facilities. In 2016, nearly 12 percent of veterans received some of their care via telehealth.

The VHA Compared to the Private Sector Quality

Many studies have found the VHA generally outperforms the private sector on key quality metrics.

- 2018: A [RAND Corporation](#) study found that private providers are woefully unprepared to treat the often unique and challenging veteran patient population.
- 2018: [Another RAND Corporation](#) study found that not only did VHA facilities perform better than private facilities, but there was also less variation.

Inpatient and Outpatient Rehabilitation Programs

- [Blind Rehabilitation Centers](#) that help veterans with vision problems.
- [Centers for Spinal Cord Injuries and Disorders System of Care](#).
- [Polytrauma/TBI System of Care](#), which includes five Polytrauma Rehabilitation Centers as well as Polytrauma Network Sites and Support Clinic Teams.
- [The VA's Domiciliary Residential Treatment Programs](#) have a total of 8,000 inpatient beds for patients whose length of stay varies from one to six months. Like the San Diego VA Health Care System's [ASPIRE Center](#), some of these programs help prevent veteran homelessness. Others include intensive substance abuse residential rehabilitation. The Post Deployment Assessment Treatment Program at the Martinez California VA Community Outpatient Clinic provides cognitive rehabilitation.

- 2018: A Dartmouth College study, published in the [Annals of Internal Medicine](#), compared performance between VHA and private hospitals in 121 regions across the country. It found that for 14 out of 15 key measures, government care fared “significantly better” than private hospitals.
- 2019: [A RAND Corporation](#) study found the VA performed well in areas of timeliness and quality of care delivery, while little was known about non-VA care in the same categories.
- 2019: A [JAMA Network study](#) found wait times in the VA are comparable or better than wait times in the private sector.

Chapter Three: The Wounds of War and Military Service

On Friday, May 17, 2019, I attended the Rotary Four-Way Fest, where 800 Rotarians from clubs in four large districts in Northern California and Nevada came to Reno to share ideas and inspiration. I joined Daniel Navarette, a Vietnam veteran who volunteers at the Reno VA and served for eight months on its mental health council, who was stationed at the Reno VA Medical Center's booth in the exhibit hall. Navarette was there to help Rotarians understand the critical difference the VA health care system has made to veterans like himself.

“We need to do more outreach to people in the community to let them know about the VA. Veterans and the public need to know much more about the VHA,” Navarette declared.

“When I got out of the service, what I was entitled to as a Vietnam veteran was a mystery to me. A lot of Vietnam veterans don't want to have anything to do with the government and the VA. I was one of them.”

Navarette recounted how, for years, he suffered from panic attacks. He never went to the VA for help. Instead, he got care in the private sector, paying for it out-of-pocket when necessary. “I'd have flare-ups and go in and pay for tune-ups, as I used to call it, to my private doctors.” The symptoms of his PTSD did not abate. He lost a marriage and friends.

“Most people,” he recalled, “didn't know about my struggles. I didn't want to reveal it to anyone. I thought I was weak because I couldn't handle what I had experienced. I was afraid of what people would say. My mother was really the only one who knew. Finally, three years ago, she made me go to the VA to get help.”

Navarette says he was “surprised at how quickly the VA took care of my concerns and needs. I took meditation classes, I did everything.” Navarette pauses. Reflecting on his losses and his long years of lonely struggle, and the help he has finally been given, he breaks down and weeps.



Top: Dorothy Salmon, Suzanne Gordon, Mike Crosby and Rotary Club of Napa President Jean Donaldson at the Four Way Fest in Reno promoting our Veteran serving program. **Bottom:** Reno, NV VA.

I sit by his side, holding his hand, listening to a story I have heard so many times before in writing about veterans and the VA. Thousands, no, perhaps millions, of veterans, like Navarette, have been taught to suck it up and soldier on because they have been programmed to believe that getting help is a sign of weakness not strength. They have lived for years, even decades, trying to ignore their pain or drown it in fits of rage, bottles of alcohol, drugs, or relentless workaholicism. And then finally, they go to the VHA and get help from therapists, doctors, nurses, as well as from each other. As Navarette explains, “Going to the VA changed my life. I have been on a journey ever since.”

How Many and Who They Are

Daniel Navarette is one of the nine million veterans enrolled in the VHA's health care system who are currently making a similar journey. According to the [Congressional Research Service](#), the VA-enrolled veteran population has increased by 78 percent from FY2001 to FY2014. These patients include the last surviving members of the World War II armed forces all the way to those serving in the ongoing conflicts in Afghanistan and Iraq.

While some of these veterans may use the VHA sporadically or only to get prescription drugs or services not available in the private sector, 30 percent of enrollees depend entirely on the VHA for their health care needs. This population is disproportionately older, poorer, and sicker. As a [2016 RAND Corporation study](#) documented, “VA providers are likely to be treating a sicker population with more chronic conditions, such as cancer, diabetes, and chronic obstructive pulmonary disease (COPD) than the population expected by civilian providers.” While the average patient over 65 comes to their doctor with three to five presenting problems, Rick Weidman, Executive Director for Policy and Government Affairs for the Vietnam Veterans of America, explains that the average Vietnam veteran has nine to twelve. Younger veterans may be equally complex.

Common Conditions Among Veterans

Hearing loss and tinnitus are the most common ailments that bring people to VHA care. Almost every branch of the military exposes its personnel to high levels of noise. Veterans are 30 percent more likely to suffer severe hearing impairment than non-VA patients because of exposure to toxic levels of noise. According to the VA, [2.7 million veterans](#) currently receive compensation for hearing loss or tinnitus. The VHA has established the [National Center for Rehabilitative Auditory Research](#), a VA-funded research facility in Portland, Oregon. The center has done pioneering research on veterans’ hearing problems and tinnitus management and has helped develop effective hearing aids.

Toxic exposure-related conditions impact veterans whether they have served on U.S. military bases or abroad. The VA’s patients include many veterans who were exposed to burn-pit smoke, contaminated water, nerve agents, mustard gas, radiation, pesticides, and an array of other chemicals, pollutants, and environmental hazards.

Signature injuries and contaminants are unique to each U.S. conflict, including:

- Agent Orange exposure for Vietnam veterans;
- Chemical warfare agent experiments and nuclear weapons testing and cleanup during the Cold War;

- Gulf War syndrome;
- Exposure to toxic burn pits in Iraq and Afghanistan.

Infectious diseases like visceral leishmaniasis, West Nile virus, and Mycobacterium tuberculosis (TB), to name only a few, also affect veterans.

Mental and behavioral health problems, high risk for suicide, and PTSD are experienced at higher rates within veteran populations.

Diabetes, some gastrointestinal problems, COPD, and cancers are more commonly diagnosed in [veterans than nonveterans](#).

Veterans and Chronic Pain

Military training and deployments often involve hauling around 60- to 100-pound packs that place an excessive burden on the bodies of service members. The load can [lead to musculoskeletal injuries](#) and chronic pain. That’s why veterans of younger ages suffer from more chronic pain than civilians of the same age. As [studies](#) have documented, chronic pain increases the risk of suicidal thoughts and actual suicide.

Additionally, due to advancement in battlefield triage and faster transport to field hospitals, veterans of our most recent conflicts often survive devastating injuries that would have proven fatal in earlier eras. Many veterans have survived the loss of one or more limbs and require life-long support to treat chronic pain and learn new ways to do activities of daily living and to work when possible. Because chronic pain increases the risk of suicide and can spur substance abuse, many veterans are at a higher risk of suicide and the rate of death from opioid overdose among veterans is [twice as high](#) as in the civilian population.

Post Traumatic Stress Disorder

PTSD is a common, chronic mental condition that can develop after a person is exposed to trauma. PTSD in veterans can be spurred by many events, including combat, training accidents, sexual assault, and witnessing or learning about the injury or death of a colleague. Many people with PTSD experience other mental health issues including depression,

anxiety, suicidal thoughts, and alcohol and drug abuse. PTSD is also an important predictor of suicide in veterans.

