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**The Winston Churchill Memorial Trust**

**2011**

**Travelling Fellowship**

**Tony Wright**



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## **Travelling Fellowship**

### **The Purpose of the Fellowship**

During my 28 year career working in numerous frontline and senior management positions within various social welfare settings I have noticed that increasing numbers of ex forces personnel are becoming 'noticeably visible' within areas such as the Homeless sector, initially presenting as 'Rough Sleepers' or within Mental Health Support Services suffering from diagnosed or undiagnosed Post Traumatic Stress Disorder. Many more present at Accident and Emergency Departments or at GP surgeries, Drug and Alcohol substitute prescribing services, recovery centres, or at AA, NA or CA meetings and sadly, in growing numbers within the Criminal Justice System.

Many if not all of the organisations commissioned to provide interventions to those in the above categories fail to ask if the individual accessing their services has served within the Armed Forces. This fundamental omission at the assessment stage or during the writing of a Pre-sentence report can lead to a missed opportunity to understand the 'root cause' of the multiple complex issues that may initially present. Its mandatory inclusion in an assessment process would allow all civilian based welfare organisations to assess the level of need (veterans are currently a hidden population) and 'flag up' the possibility that the presenting behavioural manifestations may be directly related to military service or the transition from it. Sadly, those that do ask don't know what to do with veterans after the initial identification has been made. Organisations then try to 'shoe horn' veterans into existing provision that is neither appropriate nor relevant to the veteran's individual needs.

Similarly, Veterans are notoriously bad at asking for help and may view survival 'on the streets' or when experiencing acute adversity as a continuation of the field exercises or combat missions that they took part in whilst on active service. Couple this with a highly developed sense of pride and a stubborn independence not become viewed as a burden on society, it's not surprising that civilian orientated support services find it difficult to maintain a meaningful relationship with ex forces personnel. Many veterans continue to feel a deep sense of dislocation within the civilian community long after discharge, and their ability or indeed inability to re-invent themselves or re- assimilate back into society is very much dependent upon how they exited the armed forces. In our experience, the reintegration process to civilian life is exacerbated on many different levels dependent upon how an individual left the military. Many are discharged following successful and lengthy periods of service but struggle to find sustainable employment; others are medically or dishonourably discharged following their involvement in unacceptable behaviour or criminal activity. The

latter find it extremely difficult to re-establish themselves in the civilian job market or reconnect with family or friends. This scenario is regularly described as going from 'Hero to Zero'.

A growing number of individuals are returning to civilian life following active service in the numerous theatres of war that have been fought almost continuously since the end of World War Two. For example; Northern Ireland, The Falklands, The Balkans, Iraq, Afghanistan and other theatres of conflict in Middle East. It is a matter of considerable debate as to impact combat experience is having on any given individual's ability to readjust to the sedentary lifestyle of peace time Britain in the both the short and long term.

Many ex service men and women; 'fall through the net' of service provision. Many can be accurately described as suffering chronic social exclusion. In order to cope with their change in circumstances many 'self medicate' and become alcohol and drug dependent. This factor alone, notwithstanding any undiagnosed mental health problems and/or associated anti social behaviour has led to a disproportionate number being incarcerated within the Prison System. The veterans I work with are some of the most inspirational yet marginalised individuals in our society today. Yet, many can be described as being 'Destitute Plus'.

In summary, ex forces personnel are often vulnerable people with complex needs. A range of flexible responses and options are necessary to help them address and manage those issues.

### **The Trip**

The purpose of the trip to the USA was to learn from the vast array of veteran-centric support services that have developed since World War Two and especially Vietnam. The experience of Vietnam veterans brought post-traumatic stress to the attention of the medical community and the nation. In the late 70's and early 80s the medical community had trouble understanding what Vietnam veterans were going through, even though references to combat trauma and survivor's guilt date back to Homer's account of the Trojan Wars. The veterans met with everything from scepticism to misdiagnosis to ridicule. This in turn led to veterans dropping out of the system and experiencing chronic social exclusion. To this day Vietnam veterans continue to feature amongst Americas destitute and homeless.

My visit involved travel through 14 different states. I started in New York and finished in Los Angeles, travelling almost exclusively by train. I visited many different veteran orientated organisations. I wanted to meet with those in charge of the 'strategic vision' and those that delivered it. Some of my contacts were planned and others arranged on the spur of moment after those 'in the know' suggested I should make contact. This led to me having email /telephone and direct contact with a plethora of individuals and organizations throughout America.

