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Veteran Friendly?

By Peter Schmidt, Psy.D.

Director, Veterans Training Center

So often one hears the term “Veteran Friendly.” What does the term really mean? What measures exist that can offer objective or even subjective feedback? How does one know whether a higher education institution is indeed veteran friendly?

Given the draw down of the military, increasing numbers of veterans will utilize educational benefits (555,329 post 9/11 in 2011), and the transition from military to civilian/higher education culture can be a formidable challenge. There are higher education institutions that do want to better support veterans in their readjustment, while others look more to the financial gain they bring to a campus and local community.

According to the Veterans Administration*, over 660,000 undergraduate students are veterans, constituting about 3% of all undergraduates with 73% being male and 27% female. (Note: “Student Veterans” are defined as “veterans and military service members on active duty or in the reserves who are enrolled in postsecondary education.”) A majority of student veterans are enrolled in public two and four-year institutions, 43.9% and 21.4%, respectively. Private not-for-profit and private for-profit schools have 13.5% and 12.4% enrolled veterans, respectively.

The data also reveals how veterans of all ages attend higher education, close to half (47%) have children, are married (47.3%), with a third (35.3%) being unmarried and without dependents. Many of these students have life experiences unlike their peers. Truly this population of students does fit the nontraditional role and it behooves higher education to employ strategies that will assist them to persist and succeed toward their academic goals. The question again is what does it mean when an institution calls itself veteran friendly?

Some would offer, for example, strategies such as a veteran specific new student orientation, a course on veteran culture, a veteran resource team, a student veterans association, a website with veteran specific information, a dedicated space and personnel, financial support and emergency funds, celebration of Veterans Day, Armed Forces Day, Memorial

Day, a campus challenge coin, monument, artwork and veteran friendly signage, regular surveys and focus groups, and veterans being part of the institution’s strategic plan, would all reflect a campus that is Veteran Friendly. There are, in my mind, other more human factors to consider as well.

What kind of relationship do the campus, faculty, staff, administration and students want to have with student veterans? How do college personnel connect with veterans in an authentic way? For example, is it more important to establish a human connection or to immediately have the veteran complete a form, stand in line, or be directed to the next office without getting to know or having an interest in the person? Has it explored its current processes and procedures to determine whether there may be unforeseen deterrents or barriers to veteran success? Has the campus taken steps to explore what would cause one not to self-identify as a veteran? This is one of the most crucial questions to research and reflect upon as it will unfold and raise awareness to areas formerly left in the blind. The essential ingredient is the person-to-person contact, the relationship, and a campus can have many wonderful initiatives and strategies, but without the human connection they become hollow and without substance.

As of September 30, 2012, 1,557,026 OEF/OIF/OND** have separated from the military. Higher education will witness an upsurge of veterans attending their campuses who are faced with the challenges of reintegration and readjustment. Campuses can engage in many vet-centric strategies that overtly communicate a sense of veteran awareness, yet an institution will not fully earn the designation “Veteran Friendly” until college employees become culturally competent and recognize the need and benefit to connect with student veterans and their family members in a genuine and sincere way. How would one assess the latter? Simply ask a student veteran or family member. *(VA Campus Toolkit – www.mentalhealth.va.gov/studentveteran/)

**Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans, Cumulative from 1st Qtr. FY 2002 through 4th Qtr. FY 2012 (October 1, 2001 – September 30, 2012). ###

Teaching Veterans' Culture

By Emmett Early

I had the opportunity to teach a class, called Veterans' Culture, this last winter quarter at Edmonds Community College. It was the first time the class had been offered there and I had the advantage of creating it from scratch. Culture is that which is created by human beings, in this case veterans of military service. Each post-war period has its own culture, influenced by the exigencies of the time, and, in turn, each post-war era influenced the next. It seemed to me that any course of this topic had to take in both the recent history of veterans in each post-war era, as well as the products of their creative efforts, along with the creative works about veterans.

Each era has its own influences, for sure. After the U.S. Civil War there was reconstruction in the south, including major social changes brought about by the destruction and poverty that the war entailed, as well as the 13th Amendment of the U.S. Constitution which freed all slaves. The population expansion of European Americans moving west produced an era of the Wild West. The post-World War I era was profoundly influenced by the epidemic of the Spanish Flu, the Stock Market Crash and the Great Depression. Veterans reacted by marching on Washington, the so-called Bonus Army, driven out of D.C. by Army Chief of Staff, Douglas McArthur. The remnants of the Bonus Army were annihilated by a terrible hurricane in the Florida Keys which killed the remaining 400 veterans in 1935.

World War II veterans were the beneficiaries of the Bonus March, in that politicians did not want thousands of veterans being discharged every week into an employment market that was in transition from war to peace. Post WWI Germany was a salient example of what can go wrong. The liberal GI Bill was created which essentially paid the tuition for a veteran to attend any school, college, or university for which he or she qualified. Such government generosity resulted in a genuine patriotism and faith in government among many veterans.

The post-war era of the Korean War was something different, although they had the GI Bill as well, their war resulted in an ambiguous settlement that has yet to resolve and was soon forgotten by most—except for the veterans with lingering sequelae of frost bite and trauma. The Vietnam War era could reasonably be said to be a product of WWII, in which the generation growing up divided by cultural ideal: protests and patriotism. The next generation had the burden of long wars against terrorists that created veterans of repeated combat deployments.

And all along over the span of a century, movies, memoirs, novels, plays, and stories were created by and about veterans chronicling each war. It seems that one of the byproducts of the GI Bill was the production of literate veterans who carried on a rich tradition. One has the impression that while each post-war era had its own cultural trappings and stressors, there is yet much that war veterans have in common. Psychological trauma eventually became recognized and we see the symptoms of posttraumatic stress disorder in veterans from all the wars. What seems new from the latest wars is the influx of female members of the armed forces becoming veterans, who in turn bring new facets to the veterans culture, bringing to light interpersonal trauma added to combat trauma.

As can be seen in these pages, much attention is being given to the education of our current veterans after their discharges, yet it seems that veterans have only a vague sense of their heritage as veterans. Movies about veterans have the unique advantage of chronicling the veteran as the generation portrayed him or her. [There has been only one movie that I know of that features a female veteran: *The Lucky Ones* (2008).]

Jonathan Shay's book, *Odysseus in America*, completes the perspective of history, taking us back to about 800 BC to the Greek veterans of the 10 year Trojan War trying to make their way home. Shay compares the mythical homecoming of Odysseus with homecoming of the veterans of the Vietnam War. Ernest Hemingway, himself a veteran as an ambulance driver on the Italian side fighting against the Austrians and Germans in World War I. We compared his short story, "Soldier's Home" with the homecoming described in *The Yellow Birds*, by Kenneth Powers (reviewed here on page 6), of a veteran of the war in Iraq, and to a post-WWII movie *Till the End of Time*, that features the homecoming of a marine infantry corporal from the Pacific island battles. Each combat veteran meets his mother and experiences inevitable alienation of having been changed by his experiences.