Veterans who have PTSD often suffer from the following:

- Upsetting memories,
- Feeling anxious,
- A need to avoid triggering events/places/objects,
- Difficulty sleeping.

PTSD symptoms can also cause or exacerbate problems in interpersonal and professional relationships. This can create a vicious cycle of conflict with family and friends, job loss, and financial difficulties, which leave veterans feeling increasingly socially isolated. Some Iraq and Afghanistan veterans have also suffered from traumatic brain injuries, which adds yet another challenge to their treatment.

PTSD Key Statistics

- Over [30 percent](#) of male Vietnam veterans are estimated to suffer from PTSD, compared to 6.8 percent of all American adults.
- Between [18.5 and 42.5 percent](#) of Iraq and Afghanistan service members and veterans have some sort of mental health problem, with over 18 percent suffering from PTSD.

Women Veterans and Military Sexual Trauma

Sexual trauma is not something unique to women in the military. However, rates are higher in the military versus civilian population. Sixteen percent of women who serve in the enlisted force and 18 percent who serve in the Officer Corps have experienced military sexual trauma (MST).

MST is a service-related condition that is the result of sexual assault, harassment, and/or unwanted sexual attention while serving in the military. Both women and men experience MST, and it is a risk factor for developing PTSD, anxiety, depressive disorders, and substance abuse. Because service men and women are taught to depend on one another for their safety and well-being, MST can produce feelings of isolation, trust issues, and difficulty in interpersonal rela-

tionships both during and after military service. All of this can complicate readjusting to civilian life.

MST Key Statistics

- At least [25 percent](#) of women serving in the U.S. military say they have been sexually assaulted, and up to 80 percent have been sexually harassed.
- In 2011, women in the military [were more likely to be raped by fellow soldiers](#) than to be killed in combat.
- In 2017, the DoD received [6,769 reports of sexual assault](#) involving service members as either victims or subjects of criminal investigation, a nearly 10 percent increase over the previous year.

Veteran Suicide

Although suicide rates are rising dramatically across the U.S., compared to the rest of the American population, [veterans have a higher suicide rate](#), particularly among women. For those deployed in Operation Enduring Freedom or Operation Iraqi Freedom between 2001 and 2007, the rate of suicide was highest during the first three years after leaving military service. On average, 17 veterans die by suicide every day. Of these veterans, the vast majority have had no contact with the VHA.

Approximately [69 percent of veteran suicides](#) resulted from a firearm injury in 2016. In comparison, the proportion of suicides resulting from a firearm injury among U.S. non-veteran adults was 48 percent. Approximately 71 percent of male veteran suicides and 41 percent of female veteran suicides resulted from a firearm injury.

Homelessness

[The National Alliance to End Homelessness](#) estimated that in 2014 there were 49,993 homeless veterans, representing [8.6 percent of the total homeless population](#) in the United States. According to the [National Coalition for Homeless Veterans](#), homeless veterans have served in all of America's recent wars, and over 90 percent are male. Another 1.4 million veterans, although not currently homeless, are deemed to be at serious risk for being without housing "due to pov-

erty, lack of support networks, and dismal living conditions in overcrowded or substandard housing.”

Legal Problems

Between 8 and 10 percent of those incarcerated in the U.S. are veterans, and 70 percent of them are incarcerated for nonviolent crimes. According to the [Department of Veterans Affairs](#), “on average, veterans in jail have had five prior arrests, and 45 percent had served two or more state prison sentences. More than half of those who were incarcerated had mental illness or substance abuse disorders.” Of veterans who had served in Iraq or Afghanistan, 43 percent had an alcohol use disorder and 37 percent, a drug use disorder. Plus, 30 percent had a history of homelessness. Fifty percent of homeless veterans have had some kind of encounter with the legal system.

Readjustment Problems

No matter what their motives for joining up, what branch they were in, or whether they saw combat, service members all went through military training, which could have had a significant impact on their developing brains. Military socialization can also influence a veteran’s ability to readjust to civilian life.

All this is complicated by the fact that some recruits may come from families that face serious economic, social, or psychological challenges. Jerome Serdinsky joined the Army at nineteen in 1999. He candidly explained that he volunteered because he was a troubled teenager from South Milwaukee who needed to get his life together. In the Army, Serdinsky did maintenance work, served in the Reserves, and in 2005 was deployed to Iraq.

“I wanted to serve, it was a privilege to go. That’s why I joined the Army, to serve my country. This was the only way to make sense of all the training I had. I genuinely thought I was in Iraq to help the people there.”

– Jerome Serdinsky

As a young man, Serdinsky learned many skills in the military but didn’t master many others. “The food was put in front of me,” he says. “I always wore the same clothes.” And most important, he emphasizes, “I didn’t need to think about me. People have your back. Your buddies are thinking about you. You don’t have to think about yourself.”

Service members also learn to react to – rather than reflect about – what is going on around them, according to Edgar Padin-Rivera, a Vietnam veteran and former chief of psychological services at the Louis Stokes Cleveland VA Medical Center. “They learn what we call a behavioral – not a negotiated – reaction.” Whether they are in combat or not, Padin-Rivera explains, service members learn to live in a state of high arousal. “Many of these men and women become very reactive, with hair-trigger responses, and may roll right from pain to anger.” This is, of course, functional in warfare, where assuming the worst – that a garbage bag at the side of the road is an improvised explosive device, or a person walking on a highway overpass or looking out the window of a building near you is a sniper – can save your life.

Anger and aggression are also, Padin-Rivera continues, by-products of “the constant beating soldiers take, getting shot at, losing friends. The tension and anger may stay with people when they leave the military. In high-stress situations, it may become hard to distinguish who is and who is not your true enemy, whom one is angry at.

“The military magnifies broader cultural ideals about seeking help. No matter what their age, veterans say that they are discouraged from seeking help for even serious medical or mental health problems.” While some branches of the

service are trying to address this issue, the message service members have received, and still receive, “can run into direct conflict with the need to reach out for help when injured or unwell,” writes anthropologist Erin Finley, who works at the San Antonio VA Medical Center. In her book on PTSD *Fields of Combat*, Finley notes that “men may find it difficult to identify with the

idea of being traumatized (which can carry the implication of being a victim) or may, when they experience uncontrollable emotion, see it as a threat to their sense of themselves as invulnerable and tough.”

“In the military,” Padin-Rivera elaborates, “you become hardened and learn to repress or deny vulnerability.” With so little emotional flexibility, the only choice for many

service members is to “push away feelings of pain, anxiety, depression, or questions about the morality of what you are doing and why you are fighting.”

That is why it is so daunting – and important – for those who work with veterans to understand the complexity of their problems and tread gently when providing them help.

One Veteran’s Story

Zach Skiles is a 37-year-old Iraq veteran who was a patient at The Pathway Home (TPH) in 2010 and is now pursuing a doctorate in clinical psychology and, as part of his training, is an “extern” at the Post Deployment Assessment Treatment program (PDAT) at the Martinez, California, VA. Skiles talks about his own journey of healing, highlighting the prevalence of PTSD among service members and veterans as well as their resistance to seeking help.

“When I was in the Marines serving in Iraq, the majority of us instantly had a lot of PTSD symptoms,” Skiles recounts. “There were always a lot of people screaming in the middle of the night, but you just pushed through it. Because we were all experiencing it, it became normalized so we didn’t think anything was really that wrong.”

“I was wildly disassociating and getting dizzy,” Skiles continues. “I’d just forget where I was. There were a couple times I actually ended up in stores and I had no clue how I got there. Those kinds of things would happen pretty much on a weekly, sometimes daily, basis when I first got back to the States while I was on active duty.”

It didn’t occur to Skiles to get help, either when he was in the Marines or after his separation from the service, because, he says, “I didn’t think that there was anything wrong, to be honest. I was in a fair amount of denial. Because everyone else in my platoon was going through similar things, it was just what was happening. You’re trained to adapt and overcome whatever is in your environment. And you become quite stubborn. You think ‘I should be able to adapt and overcome all this.’”