It was fascinating spending time with professionals from statutory agencies and then meeting with individuals or family members that had decided to make a difference to the veteran agenda by doing 'something' for no other reason that it needed to be done. Little did I know that I would be befriended by homeless veterans taking part in the 'Occupy Wall street' protest, shown round War Memorials by Veterans sleeping rough in Texas, accommodated by people I had only met hours before and 'wined and dined' by State Officials.

My main observation was that individuals and organisations alike are working in collaboration with each other, and are not driven by ego, self interest, personal gain or competition. By sharing the skills that they had at their disposal and organising themselves into 'chapters' or a collaborative they were able to deliver a localised holistic 'wrap around' support service for veterans across the USA. As a result I was privileged to meet with kindred spirits and was able to tap into a wealth of experience and expertise.

I am indebted to the Winston Churchill Memorial Trust for affording me this opportunity and will use the knowledge I have gained to improve and campaign for better services for those that were prepared to make the greatest sacrifice. I acknowledge the love and support of my family who were extremely understanding of the need for me to do this despite my absence from the family home for six weeks duration. I truly appreciate the speedy response to the frantic emails asking for copies of my itinerary and stateside contact numbers following the theft of my belongings at JFK Airport.....but hey, it's all part of life's rich tapestry. Welcome to America!



# Background to the purpose of the Fellowship

*Setting the scene: North East England Veteran Demographics*



*The North East region has a population of around 2.5million people. There are eight hospital trusts, twelve local authorities, twelve primary care trusts (although these have now been clustered into four areas), one ambulance trust and two specialist trusts providing mental health and learning disabilities services.*

*The region has a relatively low rate of employment in comparison to the national average and we know that many of the risk factors for mental illness are linked to deprivation. Life expectancy in the North East is lower than the national average, reflecting higher levels of illness and health inequalities. Precise statistics on the whereabouts of armed service personnel and veterans in the United Kingdom are problematic due to the diversity of the population.*

*For the purposes of these estimates, we have extrapolated findings from two sources: the NHS Confederation (2010) and Fear et al (2010).Based on a North East population of 2.5 million and using the estimated population range of veterans in the UK of between 3 and 5 million, it is reasonable to assume that between 1 person in 12 and 1 person in 20 of the North East population is a veteran. This equates to a population size of between 125,000 to 208,330 veterans in the North East. Furthermore, it has been estimated as being likely that*

*around 27.2% of veterans would have a common mental health problem and 8% some degree of severe and enduring mental illness. Again, by comparing these estimates to the North East population, we can assume that common mental health problems will affect between 34,000 and 56,670 veterans in the North East with between 10,000 and 16,670 having a severe and enduring mental illness. Of these, it has been estimated that around 18% would have some kind of alcohol-related issue (between 1800 and 3000 of our population), 13.5% would have a neurotic disorder (between 1350 and 2250 of our population) and 4.8% would have a PTSD-related condition (between 480 and 800 of our population).*

*Additionally, according to the Royal British Legion (2011), 6% of homeless households nationally are comprised of veterans which equates to 3900 people. As the North East is 1/24th of the national population, and all things being equal, we can expect an estimated 163 homeless veterans within the North East. Finally, 2500 veterans are in prison nationally, an estimate of between 3 and 5% of the prison population. Although this estimation is fiercely disputed and believed to be an underestimation by many working in the Criminal Justice Sector Although based on estimates, these figures suggest that a sizeable proportion of service personnel and veterans in our region will be experiencing mental health problems and/or will be living in conditions which we would expect to adversely affect their mental wellbeing.*

*(Fighting Fit in the North East “Johnson & Johnson 2011)*

The fundamental problem in the North East of England is that no one knows just how many veterans live in the region. In 2010 I instigated a Freedom of information request to all 12 regional Councils/Authorities requesting a breakdown of the number of veterans accessing the support of social welfare services and the statistics of those involved in the Criminal Justice System. The answer that came back astounded me; collectively they could only (anecdotally) account for 16 individuals across the whole of the North East. A further Freedom of information request a year later indicated that 20 individuals had been identified out of a possible population of 208,330. The problem really lies in the lack of specific and targeted data collection systems employed by statutory service providers and the Third Sector alike. Very few, if any of these commissioned organisations, ask if the individual wishing to access its support have served in Her Majesties Armed Forces. This oversight and its absence from a common assessment framework effectively means that the ex service community will continue to be a ‘hidden population’.