The culture of veterans is formed not just from the trappings of military life (language, custom, and values,) that carry over into civilian life that causes a sense of separateness from civilians who did not experience war in the first person. It seems the veterans of combat from each of our wars has experienced a long-term sense of separation that cannot be cancelled by counseling or intimate relationships. Values that change because of military service are not likely shared by civilians.

A Veterans Culture course reviews the common psychological issues of veterans returning home after combat in foreign lands. I grew up with veterans returning from the American Occupation of Japan and the Korean War. The veterans of the Vietnam War returned with strong memories that influenced their adjustment to civilian life that are easily triggered. Deployments to combat zone in the Middle East produce what we now recognize as symptoms than in some cases qualify as PTSD or traumatic brain injury. Movies of these eras reveal how the values of the age influence the veterans regard for their symptoms. The military and the VA, counselors and writers chronicle the news of how symptoms cluster. We know, for instance, that alcoholism was once called "the army disease." The strain on military families due to repeated deployments is now a part of veterans culture.

Some war veterans, like James Jones, Kurt Vonnegut, J.D. Salinger, Joseph Heller, Norman Mailer, Karl Marlantes, to name a few, launch their writing careers with chronicles of their war experiences and homecomings.

Veterans Culture is really a survey of what veterans have done upon their return home and how their homeland culture has been influenced. Veterans like the course. It gets them talking, and it helps non-veteran family members and friends get more acquainted with the veterans. ##

The Veteran Friendly Campus

By Jonathan Wicks, MSW

The discussion around Veteran Friendly Campuses has been gaining interest over the last few years. I had the opportunity to research this topic extensively from 2009-2012. In 2009 the University of Washington, Tacoma, formed a military friendly campus group with the goal of creating a survey to measure just how “military friendly” UWT is. Over the course of two years a literature review was conducted and the group created the survey that was administered in the summer of 2011. In the unpublished UWT study there were 96 survey participants out of the eligible 300 students who were affiliated with the military as active duty, reservists, veterans, and family members of veterans. They were identified by the use of veteran’s education benefits, vocational rehab, and the GI Bill. This information was broken down into subgroups to identify any differences between Veterans, Active Duty/Reserves, and Family Members.. With approximately 30% participation it is fairly commensurate with most return rates for survey research. When participants were asked if they agreed with the statement: “Staff are prepared to meet my needs as a student affiliated with the military” 65.93% either “Strongly Agreed or Agreed”, while 28.57% felt neutral, and 5.5% either “Disagreed or Strongly Disagreed”.

What is Veteran Friendly?

This leads us to the question of “how do we define veteran friendly schools?” The literature provides several key areas to consider. Online classrooms provide accessibility to education for students who may not be able to attend regular classes in a brick and mortar school. GI Bill benefits can be hit or miss, sometimes delays in payments or miss-planning can lead to serious psychosocial problems. Deployment orders or “Muster Duty” can happen at any time, leaving a student with no option other than drop a class. Physical and psychological injuries should be considered when working with veteran students. The atmosphere of a classroom can be intimidating for veterans and their family members when topics of diversity or world issues are brought up in class. For mental health professionals, the knowledge base for working with disenfranchised populations may be “common sense” though the research shows that faculty can lack awareness of issues related to this population. For the purpose of this research veteran students were defined as active duty, reservists, ROTC, veterans, and family members. Of the participants in the UWT study, 57.73% were veterans separated from the military, 10.31% were spouse, partner, or dependent of veterans, 9.28% were spouse, partner, or dependent of active duty or reservist members, 7.22% were reservists, and 3.09% were active duty. The remaining 12.37% identified as other, which indicated; retired, or a combination of statuses identified above.

Beware of Diploma Mills

Probably the most well known “authority” in Veteran Friendly Campuses is militaryfriendlyschoools.com. The idea of the website sounds good, though, upon further inspection, you may find that the methods they use may not be accurate. The literature suggests there is more to veteran friendly campuses than online classes. The most obvious expectations consider financial aspects, accessibility, and endorsements from veteran alumni.

When looking at the list provided by militaryfriendlyschoools.com you may recognize several established institutions. This appears to give the site credibility through simple association. There is however, a large amount of virtual-only campuses that give an illusion of credentialed degrees. It is important to be aware of the emphasis placed on virtual-only colleges. Credibility of a degree is far more important than the ease of access to virtual classrooms. Virtual classrooms are provided by both credible and less than credible institutions. Veteran students need to be aware of their academic program and if the degree they are working towards is actually accredited. How Veteran Friendly is a campus that collects tuition from a veteran’s hard earned GI Bill, only to give a degree that is not recognized in the professional field? Virtual-only institutions are often referred to as “diploma mills”; meaning for the right price you can virtually (no pun intended) buy your degree. Sure, the ease of taking classes online makes education accessible for military service members abroad, or veterans, and family members working full time jobs. The message here is to encourage veterans to research accreditation of the schools they choose and if possible wait until after service to attend college.

GI Bill

It is not news that many enlistees use the military as a stepping stone to improve their quality of life. The GI Bill gives us the perfect example. Before WWII academia was often out of the financial reach of many disenfranchised people. After the war veteran students used their GI Bill of Rights to attend college, start businesses, and buy homes. This provided an economic boost in the post war economy. The surge of veteran students provided a cultural shift on college campuses. After the war in Iraq and the current war in Afghanistan, colleges are again seeing a surge of veteran students using their GI Bill. It is no wonder that during the same time there has been a movement towards Veteran Friendly Campuses. In 2009 there were over 1.8 million U.S. military members serving throughout the world [Church, T., Returning Veterans on Campus with War Related Injuries and the Long Road Back Home. *Journal of Post Secondary Education and Disability*, 2009, 22(1), 43-52.] In 2008 close to a quarter million military veterans made use of their veteran education benefits [Bloese, C., Home at Last. *Community College Journal*, 2009, 79(4), 24-26.]

The literature shows that having a certified education benefits counselor on staff who is accessible to students is key. Most colleges and universities have had VA coordinators on staff for several decades; you may ask what does this mean? It means this is a best practice and let’s praise those colleges and universities that saw the need and already addressed this issue. Probably the most common questions veteran students have for administrators circle around the topic of education benefits. You would be surprised how many financial aid specialists have little to no training on GI Bill benefits or Vocational Rehab Chapter 31. An added benefit of having a VA coordinator on staff is the knowledge base of the coordinator for referrals to state and federal veteran resources. It was also found that policies should be changed to provide tuition waivers for students’ GI Bill payments that are often late, at no fault of the veteran student. For students who are still on active duty or reservists,

(Continued on page 4, see *Veteran Friendly*)

Veteran Friendly, Continued from page 3.

policies should allow students to take a no penalty drop, should they come down with deployment orders on short notice. Veteran students should be educated on financial planning when relying on their GI Bill or Voc Rehab as a primary source of income. Recent data shows veteran students become at risk of becoming homeless in between quarters and semesters. This is due to the GI Bill not paying basic allowance for housing during these breaks. Proper planning can prevent this from happening and a Veteran Friendly Campus can provide this type of coaching or guidance. With the changes to the post 9/11 GI Bill in 2008, education benefits can be transferred to family members who also deserve consideration when assessing a Veteran Friendly Campus.