Unfortunately, Skiles was unable to “adapt and overcome” after he left the Marines and attempted to return to civilian life. He couldn’t hold a job; he couldn’t sleep; he began using a lot of substances, and he experienced bouts of homelessness. Finally, he went to the VA and was referred to TPH. “They helped me understand that it’s not me, it’s a biological thing that happens to your body when you go through traumatic experiences. Calming the body biologically, whether through meditation, breathing exercises, diet, exercise, all that stuff helped out a lot.”

Skiles’ positive experience with TPH inspired him to use his GI Bill to get his bachelor’s degree in psychology. He



Zach Skiles speaking to the Rotary Club of Napa and thanking them for their support.

has also used VA Vocational Rehabilitation funds and a scholarship from TPH to pursue his doctorate in clinical psychology. He has been an extern at the PDAT program for three years and will be completing his doctorate with a final year of internship at a VA somewhere else in the country in 2020.

“The PDAT program offers culturally sensitive treatment that allows veterans to connect with each other and tailor treatment to their own specific needs. So after isolating themselves for months or years, veterans can reintegrate with a group and continue to heal and process together. This program is about the importance of integration, socially and medically.”

Skiles wants to work at the VA when he is finished with his doctorate because, he says, “the VA is the only institution in the world that specifically helps veterans. Veterans have very specific needs and problems. Iraq and Afghanistan veterans have, for example 80 percent more amputations than veterans who served in other conflicts. We suffer from PTSD, traumatic brain injury, and chronic pain – the standard triad – which demands an integrated approach that is rare outside of the VA. The VA serves as a model for care for those who have chosen to serve their communities and country.”

Chapter 4: The Post Deployment Assessment Treatment Program

In late August of 2019, six veterans in the Martinez VA's Post Deployment Assessment Treatment (PDAT) program hop in a van provided by The Pathway Home and drive 50 minutes to the Napa Vine and Bowl to join five Napa Rotarians for a monthly bowling outing. The group shoots straight and hook balls and makes its share of gutter balls and strikes. There are grins and groans and high fives. The two recreation therapists who accompany the group, Kathleen Waterman and Sharmel Bender, join in the session,

knocking down pins with skill and aplomb.

You wouldn't know from looking at the group that, at one time, going bowling with Rotary Club of Napa volunteers was the last thing PDAT veterans wanted to do. "At first," says recreation therapist Kathleen Waterman, "veterans came kicking and screaming. 'No way.

We're not going,' they insisted." With a chuckle, Waterman adds, "We told them they had to come. It was a mandatory part of the program."

Now Waterman says, "They love it and look forward to it. They started to experience camaraderie and friendship. They have seen over the past few months that the partnership is solid, strong, and consistent and that the community truly stands behind them."

RJ, 1* a 40-year-old Army veteran in PDAT, loves the bowling and is effusive about the partnership with Rotary: "They are amazing. Not just with donations. We've built up a great bond and relationship."

Thirty-one-year-old Afghanistan veteran JP* has not only taken advantage of bowling but has gone fishing with Steve Orndorf, a Napa Rotary member and VA volunteer. "It's very peaceful. It teaches you a lot of patience. There is never a bad day of fishing. In fact, a bad day of fishing turns out to be a lot better than a great day at work."

"Thanks to the partnership with the Rotarians, I have been able to experience things that bring me joy, things I would never have done before," says Army veteran TM.* "I think our vets get forgotten quite regularly, and the commitment of the Napa Club is really extraordinary."

All the men are thrilled that the Rotary Clubs in the area are supporting PDAT. That's because they all say that PDAT has saved their lives.

"It helps you know other ways to cope with the loss of a relationship and friends than taking substances. It also helps give you a safe place to be when you start getting into trouble," JP explains. "I was very reluctant to get help," he

1 Asteriks indicate that we have given the veteran a pseudonym.



Napa Rotarian Steve Orndorf, a regular bowler with the PDAT Veterans.



PDAT Veterans and staff with Napa Rotarians on our monthly bowling outing with Jeff Kixmiller, the Director of the PDAT program.

continues, “I was struggling with life, trying to cope with the loss of friends in war and from suicide.” Even though he was drinking and abusing a variety of substances, JP says, “I didn’t think I needed help.”

Finally, in 2013, JP went to the PDAT program. “It helped me cope with family and relationships and get back into life.” He returned to the program when he had a divorce and lost more friends from suicide. “That put me back down in the gutters,” he says, and PDAT lifted him back out.

RJ* relates a similar story of resistance and denial. He was deployed in Iraq three times and came back with mild traumatic brain injury, PTSD, and chronic pain. In spite of the fact that he had grown more and more isolated and was doing drugs, he said that he didn’t think he had a problem. “In the Army,” he says, “you were trained for battle and to take care of yourself.” The realization that he needed help hit him hard when he “tried to go to college and had a lot of anxiety.” RJ finally started reaching out and ended up in PDAT.

“PDAT helped me get out of my room. I was very isolated. It identified my problems so I could see them and work on them. What helped me was that they were there when I needed them.” What also helped was being with other

PDAT is a hidden gem. I have learned a lot about myself.

This quite literally saved my life.

— Veteran in PDAT program

veterans. “Our stories matter to each other,” says RJ.

TM*, who was deployed in Kuwait from 2000 to 2001 and then in Baghdad in 2004-2005, explains that “when I got out in 2006, family and friends kept telling me, you really need help. I thought it was the rest of the world that was the problem and that I was fine, the world was just different. It took years for me to realize that it was really me internally,” he says.



The Center for integrated Brain Health and Wellness at the Martinez VA's Community Based Outpatient Clinic.

TM tried to kill himself twice. He stopped taking his medication and going to a support group at the VA at Travis Air Force Base. He finally reached out to a psychologist and psychiatrist at the Fairfield VA Community-Based Outpatient Clinic (CBOC) and said, “I need something more than I am getting. My way of handling things is not working. If I can’t even kill myself the right way, I need to figure out how to live the right way.”

Three days later he was in contact with PDAT, and when an opening was available a few days later, he was in the program. “PDAT is a hidden gem,” he says. “It’s not something that’s well advertised, but I have made the most of what they have to offer. I have learned a lot about myself. This quite literally saved my life.”

What Is PDAT?

The PDAT program is an inpatient cognitive rehabilitation program located at the Martinez VA’s Center for Rehabilitation and Extended Care on the campus of the CBOC. PDAT’s patients are veterans from Iraq and Afghanistan. The majority of PDAT patients are men, but the program is also open to women veterans.

Most of PDAT’s patients have mild or occasionally moderate TBIs. Even though their injuries typically did not show up on brain scans, many veterans riding in Humvees and in other settings were subject to dozens, if not hundreds, of blast exposures. “Because of these blast exposures,” clinical neuro-

psychologist Jeffrey Kixmiller, PDAT's director, says, "their brains were knocking against and squishing around in their skulls. Even in a rollover, there might be a brief loss of consciousness, and then boom – they were back to fighting. Then there were the EODs or 'explosive ordinance disposal' details. These service members were experiencing lots of blasts as they were trying to defuse the IEDs (improvised explosive devices)." Kixmiller suggests that most veterans entering PDAT have cognitive complaints that can be due to mild traumatic brain injury but commonly are related to a host of other problems as well.

Most PDAT veterans have problems with chronic pain and other post-deployment issues like insomnia, nightmares, depression, and substance abuse/overuse. "And because I am told by veterans that the military gave out painkillers like candy," Kixmiller adds, "they're too often abusing or overusing opioids and other addictive pain killers that they are interested in reducing, or for which they want to find less addictive alternatives."

They also often have, unfortunately, another signature military injury, PTSD. "Their PTSD is leaking all over the place," Kixmiller explains, summarizing a long list of problematic behaviors. "They are angry, raw, and ready to fight and argue. They are having nightmares. They sleep during the day but not at night, and they can't handle stress, new people, or unfamiliar contexts. They are beyond irritable. Irritable is their baseline, and they flare up from there. They tell us about their 'man caves.' These are the places they are holed up in, where they can go so everyone will leave them alone." And, he adds, "You didn't have to be a man to have one."