As one veteran said at a recent About Turn consultation session;

*“If we don’t exist they can justify not providing specific services for us”*

## My Background

I joined the Royal Marines in 1978 unfortunately any plans for a future career in the military was curtailed by an injury incurred during basic training and I was medically discharged in 1981. I describe my transition back to the civilian community as 'uncomfortable' and 'unsupported'. Today I would be classed as an Early Service Leaver (ESL), supposedly one of the most 'at risk' sub groups within the ex service community. (*Early service leavers are more likely to have adverse outcomes and risk taking behaviours than longer serving veterans*)

Since that time I have invested my efforts and working life in advocating and supporting marginalised individuals categorized as having the most complex and chaotic lifestyles. I am a qualified and registered Social Worker and have worked in a variety of statutory Social Work and Probation Service settings throughout the North East of England. These roles have included Operational and Managerial positions based within Local Authority Social Work Departments, Community Support Outreach Teams, piloting new approaches to working with Prolific and Priority Offenders, management positions within the Third Sector homelessness and drug and alcohol field and a period of time employed as a Home Office Drugs Advisor in Government Office North East.

Much of my career has involved engaging 'hard to reach' groups and positively influencing their attitudes and behaviour. Over a 27 year social work career I noticed that many of the unmotivated, marginalized and disenfranchised individuals that I encountered were former servicemen and women. In response to what I saw as a lack of specialist support or assistance for those veterans with multiple and complex needs. I set up About Turn; a 'not for profit' social enterprise designed specifically to assist former soldiers and their families cope with the transition back to the civilian community.

Established in late 2009, About Turn offers Social Work orientated, case managed 'needs led' support. It also provides 'life changing' opportunities to ex-servicemen and women who are experiencing difficulties in adjusting to a new life as a civilian. About Turn support groups are particularly relevant for ex-servicemen and women who are unemployed, experiencing homelessness, drug and alcohol dependant, have relationship difficulties and associated housing problems, are incarcerated in Prison and/or have involvement with the Criminal Justice System. About Turn have found that many ex forces personnel have alcohol and drug dependency issues and experience difficulty accessing support in relation to their mental health and/ or specialist interventions to assist with Post-Traumatic Stress

Disorder(PTSD) and/or Mild Traumatic Brain Injury (TBI) . A large percentage of the group membership is disenfranchised from mainstream services and lack family support. About Turn's professionally qualified staff train its volunteers to seek out and 'plug in' disenfranchised veterans to sympathetic and appropriate services. By utilising a 'peer led' 'refer and chaperone' approach to service engagement we empower those we work with to connect to the civilian world.

Our mantra; **Navigate-Advocate-Facilitate-Participate**" enables veterans to gain trust in service providers whilst also supporting their peers through the process of assimilation.

Phillip Caputo (1977) in his book 'A Rumour of War' sums up the experience of all those veterans we aim to serve no matter what age or how or where they served their country. Without exception every veteran we work with describes a sense of disconnection with the civilian community to a lesser or greater degree.

*"In spite of everything, we felt a strange attachment to Vietnam and even stranger, a longing to return. The war was still being fought, but this desire to go back did not spring from any patriotic ideas about duty, honour and sacrifice, the myths with which the old men send young men off to be killed or maimed. It arose, rather, from recognition of how deeply we had changed, how different we were from everyone who had not shared with us the miseries of the monsoon, the exhausting patrols, the fear of a combat assault on a hot landing zone. We had very little in common with them. Though we were civilians again, the civilian world seemed alien. We did not belong to it as much as we did to that other world where we had fought and our friends had died".*





In response to the lack of empirical data and the fact that the veterans that we have contact with reported a sense of 'feeling different' from their civilian peers, About Turn established veteran specific 'peer led' support groups that are facilitated in three different geographical locations across the North East on a weekly basis. Over 240 'group sessions' have been delivered in collaboration with the veterans that access the service since it came into being in September 2009. So far 170 veterans have been referred to the organisation. We average three referrals a week. It may be of interest to note that we receive no funding whatsoever from the MOD or Armed Forces Benevolent organisations/Charities or statutory bodies such as the NHS or Social Services. We have been reliant on grants from individual charitable organisations and the private business sector as they can see the benefit our 'grass roots' initiatives have within each given community.