Visible and Invisible

With modern technology combat veterans are surviving from injuries that would have been fatal in previous wars. From the speed and efficiency of MedEvac helicopters, modern combat medicine, and improved equipment, more combat veterans survive war-related injuries. Certainly Walter Reed Hospital does a fine job with rehabilitation for veterans with physical injuries. The American Disabilities Act lead to college campuses that are more accessible to people living with disabilities. As mental health providers, we are all well aware that the military does not do a good job of providing rehabilitation for veterans with invisible injuries. Most common invisible injuries include PTSD and TBI. As faculty members look across their classrooms they may see students with visible scars, prosthetics, or other physical injuries. A student with a TBI or PTSD may not be as easily identified. Most larger colleges and universities have Disability Support Services (DSS) on campus. DSS provides accommodations for veteran students. A student with PTSD may elect to take tests in a testing room. This provides a quiet area where the veteran can focus on the test instead of feeling overwhelmed in a classroom filled with students. Students with TBI can get twice the allotted time, or time-and-a-half, to take a test. Students with PTSD and or TBI can have an actual note taker assigned to them. DSS coordinates with students that volunteer to make copies of their notes for veteran students living with disabilities. Since this is coordinated through DSS, the note-taker will not know the identity of the student living with the disability. It is important to note that only 52% of the participants in the UWT study were aware of DSS or available accommodations. The lesson learned was to ensure that veteran students are aware of the resources available. Faculty and staff need to have awareness that veteran students may not want accommodations or may not

identify as veterans. It is important for the faculty to know that the student sitting in the far rear corner of the classroom may be just as motivated as the students sitting in the front row. The faculty should know that possibly that student is sitting in the far rear corner because of a legitimate disability. A student with PTSD may be trying to adjust to the classroom and may feel more comfortable with no one sitting behind and sitting near an exit. Or the student who leaves class during a heated topic or debate may be leaving the classroom to minimize PTSD symptoms. What the faculty member might perceive as a sign of disrespect or lack of interest may actually be the student aware of psychological triggers. A faculty member's perception about a student can affect the student's grade. If the perception is incorrect the student is dealt a huge injustice. The lesson learned was that faculty and staff should be aware of the issues that veteran students deal with. This topic, found in the literature, was supported in the UWT study and was the most significant (and common sense) finding: 76% of survey participants indicating the need for faculty to be knowledgeable about the challenges military veteran students face.

Proposal

So what does all this information mean when we think about Veteran Friendly Campuses? It can seem intimidating at first, but in reality becoming a more veteran friendly campus is not a huge feat. Most of the support systems are already in place. It may require some campuses to initiate these services. It will require a method of communication that informs veteran students of what is actually available to them. The most crucial element may be a staff that is trained on the issues that veteran students face. ##

The Repetition & Avoidance Quarterly Folds

The RAQ ends publication with the next (Spring) issue. Funding has been cut. If you wish to contribute an article, the Spring issue will be your last chance. Don't procrastinate. Send your article or comment to

emmetearly@comcast.net

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Standardized Assessment Advocated for C&P Examiners— The VA Conducts a Comparative Study

A group of noted VA psychologists authored a study that examined the differences between standardized assessments and “non-standardized assessments,” which featured the assessments administered by clinicians contracted or hired as VA Compensation and Pension examiners across the nation. The first author of the study was Theodore Speroff [Impact of Evidence-Based Standardized Assessment on the Disability Clinical Interview for Diagnosis of Service-Connected PTSD: A Cluster-Randomized Trial, *Journal of Traumatic Stress*, 2012, 25(6), 607-615]. There were 16 authors in all, representing VA system hospitals in a variety of locations. They point out that “the VA’s disability compensation program is second only to Social Security Disability Insurance in size and currently covers almost 3 million veterans (...). Between 1999 and 2004, benefit payments for service-connected PTSD have increased 149% (up to \$4 billion annually) compared to just 42% for all other service-related disabilities (...). Almost 400,000 veterans received compensation for PTSD during 2010, a 222% increase from 1999 (...). These rapidly rising costs of PTSD compensation prompted a government investigation that found wide regional variations in the rates of service connected PTSD and attributed the variance in part to variation in the diagnostic examination...” (p. 608). In a roundabout way the authors seem to be saying that part of the increase in PTSD disabilities is due to faulty examining processes.

Six VA medical facilities participated in the study. “We addressed this evidence gap by conducting a cluster randomized controlled trial, comparing usual practice, non-standardized clinical interviews in a sample of veterans seeking PTSD disability compensation from the VA with standardized assessments that incorporated well-validated, evidence-based assessment for functional impairments and PTSD diagnosis. We hypothesized that veterans in the standardized assessments condition would receive more complete and accurate assessment of the *DSM-IV-TR* diagnostic components of PTSD and related functional impairment than veterans in the usual practice condition” (p. 608).

The study assessed 452 veterans randomly assigned to 40 clinical examiners with those who were doing the assigning blind to the study details. Two standardized tests were administered: The CAPS (Clinician Administered PTSD Scale), and the World Health Organization Disability Assessment Schedule II, with the acronym that sounds like the name of a rap singer: “WHODAS-II.” Audio transcripts were electronically transferred to the VA National Center for PTSD for “blinded review.” This consisted of clinical psychologists at the Center, so-called “expert reviewers” who listened to the recordings and “scored the clinical interview for diagnostic and functional assessment” (p. 609).

Speroff, et al., reported their results. They found 62% of the standardized exams were considered completed, compared to 0.5% of the nonstandardized exams. “Completeness was uniformly greater among examiners in the standardized disability assessment condition across the core diagnostic criteria. In addition, there was greater consistency in diagnostic assessment between medical centers and clinical examiners within the standard-

ized condition” (p. 610).

Speroff, et al., further reported that “the completeness of the functional assessment in nonstandardized disability assessment condition was very low in each domain due to insufficient information” (p. 611). They wrote that “agreement of PTSD diagnosis was 93% for the standardized exam group and 77% for the nonstandardized exam group” (p. 611).

Examining the examination data in their results, Speroff, et al., concluded that “the source of this diagnostic uncertainty was uniformly above 50% for the nonstandardized exams (...) due to failure to ascertain whether symptoms were linked to the trauma event...” (p. 611). The authors state: “The importance of diagnostic accuracy and validity is of particular importance in the medicolegal context of a disability examination where the diagnosis has clear implications for equity in distribution of financial compensation and priority access to VA health care” (p. 613).