Most PDAT patients were honorably or medically discharged from the military years ago but have been very resistant to getting help. "They don't want to be called crazy. They would rather be diagnosed with a TBI than PTSD, because then there's no mental health stigma." As a result, when they finally get to the VA and PDAT, they have been struggling for years with divorces and failed relationships, unemployment, and financial problems. They have tried to start or to return to school and have dropped out. Some are

enmeshed in troubles with the police and the legal system.

Kixmiller and a group of Martinez clinicians on the PDAT interdisciplinary team – neurologists; nurses; speech-language pathologists; physical, recreational, and occupational therapists; physiatrists; chaplains; social workers; and mental health providers – developed the PDAT program to serve these veterans' very specific needs.

"Many of our veterans," Kixmiller says, "would be ineligible for most PTSD inpatient programs because they are too behaviorally impulsive, too isolative and avoiding of strangers, and still actively drinking or using drugs. They would need to go to detox and residential substance abuse treatment to be eligible for PTSD treatment. The problem is they won't, or can't, make it through a detox or PTSD program without quitting and/or relapsing. Another complicating factor is that their TBIs and severe stress have produced attention and memory problems that make it hard for them to make it through PTSD and substance abuse programs.

"These types of treatment programs rely heavily on verbal therapies based on learning abstract psychological concepts and associated coping tools and strategies. Our patients are the outliers, the extremes. The PDAT program is designed specifically to provide them with an intensive, comprehensive inpatient treatment program that readies them to enter and benefit from other VA treatment programs, like VA inpatient residential or outpatient PTSD, substance abuse, pain, or other programs."

Although PDAT is a unique, stand-alone program, it is, like all the local VHA innovations, embedded in a web of integrated care and a community of interdependent caregivers. Its inpatient beds are located on the unlocked, neurorehabilitation unit in the Center for Rehabilitation and Extended Care, and, in turn, it benefits from dedicated nursing staff. Staff from other areas of the Martinez VA – from the interdisciplinary pain team to primary care providers and specialists – work with its patients. These specialized staff and providers can support such a small program so flexibly because they see non-PDAT patients as well. "But, they work closely with us to help our PDAT vets get as much



diagnostic and therapy support as possible while here,” Kixmiller proudly adds.

PDAT’s therapy sessions, classes, and meetings take place in the Center for Integrated Brain Health and Wellness, which is located close by in a building housing a variety of interdisciplinary providers. The building is specially designed and constructed to attract younger veterans who have been through the conflicts in Iraq and Afghanistan.

Neuropsychologist Dr. Jim Muir and polytrauma and TBI social worker Katherine Miller explain that the building’s design was meant to overcome some of the resistance of Iraq and Afghanistan veterans to seeking care at the VHA. Younger veterans who suffer from a variety of problems, they tell me, often either fail to sign up with the VA or repeatedly are no-shows for the appointments they do make.

“They don’t want to acknowledge mental health problems, like PTSD,” Muir adds. So it was extremely important, Muir explains, to make the building in which the program is lodged as welcoming as possible.

“We spent years in meetings with architects to design this building,” Muir says.

Instead of a traditional medical waiting room, veterans walk into a brightly lit, atrium-like entrance looking over

a well-equipped gym. There are, of course, a check-in desk with clerks who want to work with younger veterans and a waiting room area that, atypically, allows for some privacy and space. But the first thing that attracts the eye as veterans walk through the front door is a giant climbing wall that extends from the gym downstairs to the building’s roof.

Veterans, Muir notes, selected the colors of the walls and floors. “We wanted it to be serene and calming. When we showed veterans samples of flooring and paint that was burgundy and maroon, they immediately thought ‘dried blood.’” Needless to say, those ideas were instantly jettisoned. The pale sand walls and vinyl flooring convey the serenity veterans so desperately need. There’s an outdoor picnic area, a clubhouse with couches and flat-screen TVs, and a kitchen.

Therapy rooms are designed without windows. Windows can be unsettling to veterans with PTSD. Bullets, after all, can fly through windows. Each therapy room also has multiple options for seating. “Some people,” Miller says, “want to sit facing a door so they can see what’s coming through. Some want to be facing a wall.” Although there is a more formal conference room upstairs with high-tech telehealth equipment, the veterans prefer the informal clubhouse with its comfortable leather couches and chairs, pool table, and wide windows that look out onto the patio.

All the staff in the various programs contributing to PDAT – the chiropractor, neuropsychologists, speech-language pathologists, pain specialists, social workers, and PT/OT/RT staff – dress in more casual attire. No suits and ties here. “You have to make the veterans feel comfortable,” Muir comments. He says he was trained to look authoritative, with the requisite distance-affirming attire. No way will that work here. “The veterans also use a lot of profanity. So I’ve allowed myself to use occasional profanity. It makes them feel more comfortable.”

Kixmiller, who uses the occasional swear words himself and always dresses in casual shirts and pants, tells me the PDAT

program focuses on a number of what he calls “domains.” They are cognition, mood, PTSD symptom management, chronic pain, communication, and sleep disorders like insomnia and sleep apnea. “We use a harm-reduction approach to substance abuse,” he says. “This means that veterans can be admitted to the program with existing, not too out of control, substance abuse problems as long as they are actively motivated and engaged with us in reducing or eliminating their overuse of substances.” Kixmiller explains that substance abuse can include overuse of caffeine,

We teach them to recognize stressful triggers and the way they escalate emotionally and to intervene with new coping strategies and thinking.

– Jeffrey Kixmiller

opioids, and benzodiazepines as well as the usual retinue of other drugs and/or alcohol.

Veterans will attend two groups or more a day. These include anger- and stress-management classes. Classes also teach social communication strategies, techniques to improve attention and memory, and ways to help them think more efficiently and effectively. In addition, veterans also go to a multitude of weekly, individualized treatment sessions like physical therapy, chiropractic, acupuncture, exercise with a dedicated trainer, mental health support, and cogni-



The community created garden in partnership with the Contra Costa Master Gardeners, the PDAT Veterans and staff.

tive rehabilitation, as well as any needed primary care and other specialty medical services.

A critical part of the program is cognitive rehabilitation, which involves teaching and helping the brain to relearn ways to pay attention to, and remember, important information. It teaches veterans to problem-solve, to reflect on how they are behaving and how their actions impact others, and to make appropriate changes in their behavior. “Cognitive rehabilitation, psychotherapy, and cognitive therapy,” Kixmiller says, are “literally helping the brain learn new ways of thinking about managing and problem-solving real-life situations.”

To cite an example, veterans may complain about being frustrated with nursing or having conflicts with a particular nurse. Or they may insist that they can’t go to the grocery store because of a rude clerk. “We teach them to recognize stressful triggers and the way they escalate emotionally and to intervene with new coping strategies and thinking,” Kixmiller says. “Instead of focusing on the clerk’s behavior or how much you really can’t get along with the nurse, think about your next responsibilities or a self-soothing activity that you can do when you leave the grocery store. Just taking three deep breaths, or getting up and getting a glass of water, or texting a friend about the frustration without verbalizing it to the clerk are strategies these veterans would never have thought of – or at least never used.” He pauses and adds, “Sometimes it’s the simple stuff that’s hard to get them to use. They think it’s hokey and scoff at it.” He also states that classes that teach the “secrets” to communicating with their spouses, children, employers, and community-based clerks, representatives, cashiers, and others are an important component of their individual and group therapies. “We consider PDAT somewhat of a ‘civilian-finishing school,’” Kixmiller states.