The 'peer led' mutual Interest support groups provide a much needed forum that facilitates the opportunity to meet and associate with other veterans on a daily or weekly basis. The group assists individuals to navigate and access the multitude of organizations and services available to them in the civilian community. It also offers a physically and psychologically safe environment in which to meet and be with others who understand the multiple and complex issues facing individuals that have served in today's Modern Armed forces. The aim of the group is to empower and give group members the skills, training and experience to deliver and facilitate the groups themselves. Our volunteer mentors provide mutual support and mentoring to those less well settled Veterans who have not yet reached a level of stability. By working alongside specialist group work trained staffs the volunteers encourage group members to utilize the numerous transferable and existing skills they gained whilst serving in the Armed Forces. Group activities are arranged, such as the decorating of community buildings or basic gardening maintenance for projects that support those with learning disabilities. These activities as well as helping veterans structure their free time have proved very effective in raising self esteem and creating a sense of purpose and connectedness by allowing them the opportunity to 'do good' in the civilian community. This is especially important for those that have involvement with the CJS



## Key Findings from the Fellowship

What follows is a chronological account of my time in the United States of America, documenting the key meetings, visits, and key learning points.



### **New York City: Lower Manhattan: October 2011**

I spent the first two days of my trip to America in a hotel in Lower Manhattan waiting for my luggage to catch up with me. When it did arrive most of the contents were missing including the Winston Churchill Commemorative coins that I had planned to give out as gifts to those that helped me during my trip. To kill the time and with a heavy heart, fuelled by a sense of injustice I wandered the streets of New York taking in the sights but managed to stick to the task in hand, as by chance I met up with two homeless Iraq war veterans who were in the company of an older homeless Vietnam Veteran, They were protesting along with a growing number of other activists in Zuccotti Park as part of the 'Occupy Wall Street' campaign. The

veterans told me that they had ended up in New York by chance but wanted to protest against:

*“...the domination of the American government by an extremely small percentage of the population that constitutes mostly the financial sector of our economy.”*



This was particularly amusing as they read it in unison from a prompt card given to them by an event organiser. When the vets found out about the nature of my visit I was invited to join them in their makeshift 'basha' set up along with hundreds of others on the streets of New York. One day in and I was part of a revolution! They insisted on sharing their food with me and taken from the ever growing mountain of pizzas delivered to the protesters by well wishers.

The guys told me that they were living on the streets because they had returned from active service in Iraq two years earlier had become 'unglued' When I asked what this meant, they told me that they had started to misuse a variety of substances to cope with military life especially the third tour and that this had escalated after leaving the forces and that they found civilian life extremely difficult to cope with. Both admitted to misusing alcohol and drugs as a means of dealing with the stress of active service. They were of the opinion that they did have Post Traumatic Stress Disorder but had not been officially diagnosed. They both described a journey that had spiralled out of control within months of leaving the military. Mike 34 managed to lose his job, house and wife after a violent incident at the family home. (No further information given) He was originally from Seattle but came to New York as that was where the truck driver that he hitched a ride with was going to.

Dave, 26 split from his long term partner and took to the streets to 'sort himself out' He told me he planned to get '*his shit together*' and then present himself to the Department of Veterans Affairs for assistance. He had never asked for help before and really didn't know what it would look like when he got it. Mike said he was going to continue travelling around the States and as far as he was concerned he didn't need any help from anyone.....just more beer and drugs!.



The older Vietnam veteran said he had been homeless for a few months and was here to cause '*change*'. All three men made money by begging and had cardboard signs which read "Homeless veteran" It was 1.30 in the afternoon but what struck me was the fact that none of the men were under the influence of drugs and alcohol. A very different scenario, to the one that I am used to, when working with homeless veterans in the UK. In fact during the day light hours I did not see anyone drinking alcohol on the streets of New York. I guess this is more to do with the New York Police Departments 'zero tolerance' approach to anti social behaviour rather than cultural etiquette. The vets had met 6 days before and a close bond had developed and both looked out for each other. It was clear to me that they were different to the other idealists with whose company they were keeping. When I asked them if they believed in 'Occupy Wall street' agenda they took a very practical view. "We are getting fed for nothing, the publicity attracts sightseers and we can make a small fortune in half the time it would normally take to make money from begging. Plus the younger vets had met a couple of girls from Denver. 'Friends with benefits' they said .... It was *love* on the streets.