The authors observed that a strength of their study was that it was conducted “within the real-world of disability examination; our effect size was very large for testing group differences in interview completeness and sufficiently large to detect significance in diagnostic PPV [positive predictive value], multiple medical centers participated and blinded scheduling of veterans to clinical examiners produced equivalence between study groups” (p. 614).

It should be observed, as well, that this study was processed through NCPTSD, which is a VA institution providing examiners who created a “blinded assessment” of the completeness of examiner interviews on audio tape. It seems reasonable to conclude that the examiners, as NCPTSD employees, would be persons holding the same professional values as Speroff, et al. The conclusion from this report is that VA C&P examiners who conduct evaluations for PTSD using a nonstandardized method do not gather complete data for both a diagnosis and an assessment of functional impairment. Such examiners may hear enough, read enough about the veteran to reach a conclusion, yet not report their data completely, perhaps responding to feelings, clinical intuition, that is difficult to summarize.

Speroff, et al., introduce their report by summarizing the costs of PTSD disability ratings and highlight the alarming increase in the incidence of PTSD. Their concern in this report is with applying the discipline of a standardized evaluation process across the whole VA system, in the hopes that the process will be fair and equitable, and reduce the incidence of PTSD. Hidden beneath this issue and unstated in the report is the question of the federal government’s role in the incidence of PTSD. It is also significant that more troops survive injuries (16 wounded per fatality in the current wars, compared to 2.6 wounded per fatality during the Vietnam War). It has been observed that most combatants who are wounded by a blast suffer blows to the head as well. Being wounded in combat is a leading cause of PTSD among those currently deployed. Advances in emergency medicine and psychological assessment do not correct the causes of psychological trauma. EE ##

Book Review:

The Yellow Birds—A novel set in the Iraq War by Kevin Powers

“How do you measure deviation if you don’t know the mean?”

Reviewed by Emmett Early

Kevin Powers served as an army machine-gunner in Iraq in 2004 and 2005. The book jacket indicates that he is now a Michener Fellow in Poetry at the University of Texas, Austin. He warns the reader at the beginning of his novel by telling us with a quote from “Traditional U.S. Army Marching Cadence,” that the title is about a yellow bird getting its head smashed. The novel tells the story of Private John Bartle, a rifleman, his overbearing sergeant, and his friend, Murph. It cuts between Al Tafari, Iraq, on the banks of the Tigris River, where “nothing seemed more natural than someone getting killed,” and the delta of the James River in the shadow of the Blue Ridge Mountains where he tried to live after his deployment.

Kevin Powers sets the pace early in his novel describing the fate of Murph, a naïve 18-year-old grunt. At the close of training Private Bartle promises Private Murphy’s mother that he (Murph) will come back safely and Private Bartle will insure that he does: foolish words spoken to please the mom. Murph instead lapses into a psychotic, catatonic state at the close of a year of combat. He becomes fascinated by a nurse at a FOB, and when she is killed in a mortar blast, (“having gone out to hang her freshly washed uniform on a line behind her connex”), Private Murphy removes all his clothes, leaves the base and wanders naked into Al Tafari, where his friends searching find his body with gruesome evidence that he was tortured to death. Powers writes of Murph, “He’d been invincible, absolutely, until the day he was not” (p. 13). The mortar round, Powers writes, was launched into the FOB designated “To whom it may concern.”

Private Bartle and his sergeant do not want anyone to view Murph’s mutilated body and so that drag it to the Tigris River and drop it in, to join the many other bodies floating there. Eventually the act flummoxes Private Bartle, and the damage is revealed when he returns to his home and he cannot function. “You want to fall, that’s all. You think it can’t go on like that. It’s as if your life is a perch on the edge of a cliff and going forward seems impossible” (p 134).

He has been consistently thanked as a returning hero, but when he sees his friends swimming in a river, he cannot join them. “Why don’t I just wade out to them? What would I say? ‘Hey, how are you?’ they’d say. And I’d answer, ‘I feel like I’m being eaten from the inside out and I can’t tell anyone what’s going on because everyone is so grateful to me all the time and I’ll feel like I’m ungrateful or something. Or like I’ll give away that I don’t deserve anyone’s gratitude and really they should all hate me for what I’ve done but everyone loves me for it and it’s driving me crazy?’ Right” (p. 144).

The Yellow Bird of the title is perhaps the proverbial canary in the mine that warns the miners that the air is getting bad and they’d better get out. This reader had the sense that the fighting went on too long for Privates Bartle and Murphy. The canary’s head was smashed when they had grown numb to death and suffering.

Kevin Powers’ novel is a work of fiction, but could not have been written unless he had similar experiences. He renders his homecoming scene at the airport, greeted by his mother, in heartbreaking fashion: “She touched me as though it was the last time she might.

“I pulled her hands from my face and held them together out in front of me. ‘I’m fine, Ma,’ I said. ‘Don’t make a scene.’

“She began to cry. She didn’t keel or bellow, she just said my name over and over again. ‘Oh John, oh John, oh John, oh John.’ When I took her hands from against my cheeks she wrenched one loose and slapped me hard across the mouth and tears welled up in my eyes and I laid my head on her chest. I had to reach down to do it because she was small. She held me there and kept repeating my name, saying, ‘Oh, John, you’re home now’” (pp. 108-9).

There is some similarity between *The Yellow Birds* and David Castner’s *The Long Walk*, which is reviewed on page 10 of this issue. They both manage to depict the troublesome deadly scenes of warfare in Iraq and the veteran’s troubled homecoming in poetic language. The word ‘nostalgia,’ wrote Jonathan Shay in *Odysseus in America*, combines the Greek root words ‘nostos’ (homecoming) with ‘algia’ (pain). Mr. Powers’ character, John Bartle, seems bound like a mummy, wrapped in his painful memories.

“Our biggest error was thinking that it mattered what we thought. It seems absurd now that we saw each death as an affirmation of our lives. That each one of those deaths belonged to a time and that therefore that time was not ours. We didn’t know the list was limitless. We didn’t think beyond a thousand. We never considered that we could be among the walking dead as well. I used to think that maybe living under that contradiction had guided my actions and that one decision made or unmade in adherence to this philosophy could have put me on or kept me off the list of the dead” (p. 13).