Planning and preparing a meal is another thing the PDAT group does once a week in an interdisciplinary-team fashion with recreational therapy, psychology, and occupational therapy. Learning to shop and cook – an exercise in learn-

ing how to cooperate and budget and create multi-step and items recipes – is another way to retrain the brain. Veterans take turns planning the meal and shopping for ingredients, assigning tasks to different participants. They also go to restaurants, Starbucks, and the bowling alley with PDAT’s recreational therapists. “They go out as a group so they can protect and support each other in settings they find stressful,” Kixmiller says.

Cognitive rehabilitation also helps veterans unlearn or modify typical military thinking that can complicate transitions to civilian society. “In the military,” Kixmiller explains, “I’m told that you don’t ask questions. You act on first impressions and reactions because everything is, after all, a threat and immediate responses can be critical. Plus, you do not admit weakness or vulnerability. In the military there are no ‘gray areas’; there is just black-and-white thinking. That’s the ‘shoulds’ and ‘have-to’s.’ You have to stand at attention. You should always have an exit plan. We teach that while that thinking and those behaviors had survival value to get you through the military and combat situations they faced, those approaches have less application and relevance to civilian living.”

Kixmiller attributes the program’s success to the fact that PDAT staff pay a great deal of time and attention to developing trust, rapport, and collaborative relationships with veterans. Winning the trust of patients who have significant trust issues involves, Kixmiller candidly states, “huge and constant understanding and negotiation. When veterans come at us with frustration and anger, we have to understand that this is just another symptom of their feeling hurt, their confusion, their sense of being lost, as opposed to reacting to their anger and frustration with our own. Some veterans come into the program insisting they will not ever, no way, take medications. We tell them, ‘Okay, that’s fine. We’ll take you where you’re at.’”

Kixmiller says, “We are dealing with people who feel they have consistently failed, that nothing has worked in civilian life. We are trying to set them up for going back to school, living in an apartment, dealing with their kids with newly acquired skills and strategies. We get them ready to do other



Service dogs are an integral part of the PDAT’s healing program

things. We help them with legal issues – for example, if they haven’t paid child support or don’t have service eligibility. If things don’t work, our attitude is “Thank you for telling us. Let’s try another.’ If one relaxation technique didn’t work, we have 15 alternatives to relaxing, including visualization techniques, yoga, or mindfulness meditation.” A surprisingly valued recreational therapy activity was trying out ceramic painting at a place in Concord called Color Me Mine. “They thought it was going to be the hokiest thing. I was even skeptical myself. But they loved it,” Kixmiller says. “They learned to calm down, concentrate on their painting in a social environment with their peers, interact with the community and the staff, and produce something they could share with their spouse or family. Or they could simply have it on their shelf to remind them of a pleasant experience they enjoyed.”

“There is never any criticism for not making all of the PDAT groups or recreational activities,” Kixmiller states adamantly. “All we ask is that you try and improve in your engagement over time as you adjust and learn new ways of doing what is initially hard, like attending group therapies”

Although the PDAT program emphasizes flexibility, there are certain nonnegotiables upon which the team insists. Veterans eventually have to engage in individual and group treatments where they take risks and learn to disclose vulnerable things about themselves. “They might not like groups,” Kixmiller elaborates, “but eventually, they have to choose to start talking about issues in the group. In individual therapy they have to progress to revealing and processing and reflecting on problems and feelings. They have to engage in recreational therapy outings where they work on using their new coping tools in the ‘real-world’ situations that they will return to after discharge from the program.”

Another unique aspect of the program is its long-term support. After spending three to four months, or sometimes longer, in the program, veterans can also transition to living in one of eight VA-subsidized apartments. This innovative post-hospitalization community-based transitional program is run by another PDAT partner interdisciplinary treatment team that provides ongoing rehabilitative support for these veterans as they learn to live independently in an apartment in the nearby area.

This VA transition team helps veterans cope with living alone, maintaining a schedule, working on goals like returning to school, finding employment, and reconnecting with their families. It also helps them learn to tolerate the stresses of life outside of a structured hospital setting, encouraging them to resist the urge to isolate themselves as a coping mechanism.

The PDAT-Rotary Partnership

A critical component of a program like PDAT is helping veterans reintegrate into the civilian world. This is where a partnership with Rotarians can be extremely helpful. Kixmiller explains that to move the group of vulnerable veterans outside of their comfort zone requires that “volunteers understand the ins and outs of dealing with veterans who are in a residential program like ours, which includes participation in our intensive treatment program. From the time they wake up until the time they go to sleep, we have constructed a therapeutic program that will help veterans learn coping skills, how to manage their anger, how to deal better



The warm and welcoming group room at PDAT in Martines shared by veterans and community members.

with their pain, practice skills to manage their cognitive problems, reconnect with their families and friends, begin a planning to return to school, and/or find employment or be a volunteer, or participate in an organization.”

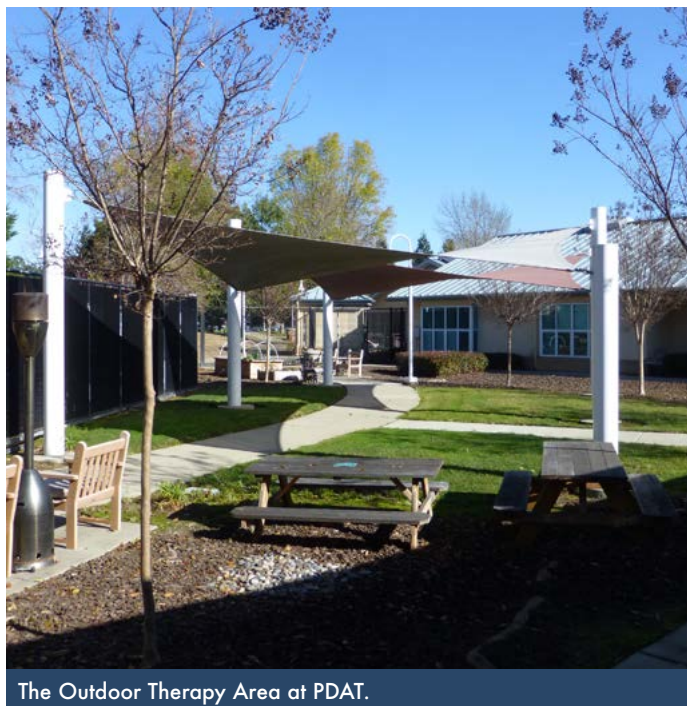
While the program is filled with daily activities, Kixmiller adds that “we are constantly looking for a clinical therapeutic and recreational therapy balance. Downtime is a very important part of our program. We want vets to take naps or rest periods for pacing, decompressing, and practicing relaxation strategies. They also need time to do assigned program ‘homework.’ We ask them, for example, to fill out a thought log. If they are in an evidence-based PTSD treatment like Prolonged Exposure therapy or Cognitive Processing Therapy, they will not only have weekly sessions with their PTSD therapist but are expected to spend time on their PTSD homework two or three nights a week.”

Downtime is also important at night. For veterans troubled by nightmares, flashbacks, and the resultant insomnia, it’s critical, Kixmiller says, “to help them develop good sleeping habits. We don’t want people going out to activities or therapeutic passes four nights a week. We teach them to create a relaxing environment and a pre-sleep calming routine that encourages a more regular sleep pattern. We want them to turn off the TV, shut off any devices, drink some decaffeinated hot tea, listen to calming music, and to learn to really relax.”

During their waking hours, residents also need time to go to a doctor or physical therapy appointment or to deal with real-world issues like going to the DMV or dealing with family or legal matters. “Volunteers in our program may have an easier time arranging outings,” Kixmiller suggests, “on weekends when there are less scheduled treatment sessions or assignments and more downtime.”

Gary Agcaoili, who is the supervisor of recreational therapy for the entire VA Northern California Health Care System, explains that activities need to be carefully constructed so that they will help and not hurt progress or trust. “We try to troubleshoot as much as we can and set activities up to work well when we go out. Outings and events aren’t just recreational activities. They are part of the treatment program.”

“I try to coach all the veterans through the worst case scenarios, disappointments, frustration, anger, and key feelings at the root of everything else. That’s why we start with low-stress situations and practice skills and interventions that they can use to deal with their triggers. Then we start working toward more stressful activities. We do simple things like setting up and playing a table game and not blowing up because you’re losing.”