It is reassuring that war veterans are writing novels so well. The praises Kevin Powers received on his book jacket amounts to a chorus of testimony to the great works of literature that wars have produced. It is like the capture and display of the goddess of love and the god of war caught in a net as they merge together, caught by the trickster god of invention. ##

Movie Review:***Taking Chance*— “I’m sorry for your loss.”**

Reviewed by Emmett Early

Taking Chance is an HBO movie that was featured at the 2009 Sundance Film Festival. It stars Kevin Bacon as Michael Strobl, a Marine Lt. Colonel who has a desk job, but served in Desert Storm and earned a Combat Action Ribbon. Directed by Ross Katz, the screenplay was by Michael Stroble and Katz, from Strobl’s book of the same name. With deep respect throughout, the film chronicles Lt. Col. Strobl as he volunteers for the job of escorting a body of a Marine back to his home town in Dubois, Wyoming. The film very carefully documents the solemn ritual of the delivery of the body to Dover AFB, the cleansing and processing of the body and effects, and the careful duty of the escort, following the body of Pfc. Chance Phelps through the airports on the way home. On the way *Taking Chance* shows the acknowledgment of the airport workers, citizens passing on the road, and the townspeople of Dubois.

Bacon plays Michael Strobl as a character who is moved by his experience. At the local VFW he confesses to a Marine veteran of the Korean War (Tom Aldridge) his guilt about not serving in Iraq. “If I’m not over there, what am I? Those guys, guys like Chance... they’re Marines.” The old veteran responds with firmness: “And you think you’re not? Want to be with your family, every night— You think you have to justify that? You’d better stop right there, sir. You’ve brought Chance home. You’re his witness now. Without a witness, they just disappear.”

The respect shown through the film is untarnished by editorial comment, except for one subtle reminder of the conditions of troops in Iraq written in the funeral notice: “In lieu of flowers, the family is requesting donations to the Chance R. Phelps memorial fund to raise money to send flak vests to our troops in Iraq.”

Taking Chance is guaranteed to bring tears to the eyes of any viewer to works with or associates with veterans. It gives us a profound sampling of the patriotism and solemn respect for the military and the sacrifice of combatants and their families. As the hearse and escort travel the long drive from the airport to the town, a funeral procession spontaneously forms in a caravan with headlights on.

Taking Chance joins other recent films that deal with the process of caring for the bodies of members of the military who were killed in action. *The Messenger* (2007), which featured soldiers who had the difficult job of notifying next of kin of their loss, was also respectful, but far more melodramatic involving a flirtation with one widow and a drunken episode of relief. *The Messenger* also featured a veteran of the Gulf War, played by Woody Harrelson, who felt the unfinished business of not having had a sufficient combat experience. Francis Coppola’s *Gardens of Stone* (1987) dealt with the funeral details at Arlington National Cemetery during the Vietnam War and with the similar theme of soldiers who felt they should be fighting. Another film, *Tracks* (1976), directed by Henry Jaglom, was poorly realized. It dealt with a Vietnam War army veteran E-9, played by Dennis Hopper, who was escorting a body of a soldier who had saved his life. It was poorly researched and disrespectful, but probably representative of the controversial anti-war sentiment of the time. *Tracks* took place on a train. The casket was not met by any mourners when it arrived in the decedent’s home town, and ended with a rabid political statement about the uncaring public and the nature of that war.

The contrast between the public regard for current war veterans and the Vietnam War era is profound. *Taking Chance* has only one small moment of relief from mournful solemnity when a young woman on the plane sitting next to Lt. Col. Strobl, in his Marine Corps uniform, flirts with him. He acknowledges that the gesture is refreshing, while not returning the flirtation.

While stationed in Upstate New York in 1959 I had the privileged duty of serving on an honor guard at military funerals in the rural towns. We stood apart from the mourners with our white gloves and Springfield rifles and fired in precision on command as the bugler sounded Taps. After the funeral we were taken to the local VFW or American Legion hall and treated to beer. The Cold War at that time had casualties only from accidents. The nature of that time meant that nobody was killed in action, but the ceremony and grief of the mourners was the same. And when Taps sounded the tears flowed. ##



Lt. Col. Michael Strobl, (Kevin Bacon) at the funeral of Pvt. Chance Phelps. On his left is a member of the local VFW, Korean War veteran Charlie Fitts (Tom Aldridge).



Book Review:*Captured Honor: POW Survival in the Philippines and Japan*

By Bob Wodnik

Reviewed by Emmett Early

Bob Wodnik describes how as a reporter for the Everett *Herald* he was lured into writing the horrific and nostalgic history of members of the military from Everett, Washington, who were stationed in the Philippines after the bombing of Pearl Harbor, who retreated to Bataan and the strong defenses of Corregidor in the face of the invasion of Japanese forces. He relates a story that many of us are familiar with of the heroic endurance of American prisoners of war who were starved, beaten, and tortured, transported in "hell ships" to Japan, where they were maintained on inadequate diets, clothed in rags, and forced into labor for the Japanese war industry.

Mr. Wodnik gives the reader relief from the gloom and pain of the prisoners by describing life during the period of World War II in Everett, where the few ex-prisoners of war would eventually return as survivors. In the final chapter of *Captured Honor* he describes the post-war life of one man, Jack Elkins, who married and worked in his own business, (he could not stand working for someone else after being in prolonged forced labor,) and who dealt with the sequelae of such brutality. He writes: "Marine veterans who were prisoners of the Japanese have a saying: 'Never buy green bananas.'"

"What goes unsaid, but is understood by all, is you might not live to see them ripen. In that way they acknowledge, at least to each other, the toll of their experience.

"When he looks backward, the war doesn't cipher much into the chronology of Jack's life, but it had a way of shaping everything. Those 40 months of captivity robbed him of at least a decade and it wasn't until somewhere near middle age before he felt caught up.

"I look at it like it happened to somebody else. I can handle it that way. I look at it from the outside, I'm watching him" (p. 157, italics in the original).

In many ways, Mr. Wodnik writes, Jack had a successful adjustment to civilian life after the war, however, "some part of Yokohama prison warehouse would stay with him forever." Life as prisoner of war was a little easier if he remained unnoticed and was not singled out. "Even now he cannot sit in the daylight by an open window and watch the day unfold outside. In the light he's too obvious, too visible.

"I'm aware, too much aware," he said.

"It's that way with the others as well. They plan for every situation and always look for the exits."

"Although being from a generation that didn't complain, they learned to share their discomfort, the nightmares, the feeling of not fitting in. They gradually discovered that disconnection and anger burrowed deep into the marrow of most POWs. In similar fashion, their longsuffering wives found comfort in trading war stories of their own" (p. 159)

Mr. Wodnik writes that Jack and others eventually joined ex-POW groups. "Talking, they learned, is a powerful salve."

In an example of how war trauma passes from generation to generation, Bob Wodnik described in his "Author's Afterword" how he came to write *Captured Honor* after he had published an article in the Everett *Herald* about local memories of World War II. "I first heard of Jack Elkins one morning in 1995 when I was a reporter for the Everett *Herald*. Jack's son, Mike, appeared at the newspaper office that day with his father's story and a need to tell it. He asked for me."

Mr. Wodnik related the gradual unveiling the story. "From Jack, the story began to branch out in ways I couldn't have imagined. I learned there were others like him who lived not far away, an odd brotherhood of the past. So I sought them out as well, for each POW has experiences to add. The Evergreen Chapter of the American Ex-Prisoners of War was helpful in my journey. As in all research, uncovering one layer leads to another, and another" (p. 169).

The author does a very good job of revealing the stories of veterans who populate the environs of one relatively small community around Everett. War veterans are in our midst but largely not identified as such, especially as visible wounds healed and veterans avoided disclosing what they had been through. In this case, one veteran's son called a reporter's attention to his father, the former POW, who, in turn, led the reporter to other veterans of the Bataan Death March and internment and forced labor in Japan.

Captured Honor does not dwell on the anger and hatred that the former POWs like Jack Elkins had for their Japanese captors. Mr. Wodnik describes the anticipation of liberation as the American bombing of Japanese cities increased. Unfortunately for the POWs, many of them were housed near industrial areas, as Jack was in the Yokohama shipyards, so that as the bombing increased, their lives were at increased risk.

It is worthy of note that the symptoms of PTSD show up in the lives of the former POWs. Jack refers to himself in the third person, in a way that suggests dissociation: "I look at it from the outside. I'm watching him." I would have liked to learn more about the treatment the returned POWs received and the struggles they had physically and psychologically adjusting to civilian life, for there is no more extreme example of prolonged psychological trauma than their experiences, except perhaps the conditions in the Nazi Holocaust, which were endured by civilians who had no training or military organization to structure their circumstances.

Bob Wodnik gives us a fine example of the rich narratives of war veterans who live in our midst. He suggests that there are many veterans who are severely wounded and remain living in anonymity, having learned through their treatment not to complain or draw attention to themselves. Men and women who avoid causing civilians the discomfort of witnessing their wounds and also avoid reminding us of the high price paid for defending our country. ##

Book Review:

In the Shadow of the Greatest Generation: The Americans Who Fought the Korean War, by Melinda L. Pash

Reviewed by Emmett Early

The defense in the trial of Staff Sergeant Robert Bales, who is accused of murdering civilians in Afghanistan, has taken an important position. They are claiming, according to one attorney, John Henry Browne [Seattle Times, 12/20/2012], that the army is not taking responsibility in “sending a traumatized and brain-injured soldier into combat for a fourth deployment.”

Melinda Pash, in her scholarly book about Korean War veterans, *In the Shadow of the Greatest Generation: The Americans Who Fought the Korean War*, observes how desperate the federal government was in pursuing that war, calling up reservists and activating National Guard units, stopping discharges of active duty troops, essentially to fight a war that nobody really wanted, certainly not the World War II veterans who were trying to forget the previous war and fit back into society.

At that time in 1950 the federal government was caught short, still paying for the previous war. For the so-called Wars on Terror, fought mainly in Iraq and Afghanistan, the federal government was motivated by conservative principles that wished to cut federal spending and reduce taxes. It sent its military forces to attack the Taliban in Afghanistan, responsible for harboring and training the terrorists who carried out the 9/11/2001 attacks, and then decided to invade Iraq to depose its government with an all volunteer military, while at the same time cutting the federal budget. It seemed at the time of the 9/11 attacks that the latent spirit of patriotism in America suddenly sprouted like crocuses in spring. It was like the patriotism that rallied behind the war effort in World War II: Liberty Bond drives, rationing, the rush to enlist. The WWII poster slogan tapped the spirit then: “Do with less, so they [the soldiers] will have enough.”

The idea that the federal government could fight two wars while cutting taxes seems now unrealistic. The result was a volunteer fighting force that relied on repeatedly sending the same combat troops back for repeated deployments. Defense Attorney Browne is pointing at a flaw in the strategy that may have caused one combat veteran to commit crimes. In the Korean War, as Melinda Pash points out, veterans of that war had a complex assortment of maladies that seemed to be directly caused by combat conditions. “Frostbite victims fared worse. Men whose toes or fingers peeled off with their boots or gloves as a result of exposure to the bitter cold of Korea received medical care at the time, but the VA declined to help men who came forward later as aging veterans with throbbing feet, phlebitis, skin cancer, tingling fingers and toes, peeling skin, fungal infections, night pains, arthritis, misshapen toenails, joint deterioration, and other long-term conditions stemming from frostbite” (pp. 207-8).

The question is less that one war-related condition is worse than another, but rather that those conditions, as Mr. Browne points out with an accusing finger, need to be accepted as the sequelae of war. If there weren't enough troops, if combatants

were asked to do too much, leading to adverse reactions, that is part of the ugliness of combat. But that is to say that those reactions, whether frost-bite, agent orange related cancers, alcoholism, or manslaughter, need to be accepted as part of the cost of going to war that must be borne collectively by all the citizens of the country, not just by the veterans and their families.

Melinda Pash documents several aspects of the Korean War from the point of view of the veterans. This war brought the innovation of the rotation of troops, whereas in WWII the troops were generally required to serve for the duration. The author observed: “To those leaving, rotation meant ‘it wasn't my war anymore; it belonged to other men, but it also wasn't a real end to the war.’ And it became the calendar rather than victory brought them home, veterans of the Korean War had no meaningful way to measure what they had accomplished during their time in country” (p. 136).

In 1948 President Truman issued an Executive Order (9981) calling for equality of treatment and opportunity for all members of military service (p. 49), aimed primarily at integration of the races. Change, however, in terms of real racial integration was slow in manifesting until the sudden demand for personnel to fight the unanticipated war. Melinda Pash observes: “When boot camps and basic training centers integrated in the late 1940s and early 1950s, the armed forces merely saw the development as an easy way to boost efficiency, but for the tens of thousands of recruits of all colors who learned to live together it became a mild revolution. Perhaps unintentionally the Army, Air Force, Navy and Marine Corps imparted a new attitude toward racial equality” (p. 86).

An interesting statistic, again compared to WWII, of the troops who served in the Korean Theater, 70% of those in country “saw action” [combat] and 53% of soldiers fired weapons compared to 15% in WWII (p. 106). She also observed that the divorce rate for Korean War veterans was twice as high as WWII veterans, and 26% higher than the rest of the generation (p. 188).

Unlike WWII, the American public was not enthusiastic to support the troops. Veterans, she writes, “faced more hardship when they discovered what other veterans already knew—that the American public and government had little interest in the Korean War or in those who fought it” (pp. 207-8). She noted that the federal budget for the VA was cut in the mid-1950s, resulting “in the curtailment of psychiatric services for veterans, even those already approved for or engaged in treatment” (p. 201).