The Outdoor Therapy Area at PDAT.



The Outdoor Activity Area at PDAT.

Both Kixmiller and Agcaoili emphasize that when working with a residential treatment program like PDAT, volunteers also need to respect staff time and staff responsibilities. Since staff must accompany the veteran or veterans on almost any outing, all offers of help or outings have to be coordinated with staff to avoid conflicts with other program activities and goals. “We hope volunteers will not be offended if we push back or set limits on activities,” Kixmiller says.

Volunteers also need to understand that they need training and vetting in order to deal with vulnerable veterans. “Volunteers have to be careful not to ask a lot of questions – particularly questions that can be construed to be intrusive,” says Agcaoili.

“Volunteers may think that asking questions or trying to get a veteran to share their bad memories is helpful,” Kixmiller jumps in. “But that is not a volunteer’s role. Volunteers may need to talk more quietly than they might ordinarily do and should not jump into any personal questions or military-related experiences until PDAT veterans bring those up, if they ever even do. Volunteers should also know that it’s important to not overreact if a veteran walks away from an activity or conversation – this is likely one of their new strategies for not over-reacting. We want the volunteers to support this new skill. The rule of thumb is slow it down and no personal questions.”

Additionally Kixmiller and Agcaoili emphasize that it is critical that anyone who wants to volunteer with veterans

not limit their efforts and activities to just post-9/11 combat veterans. “We cannot emphasize this enough,” Kixmiller says. “Veterans of different eras need help and volunteer support too. They may be older and be recovering from medical problems, or in hospice toward the end of their lives. They may have had strokes and have trouble getting out and about. We’re looking for volunteers to support veterans in appropriate other activities and events.”

“We need supportive escorts when veterans go on outings, to help with general and cardiac rehab, and a growing amputee support group,” Agcaoili adds.

Both hope that Rotarians understand that, as Kixmiller explains, “for every PDAT veteran there is a tsunami of other veterans who need help and may not be getting it or enough of it.”

Some Do’s and Don’ts of Working with Vulnerable Veterans

- Do not overload veterans with too many suggestions for activities, events, or meetings at one time. Let them think about them for a while.
- Make sure proposed activities fit into a veteran’s treatment schedule and do not conflict with appointments.
- Make sure events start on time and do not end too late.
- If veterans need to be accompanied by VA staff, respect staff time and limits by coordinating outings/visits ahead of time.
- Check out a site before deciding to go for an outing. Make sure it is serene, not too noisy, and can accommodate anyone with disabilities or physical limitations.
- Prepare staff/veterans for what the experience/outing/meeting will entail.
- Discuss the way(s) that the veteran can communicate escalating, distressing feelings and make/reinforce coping skills, like making a discrete exit or taking a rest break.
- Ahead of time, arrange a meeting place and where to be when done.
- Develop a way of communicating with a veteran who leaves or exits earlier than expected or who cannot immediately be seen or available.
- Be nonjudgmental if veterans don’t show up for, or cancel, an appointment.
- As in any social situation with a stranger or acquaintance, allow veterans the time and space to feel comfortable with people they have just met.
- Respect veterans’ privacy.
- Until trust and rapport are developed, do not ask too personal or in-depth questions.
- Do not probe for details about military service or combat experiences.
- Speak in a quiet, calm voice. Do not speak in a loud voice.

Chapter Five: How to Become a VA Volunteer

Since 1946, the VA has established one of the largest [volunteer programs in the federal government](#). Individuals, [corporations](#), small businesses, [students and student groups](#), veterans service organizations and advocacy groups, and many other entities work with the VA's volunteer programs. To become one of the thousands of men and women, veteran and nonveteran alike, who volunteer at the VA, the first step is reaching out to the Office of Voluntary Services at a local VA facility.

Every VA has a head of Voluntary Services. Every [local VA website](#) has a similar format. A series of dropdown boxes on the left side of the page contains listings that include how to volunteer with or donate to a particular facility. Click on that, and your rewarding journey as a VA volunteer will begin.

That is precisely what the Rotary Club of Napa did when it began its partnership with the Post Deployment Assessment Treatment Program (PDAT). Dorothy Salmon explains that she reached out to Maria Almes, director of voluntary services at the [VA Northern California Health Care System](#).

“When The Rotary Club of Napa wanted to formalize a partnership with PDAT, Maria Almes helped facilitate the process. The most important thing I learned is that you can specify donated funds and direct them to a particular VA program. Donations are tax deductible. Maria helped us navigate how to donate funds, and items, as well as volunteer time. In the process, we learned how vital partnerships with community groups are to the VA.”

The VA depends on volunteers, in part because the budget of the Veterans Health Administration is dedicated to paying staff as well as to infrastructure maintenance and

improvement. Volunteers can help in three primary ways:

- Donating funds.
- Donating items.
- Donating time and skill.

Let's look at each in turn.

Donating Funds

The first and perhaps easiest way to support the VA is to donate funds.

Donated funds going to the VA are carefully tracked. The VA itself is overseen by layers of watchdogs that include Congress, its own inspector general, the Government Accountability Office, and the media, as well as a host of federally chartered veterans service organizations. VHA

VA Medical Centers can now accept donations online via major credit cards or debit directly from your checking or savings account. To donate online, select a state and a medical center, then click “Donate Online.” One hundred percent of your donation will go toward supporting veterans, and you can even choose which fund your money will support. An immediate confirmation of your donation will be generated with a receipt. www.volunteer.va.gov/apps/VolunteerNow/

staff oversee and closely monitor all volunteer programs and make sure money is going to help veterans. As Almes explains, “We have no overhead costs. One hundred percent of any money donated goes directly to veterans.”

Funds donated to the VA can be designated for specific operational needs and to support specific programs. “We won't accept a monetary donation if we can't use it to realize the donor's intentions,” Almes states.

Some groups or individuals, like the Rotary Clubs donating

to the PDAT program, know exactly how they want to earmark donations. Donors who do not have specific projects in mind can also ask the director of voluntary services to identify programs most in need of funds.

“You can earmark money,” Almes explains, “or you can give a large or small donation and give VA discretion in how it will be used.”

Home Depot wanted to partner with us to build a therapy garden for our addiction veteran group over at McClellan. The cost would be \$6,000 or \$7,000. Home Depot couldn't give us the money directly. So I went to the Elks Lodge and they accepted gift cards, which they gave me, and I turned the gift cards over to Home Depot to pay for the garden.

– Maria Almes

You can also select from one of the VA's many designated funds, which support specific areas of VA programming, like clinical care services or services for homeless veterans.

To cite only one example, Almes describes a fund established for a new, expanded clinic that opened in June of 2019. That money is used for a free coffee program for veterans who are fasting for their lab tests.

Another successful fundraiser garnered \$32,000 for a designated fund to help homeless programs. With that money, Almes ordered new beds and other furniture, which were delivered to chronically homeless veterans who had just been placed in housing through a program, the [Housing and Urban Development/ VA Supported Housing \(HUD/ VASH\) program](#), that helps house homeless veterans throughout the nation.

Other funds include those that direct money to recreational therapy for veterans in rehabilitation in the VHA's [Community Living Centers](#), the term used to refer to VA nursing

homes. Donations help support social activities and outings. “With the help of donors, I have funded fishing trips in San Francisco, indoor rock climbing, or even skydiving for veterans struggling to overcome fears,” Almes explains.

Almes says the VA also has a needy veteran program. “A veteran might have used all his gas to get to an appointment and has no gas to get home. In a case like this, a social

worker can go to a cashier so the veteran can get \$20 for gas. It's an honor system. Funds distributed would be annotated in the electronic medical record.”