Melinda Pash sought veterans of the Korean War and quoted them as oral historians of a war that seemed for many Americans to have been “Forgotten” even as it was being fought. ##

Book Review:

The Long Walk: A Story of War and the Life That Follows

A Memoir by David Castner

Reviewed by Emmett Early

The movie, *The Hurt Locker*, gained praise a couple of years ago. It's director, Kathryn Bigelow, is currently in the news with another action film about the killing of Osama Bin Laden. But several Iraq War veterans criticized the portrayal of an Explosives Ordinance Unit soldier, asserting that it was not how it was. In his war memoir David Castner relates his experiences as an Air Force EOD expert and there is a difference, most of which can be subsumed under feature film fiction. In his poetic prose, Mr. Castner relates doing the work as a member of an explosives ordinance team with army and marine units for at least two deployments in Iraq. Mr. Castner emphasized the team work of a unit of five EOD experts, taking turns, when necessary, to do "the long walk," a solitary approach to a potentially explosive device in protective armored suit. More often it seemed that they were called in to check out suspicious objects that might be IEDs or suicide bombers who did not detonate their charges. When they had to destroy a dangerous device, they usually sent in a robot with its own explosive device that shot water into the bomb's mechanism and disabled the bomb. I got a sense that what the veterans were criticizing was the film's emphasis on the extraordinary reckless hero who did all the EOD work himself, although *The Hurt Locker* won awards as a popular drama, testifying to its appeal.

David Caster's *The Long Walk* intersperses scenes in Iraq with portrayals of himself as a veteran trying to reintegrate into domestic life. He develops his own set of symbols for his post-traumatic symptoms. He uses the word "Crazy" both as a noun and an adverb which translates roughly as unwanted emotion. It seems that his description of "spiders" in his head describes a state of hyperarousal.

"I am alone in my full bed. Alone with the Crazy, in the bed where the spiders crawl out of my head and the ceiling pressed down to crush me. Always bubbling, always boiling, always intolerable, the Crazy feeling swells me to bursting again. I'm crawling out of my skin. It's been three and a half months now. The Crazy hasn't let up yet."

"My wife is alone in our full bed too. Her husband, the father of her children, never came back from Iraq. When I deployed the first time she asked her grandmother for advice. Her grandfather served in Africa and Europe in World War II. Her grandmother would know what to do.

"How do I live with him being gone? How do I help him when he comes home?" my wife asked.

"He won't come home," her grandmother answered. "The war will kill him one way or the other. I hope for you that he dies while he is there. Otherwise the war will kill him at home. With you."

"Her mental preparation was validated; as far as she could tell, I came home Crazy. She tells me that I didn't laugh, not once, for an entire year after I got back. Crazy was like dead for

her" (pp. 89-90).

It seems also that Mr. Castner uses the word "rifle" as a metaphor for the condition of vigilance. He writes after having an involuntary image of seeing his son as a mutilated corpse: "That can't happen. I won't let it happen. No one will kill my son.

"So I sit at the top of the stairs, with my rifle, and wait. I have picked a good spot. The narrow staircase has created a funnel, a choke point, where I can kill anyone coming up to the second floor.

"My son is defenseless so I will defend him. I sit, and wait, and finger my rifle, and watch, all night" (p. 135).

At the VA hospital one doctor comes to the conclusion that he has PTSD and sends him for treatment with a therapist. Mr. Castner concludes his *Long Walk* with this exchange with his therapist. "You don't have PTSD," my New Shrink says.

"What are you talking about?" I am incredulous.

"She turns at her desk, and reaches for a fat book on a nearby shelf. My stomach drops, fills with a nervous hole that briefly overwhelms the Crazy. My New Shrink flips through her clinical handbook, searching for the correct page.

"You don't have nightmares," she starts, scrolling down the list.

"No, I dream during the day.

"You don't have one incident, one trauma, that you constantly obsess over, or replay in your mind," she says.

"No, there are many.

"You haven't blocked out memories of any trauma," she says.

"No, the war is vivid. It's other things that I have forgotten.

"You don't startle at loud noises, or get nervous in public, or avoid places that remind you of what's happened."

"Of course not, that passed long ago, and my rifle is ready when I need it.

"You got out of bed this morning. You haven't retreated into a shell and turned off your interaction with the world," she concludes.

"Don't be scared of the soft sand.

"But what about the hopelessness...and the numbness?" I say. "What about the airport, and the chest pain, and the eye twitches? What about the hairy spider that crawled out of my head?"

"What about the bodies and the smells? What about knowing I won't live past today? What about the things I was willing to do? What about my lost faith and innocence?"

"What about the Crazy feeling?" I ask. This all can't be for nothing.

"Just because you feel all those things doesn't mean you have PTSD," she chides gently.

"So if I'm not Crazy, then what's wrong with me?"

She laughs a silver waterfall of ringing bells.

"You're human," she says" (pp. 218-219).

(Continued on page 11, see *The Long Walk*)

The Long Walk, Continued from page 10.

It seems that Mr. Castner's "shrink" is saying that what the veteran is experiencing is normal for where he's been and what he's been doing. The author gives the reader reason to believe that he probably has incurred traumatic brain injury by what he writes in his "Author's Note" beginning the book. "I served as an officer in the United States Air Force from December 1999 to September 2007. I was deployed to Saudi Arabia in August 2001, to Balad in central Iraq in January 2005, and to Kirkuk in northern Iraq in May 2006. This is the story of those events, and the times that came after.

"Everything in this book feels true. It's as correct as a story can be from someone with blast-induced memory lapses. Nothing was changed to create a moral or to ease discomfort. It's as real as I can make it, though reality and objectivity sometimes have little to do with one another."

But Mr. Castner says something profound to his therapist. He says, "This all can't be for nothing." He's right that the symptoms he has, the hyperarousal, the memories, are for something, but maybe not PTSD. Or maybe he is thinking that all those symptoms are an accounting for his combat experiences.

David Castner's memoir is a well-written, poetic account of his work in Iraq combat and of his reaction as a veteran to that dangerous work. After his service he worked as a trainer traveling around the country giving lectures and demonstrations—in some way keeping himself in the field, like a fireman, cop, or Emergency Medical Technician. He worked with what must be the signature difference between the current wars and the past wars—with the devices armed with new technology and tremendous killing power. He reports one symptom of PTSD that we cannot overlook: "I simply exist from moment to moment. There is no meaning in my past. My present is intolerable. I don't expect my future to exist" (p. 148). His VA therapist is working for the federal government and declares that he doesn't have PTSD, but that one symptom alone, a sense of having a foreshortened future, can be terribly costly to a veteran over the long run.

What also comes across strongly in *The Long Walk* is the professional pride that David Castner takes in his training and his work, and the bonding that he formed with the men with whom he worked, several of whom died on the job, blown to pieces. His technique of juxtaposing combat scenes with scenes of his struggles to adjust to domestic life are instructive, I think, of the difficult task every combatant has with incorporating those extreme experiences with the whole of his life. He is so candid and vivid with his accounts that he sets the reader up to believe that he qualified for a DSM-IV mental disorder, but—wait—maybe not. His therapist says he does not qualify, yet there is no escaping the fact that his symptoms are troublesome and interfere with his everyday domestic adjustment. Not having a diagnosis of PTSD is a mix for the veteran. He doesn't qualify for a disability benefit, although he is definitely troubled by symptoms, but by not qualifying for the disorder he escapes the stigma, maybe. ##

Guide to the VA Puget Sound Health Care System

HOW TO GET STARTED.

Enroll On-line

<http://www.va.gov>

Right side of page – Quick List Enroll/Update Medical Benefits (10-10EZ) – submit on-line and you will receive an e-mail back telling you enrollment is complete and providing a phone number to schedule appointments.

Enroll by mail

Mail a completed VA FORM 10-10EZ, copy of current insurance card, if any, and a copy of your DD-214, copy 4, to

Seattle Division MS – S136BUS 1660 S. Columbian Way Seattle, WA 98108 (Patient Registration) (800) 329-8387 x61469	or	American Lake Division MS-A136BUS 9600 Veterans Drive Tacoma, WA 98498 (Patient Registration) (800) 329 8387, x 76567
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Enroll in person

Bring your DD-214 and your insurance card, if any, to either Medical Center
Seattle – Bldg 100, Room 1D140
American Lake – Bldg 81, near the main entrance

Enroll by phone

1-877-222-VETS (8387) – your completed form will be sent to you for verification and signature.

HOW TO BE SEEN BY A PRIMARY CARE PROVIDER

Deployment Health – (Combat Veterans within five years of separation)

Seattle – (206) 764-2636 – Bldg 100 in Primary Care
American Lake – (253) 583-1176 – Bldg 81, 3rd Floor

Primary Care

Seattle and American Lake – (253) 583-1234

Women's Health Clinic

Seattle – (206) 768-5314
American Lake - (253) 583-1444

Mental Health

Seattle – (800) 329-8387 x62007
American Lake – (800) 329-8387 x71759

ADDITIONAL INFORMATION: www.pugetsound.va.gov

VETERANS CRISIS LINE: 1-800-273-8255, press 1.

WDVA Contract Therapists

Laurie Akers, MA, Everett...425 388 0281
 Clark Ashworth, Ph.D., Colville..... 509 684 3200
 Wayne Ball, MSW, Chelan & Douglas...509 667 8828
 Bridget Cantrell, Ph.D., Bellingham.....360 714 1525
 Dan Comsia, King, Pierce Counties.....253 284 9061
 Duane Dolliver, M.S., LMHC, Yakima...509 966 7246
 Jack Dutro, Ph.D. Aberdeen/Long Beach 360 537 9103
 Sarah Getman, MS, LMHC, Longview....360 578 2450
 Casper La Blanc, Mason, Kitsap.....360 462 3320
 Adrian Magnuson-Whyte, MA, Shelton...360 462 3320
 Keith Meyer, M.S., LMHC, Olympia... 360 250-0781
 Peninsula CMHC Center, Clallam,
 Jefferson Counties.....360 681 0585
 Dennis Pollack, Ph.D., Spokane.....509 747 1456
 Dwight Randolph, M.A., LMHC.....253 820 7386
 Mary Ann Riggs, San Juan County.....360 468 4940
 Jody Stewart, MA., LMHC, Kitsap County
 Bremerton.....360 377 1000
 Katie Stewart, MA, LMHC, Kitsap County
 Silverdale.....360 620 3722
 Darlene Tewault, M.A.,LMHC Centralia.360 330 2832
 Roberto Valdez, Ph.D., Tricities.....509 543 7253
 Stephen Younker, Ed.D., Yakima.....509 966 7246
 Washington State U. Psychology Clinic...509 335 3587

Programs

Veterans Training Support Center, Peter Schmidt,
 Psy.D., LMHC, Project Director 425 773 6292
 Training Resources in King County and Washington
 State: www.veteranstrainingsupportcenter.org

School Outreach Pilot, K-12, Thurston, Pierce and
 South King County. Tom Schumacher ...360 725 2226

The PTSD Program is committed to outreach of returning veterans of our current wars. We work closely with the National Guard, military reserves, and active duty members and families to promote a healthy and supportive homecoming.

To be considered for service by a WDVA or King County Contractor, a veteran or veteran's family member must present a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documentation. Occasionally, other documentation may be used to prove the veteran's military service. You are encouraged to call Tom Schumacher for additional information, or if eligibility is considered a potential issue.

It is always preferred that the referring person or agency telephone ahead to discuss the client's appropriateness and the availability of time on the counselor's calendar. Some of the program contractors conduct both group and individual/family counseling. ##

Other Veterans' Mental Health Services offered by the Federally funded VA or WDVA PTSD Program"

Bellingham Vet Center 360 733 9226
 Everett Vet Center 425 252 9701
 Federal Way Vet Center 253 838 3090
 Seattle Vet Center 206 553 2706
 Yakima Vet Center 509 457 2736
 Tacoma Vet Center 253 565 7038
 Spokane Vet Center 509 444 8387

King County Veterans Program Contract Therapists

Diane Adams (Nakamura) Ph.D., Renton...253 852 4699
 Laurie Akers, MA, LMHC.....425 388 0281
 Christian Alexander, MS, LMHC, Edgewood.....
253 952 0550
 Dan Comsia, M.A., LMHC.....253 840 0116
 Diana Frey, Ph.D., Maple Valley.....425 443 6472
 Diana Hunter, MA, LMHC, Fed. Way.....253 732 8489
 Lauren Kaye, MA, LMHC, Duvall.....425 788 9920
 Ron Lowell, MSW, LMHC, Seattle206 902 7210
 Mike Phillips, Psy.D., Issaquah.....425 392 0277
 Dwight Randolph, M.A.,LMHC Seattle...206 465 1051
 Karin Reep, MA, LMFT, Duvall, Redmond.....
425 788 9921
 Steve Riggins, M.Ed., LMHC Seattle.....206 898 1990
 Terry O'Neil, Ph.D., Bellevue.....425 990 9840
 Sam Schwartz Landrum, MSW, Seattle...206 605 8988
 Valley Cities Counseling, Renton.....253 250 4597
 Veteran Referral Services,
 Mabae Redmond.....206 335 3731

King County Veterans Program, provides vocational guidance, and emergency financial assistance. The office is located at 123 Third Ave. South, Seattle, WA
206 296 7656

WDVA offers Jail Diversion and Homeless Projects through the King County Veterans Program
 206 296 7569.

WDVA PTSD Program Director

Dorothy Hanson, MA, LMHC.....253 722 8545

Gulf War Helpline.....1 800 849 8387
 Puget Sound Health Care System
 (VA Hospital).....206 762 1010
 Seattle VA Deployment Clinic.....206 764 2636
 Spokane VA PTSD Program509 444 8387

24-Hour VA Crisis Hotline.....1 800 273 8255