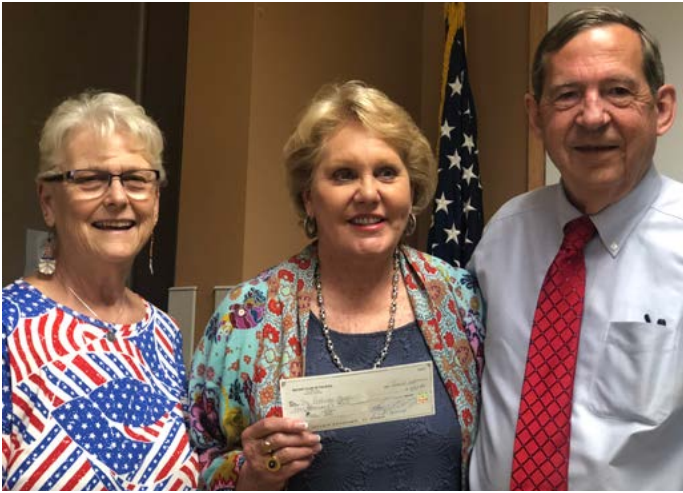
VHA facilities across the nation have similar programs. Deb Burns, chief of voluntary services at the Memphis VA Medical Center, explains, “We have a coffee and lemonade brigade here at the Memphis VA Medical Center. Volunteers and organizations have con-

tributed funds to provide coffee, lemonade, cups, and lids. Every day, volunteers push carts through the facility giving coffee, or in the summer, mostly lemonade, to veterans.”

In working with PDAT, the Rotary Clubs of Napa, Brentwood, Pacifica, and Martinez have all donated money. In the fall of 2018, the PDAT program received an \$8,000 check – the proceeds from the annual Yountville Bocce Tournament. On August 15, 2019, the Rotary Club of Napa presented PDAT with a check for \$17,000, which came from those who participated in the April 2019 Cycle for Sight/Rotary Ride for Veterans. The Rotary Club of Pacifica also donated \$2,500, and the Brentwood Rotary Club donated \$2,500 earmarked for the Martinez Transition Program.

Donating Items

Another way to support veterans is to donate needed items. For example, when TPH was discontinued, its board decided to donate its ten-passenger van to help transport PDAT residents to activities. On June 13, 2018 Dorothy Salmon and



The President and Past President of the Pacifica Rotary Club with Dorothy Salmon presenting their fundraising check to PDAT.

Monetary Donations

Here are a few examples of how monetary donations are used:

- Comfort kits
- Wheelchairs
- Recreational outings
- Transportation and other items for veterans
- National adaptive sports programs
- Hospice programs
- Chaplaincy programs and services
- Greenhouse programs and services
- Holiday programs

from Veterans Affairs Pamphlet, *Become a VA Volunteer*

seven other Napa Rotarians delivered the van to Martinez. The board worked with Maria Almes to help transfer ownership of the van from TPH to PDAT. Now PDAT uses the van for recreation, education, and outreach activities.

Donations, of course, don't have to be as expensive or extensive. Items can include everything from furniture to vouchers for transportation. Each facility, Almes says, has a list of things they need. Some facilities will have acute needs that arise from an

One hundred percent of any money donated to the VA goes directly to veterans.

– Maria Almes

emergency like the 2018 Camp Fire that displaced thousands of people in Northern California, some of them veterans. One company, Almes said, sent the VA \$3,100 to purchase 31 Visa cards worth \$100 each for people who had lost their homes and all their possessions. Almes explains, “Our social workers were able to give veterans who had lost everything a VISA card to get food, shelter, clothing, or whatever else they needed.”

Some groups have donated transit vouchers for regional transit in Sacramento. This allows homeless veterans – who may not have a car or be able to afford to pay for public transportation – to make their appointments.

New and unused clothing and medical equipment can also be donated. Used clothing or medical equipment will not be accepted.

When it comes to monetary donations or donated items, everything, Almes says, is documented by Voluntary Services as well as by social workers working with individual or groups of veterans. The VA is scrupulous in making sure donated money is used only for its stipulated purpose.



Napa Rotarians drive their 10 passenger donated van to PDAT and share their happiness with the PDAT staff.

Donating Time, Skill, and Expertise

Finally, as has been the case with Rotarians and the PDAT program, another way to donate is to give one's time, skill, and expertise by volunteering to help individual programs or veterans. People can, for example, volunteer at the VA to be part of a national program of Red Coats, who greet veterans and their family members in VA facilities. They stand outside the front door welcoming patients or at information booths where they help people navigate around a facility and provide needed information.

What Volunteers Do and Where They Work

- Adaptive sports
- Cafeteria/retail store
- Chaplain service and assistance with religious/spiritual programs
- Clerical support
- Clinical assignments including reminder calls and patient check-ins
- Homeless veteran program
- Hospice and palliative care
- Information-desk greeters
- National cemeteries
- Patient navigator/escorts who help people around a VA facility
- Physician ambassadors
- Recreation therapy
- Vet Centers
- Veterans benefit support
- Veterans history project
- Volunteer caregivers support programs
- Volunteer Transportation Network
- Women's veterans programs

For more information check out the pamphlet put out by the Department of Veterans Affairs, *Become a Volunteer*.

The VA also runs a national [Volunteer Transportation Network](#) (VTN). As the VA describes it, "VTN was established to provide needed transportation for veterans seeking services from a VA facility and/or authorized facility. VTN guidelines permit volunteer participation in providing transportation to veterans using a volunteer's privately owned conveyance or a government-owned vehicle, including donated vehicles, county vehicles, DAV Department (state) or Chapter (local) vehicles, public transportation, and contracted transportation."

Volunteers in a VA facility can do everything except provide direct clinical care.

To personally donate time and skill at the VA involves

At the [Memphis VA Medical Center](#), volunteer drivers in the VTN drive vans in the Memphis metropolitan area and chauffeur veterans to and from appointments from as far away as Union City, Tennessee, or Tupelo, Mississippi. On any given day, 14 vans are on the road, with three or four in the Memphis loop and the rest in rural areas. Veterans call the VTN to book a ride and must be able to get into and out of a van independently.

At VA facilities across the country, volunteers also drive golf carts to shuttle patients from the parking lot to different locations.



Top: Dorothy and John Salmon taking PDAT veterans and staff to San Francisco on their boat. **Bottom two:** PDAT veterans enjoy fishing with Napa Rotarian Steve Orndorf.

going through an application, vetting, and training process. The application process includes health screening to make sure a volunteer is not carrying tuberculosis or any other disease that would put patients at risk. It also includes a background check, which includes electronic finger printing; people also have to prove that they are not on the Office of Inspector General's [List of Excluded Individuals Entities](#). This is a government database that lists people who are excluded from doing business with the government.

Once the application process is completed, volunteers also go through a general orientation to learn how the Voluntary Services program works, and they get a position-specific training. For example, if someone is volunteering in the emergency room or on a ward in an inpatient area, a nurse manager or supervisor would give specific training and then do a competency check.

Volunteers also take a required annual training on the Health Insurance Portability and Accountability Act of 1996 ([HIPAA](#)), which is offered in person or online. This is for people who have access to the VA computer network, who volunteer on inpatient units, or even at an information counter. Volunteers in these areas could overhear patients revealing confidential details and need to be reminded each year about the need to respect patient privacy.

Almes explains, "People need to be sensitive to the nature of our veterans. You don't know where they came from that morning or what their mental state is."

Many veterans volunteer to work in peer-support programs – therapy programs that help other veterans. To volunteer for these programs is, Almes says, "a very big commitment. We give priority to volunteers who can give at least 100 hours. Because the VA gives peer-support volunteers so much training, we don't want people who just want to come in for three months and then they're gone. We're investing in you and relying on you to show up. We're putting volunteers in a mutually rewarding position, so we don't start the

process until there is an established position and a supervisor to oversee the training and work."

Volunteers who work with a residential program like PDAT also have to understand, Almes says, that they are working with patients for whom the VA has final responsibility. When a group like the Rotary Club of Napa volunteers with a program like PDAT, the particular program may also give specific training or instructions to its volunteers. Rotarians who volunteer with PDAT have extensive discussions with program leaders so they can understand the needs of veterans as well as VA staff.

There are several different categories of volunteers, each of which determines the amount of training and vetting required.

Regularly Scheduled Volunteers: Regularly scheduled volunteers contribute a significant amount of time a year and must be fingerprinted, have TB tests, and be thoroughly vetted and trained. They receive VA badges indicating that they are volunteers.

Occasional Volunteers: These volunteers may come to a VA facility for a short time once or twice a year. They do not have to be fingerprinted or undergo any medical testing or training. They do not receive VA permanent volunteer badges but may be issued temporary badges.

Episodic Volunteers: These volunteers may only come to a single event once a year. An example is a Harley Davidson motorcycle riders group that comes to the Memphis VA Medical Center once a year on the Fourth of July for a barbecue. These volunteers require no vetting or training.

Almes also points out that VA-sponsored events will require staff supervision and participation. "If the VA is sponsoring an event or outing, then a VA staff person goes with them. Every

step we take is to protect the health, wellness, and safety of our patients and those who volunteer to help them.” Almes emphasizes the fact that the VA welcomes volunteers “who want to do their bit” but also recognizes that not everyone who volunteers understands how fragile some veterans may be.

Rotarians and VA Volunteer Training

As longtime volunteers working with veterans, Rotarians say they have nothing but appreciation for the kind of scrutiny of volunteers and training the VA provides them. “It may seem like a pain to be fingerprinted,” Salmon says. “But if you have to be fingerprinted to work with kids, why wouldn’t you have to go through the same kind of scrutiny when working with veterans?”

Salmon explains, “We made it easy to go down to the Napa

County Sheriff’s Department with ten people who want to help, get fingerprinted together as a group, and then go out to lunch.”

“It’s also critical to have training,” Salmon adds, “because you have to be clear about boundary issues. You have to know what to do when a veteran crosses a boundary – like constantly asking for money or other help.”

Napa Rotarian Kent Gardella adds that those who want to help veterans also need to be screened to make sure they don’t cross any boundaries. “You want to make sure that volunteers have the right motives. And you have to screen people because, even though they want to help, some of them may have unresolved problems that can negatively impact work with veterans.”

Volunteers also participate in a variety of special events, everything from the National Salute to Veteran Patients that takes place during the week of Valentines Day to National Veterans Golden Age Games to the VA2 Walk and Roll to encourage people to have active lifestyles.

– From VA’s *Become a VA Volunteer*

Keith Armstrong is the director of mental health social work at the San Francisco VA Health Care System. Armstrong, who has worked with Rotarians for several years, talks about ways that volunteers can work through community college and university veterans’ programs that are specifically designed to help veterans who are students in the institution.

Armstrong recommends that those who want to help student veterans ask about volunteering at the VA. Most schools, Armstrong notes, have a veterans’ organization of some kind or someone overseeing a

student veterans’ club. School staff will know what services are provided to veterans and can help identify opportunities for tutoring or assisting veterans with resume writing, beefing up job interview skills, helping the transition from a two-year community college to a four-year school, or helping find supplemental employment. Volunteers can also provide food for an event, speakers for a program or class, or furniture for a veterans’ club or center. Whatever way volunteers choose to approach a school, it is important for them to understand the sensitivities, needs, and vulnerabilities of the veteran population.

In 2018, there were more than 75,000 volunteers working with the VA. They contributed over 12 million volunteer hours, saving the VA more than \$232 million annually. There were also over \$77 million in annual gifts and donations. (from [VA Voluntary Service](#)).

In Northern California, in FYI 2019, 2465 people volunteered at the Northern California, San Francisco and Palo Alto VA Healthcare Systems. It would have taken 185 FTEs to deliver the services they provided and they saved the system \$8,710,096.

At the Memphis VA Medical Center, regular volunteers contributed a total of 39,818 hours, and occasional volunteers contributed 2,869 hours for a grand total of 42,687 hours in FY 2019. It would have taken 23 full-time staff equivalents to provide the services these volunteers delivered to veterans. The Memphis VA Medical Center would have had to spend \$1,030,452.11 to pay for those services.

At the VA Connecticut Health Care System, volunteers at the West Haven and Newington facilities contributed a total of 70,740 hours between October 1, 2018, and September 30, 2019. It would have taken 35 full-time staff equivalents to provide these services. Volunteer contributions saved the VA Connecticut system \$1.8 million.

List of Acronyms

CBOC: Community Based Outpatient Clinic

CLCs: Community Living Centers

COPD: Chronic Obstructive Pulmonary Disease

CPT: Cognitive Processing Therapy

DoD: Department of Defense

EOD: Explosive Ordnance Detail

GERD: Gastroesophageal Reflux Disease

HIPAA: Health Insurance Portability and
Accountability Act of 1996

HUD-VASH: Housing and Urban Development-
VA Supportive Housing

IED: Improvised Explosive Device

LEIE: List of Excluded Individuals Entities.

MST: Military Sexual Trauma

NCRAR: National Center for Rehabilitative
Auditory Research

NSSF: The National Shooting Sports Foundation

OIG: Office of Inspector General

OIT: Office of Information Technology

PACT: Patient Aligned Care Team

PAO: Public Affairs Officer

PDAT: Post Deployment Assessment Treatment
Program

PE: Prolonged Exposure Therapy

PTSD: Post Traumatic Stress Disorder

TBI: Traumatic Brain Injury

TPH: The Pathway Home

VA: Department of Veterans Affairs

VAHCS: Veterans Administration Health Care
System

VAMC: VA Medical Center

VANCA: VA National Cemetery Administration

VBA: Veterans Benefit Administration

VHA: Veterans Health Administration

VHPI: The Veterans Healthcare Policy Institute

VISN: Veterans Integrated Service Network

VITAL: Veterans Integration to Academic
Leadership program

VSO: Veteran Service Organization

VTN: Veterans Transportation Network

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For the ones who dream of better worlds. Your contributions made everything we've done and will continue to do, possible...THANK YOU!

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Here's to every Rotary Club who uses this guide and reaches out and welcomes our Veterans.

WE are a powerful and indispensable partner for our Veterans!



**If we can do this, you can do this too.
Rotarians are powerful!**



Napa Rotarian Tim Cooney, 2016 Napa District California Assembly Veteran of the Year, Napa Rotary past Presidents, Dorothy Salmon, Gary Rose and Karen Hunt, Dr. Alex Threlfall, Pathway Home Board Member, and Past Rotary President John Prescott thanking the Rotary Club for great partnerships and fundraising in support of veterans.

Suzanne Gordon

Journalist/Author/Patient Safety Advocate

Suzanne Gordon is an award winning journalist and author who writes about healthcare delivery and health care systems and patient safety and nursing. Her latest book, *Wounds of War: How the VA Delivers Health, Healing, and Hope to the Nation's Veterans* (Cornell University Press). Her last book was *The Battle for Veterans' Healthcare: Dispatches from the Front Lines of Policy Making and Patient Care* was published by Cornell University Press in May of 2017. She received the Disabled American Veterans (DAV) Special Recognition Award for her work covering veterans' healthcare. Ms. Gordon is a Senior Policy Fellow at the Veterans' Healthcare Policy Institute.

Ms. Gordon's other 20 books include, *From Silence to Voice: What Nurses Know and Must Communicate to the Public*; *First Do Less Harm: Confronting The Inconvenient Problems in Patient Safety*, and *Beyond the Checklist: What Else Healthcare Can Learn from Aviation Safety and Teamwork*.

Ms. Gordon is the co-editor of the *Culture and Politics of Healthcare Work Series* at Cornell University Press. She has been a radio commentator for US CBS Radio and National Public Radio's Marketplace. Her articles have appeared in Harper's, The Atlantic, The New York Times Magazine, The Boston Globe, The New York Times, the Los Angeles Times, The American Prospect, The Washington Monthly, The Nation, JAMA, The Annals of Internal Medicine, British Medical Journal and many others.

She lives in the San Francisco Bay Area with her husband.