## Observations

- Despite having the benefit of a multi-million dollar funded Department of Veterans Affairs some Veterans will always slip through the welfare safety net simply because they choose to do so.
- It is the aim of the Department of Veterans Affairs to eradicate veteran 'homelessness' in five years. An impossible task in my view but I will observe with interest.
- Proactive veteran driven 'street outreach' services teams should engage with veterans at every opportunity and not wait for the veteran to initiate a request for help in order to access a service.
- Other organisations exist in the USA that specifically target homeless veterans. From what I witnessed homeless veterans are significantly more visible than in the UK.

I returned to my hotel and was eventually re-united with my luggage and with a heavy heart but with a substantially lighter suit case I headed off to Penn Station to catch the train to Saratoga Springs and the journey began!



# The Welcome Home Initiative

A ministry of Christ the King Spiritual Life Centre

Greenwich New York



Father Nigel Mumford is a charismatic and inspirational 'man of the cloth'. He is the director of the healing ministry at Christ the King, Spiritual Life Centre, Greenwich NY within the Episcopal Dioceses of Albany. The ministry has approximately 30 volunteer trained prayer team members. Fr. Mumford was born and educated in England. He served for six and a half years in Her Majesty's Royal Marine Commandos and continued his education while in the armed forces. His last two years as a Marine were spent as a drill instructor at the Commando Training Centre (CTCRM) Lympstone, Devon. In 1980, he came to America and set up the Mumford Company Inc, a picture framing business in Wilton and Bethel, Connecticut, which he owned and operated for thirteen years. In 1995 he sold his business and has since dedicated his life to the ministry of healing, now utilising the weapon of prayer for the benefit of his congregation.



Fr. Mumford established the **Welcome Home Initiative**. (WHI) as a special retreat for military Veterans – whether active, prior service or retired .The retreat provides veterans with an exceptional opportunity to relax, reflect, renew, and restore. The Retreat Team provides support, prayer, and other resources to help military members and Veterans deal with primary or secondary combat and operational stress, traumatic brain injury (TBI), Post Traumatic Stress Disorder (PTSD), as well as poly-trauma, moral, and other war injuries. The WHI also reaches out to spouses and individual family members. All retreat activities are conducted in an environment of nurture and careful consideration for confidential needs.

As mentioned earlier The Reverend Nigel Mumford, a combat Veteran (Northern Ireland) and contemporary leader in healing Ministries, is the overall Retreat Director. Father Nigel runs the programme with a team of individuals who have combat experience or otherwise hold significant understanding and an appreciation for the unique strains and consequences of military life and war. The retreat takes place in a clearly Christian facility and context. However, Retreat Teams do not pressure WHI participants to adopt the religious views of the facility or their Team. The retreat occurs over a three day period. Participants do not pay for lodging, food, snacks, or retreat materials. The cost of this service is paid for solely by generous benefactors and the private business sector.



In December of 2008, Fr. Mumford had the honour, to share his work about The Welcome Home Initiative Program, to Army Chaplains and with **General Douglas Carver at the Pentagon in Washington, DC**. In September 2009 in the UK, Fr. Nigel had the privilege to speak with **General, the Lord Richard Dannet GCB, CBE, MC, DL (Chief of the General Staff, British Army 2006-2009)** who was also interested in the initiative.



In his most recent book; *After the Trauma the Battle Begins: Post Trauma Healing*. Fr Mumford makes an observation that differs from most military thinking in that he has identified ‘bitterness’ as a destructive force within the ex service community. In his book he describes bitterness as;

*“...a frozen form of latent anger and resentment. Bitterness grows out of our refusal, to let go when someone or something is taken from us. Bitterness is being constantly hurt by a memory and is holding onto a hurt until it has a hold on you.”*



*“...when you are offended or disappointed by others and allow the hurt to germinate in your heart, bitterness and resentment will take root. Bitterness is characterized by an unforgiving spirit and generally negative, critical attitudes. Bitterness and resentment are self defeating”.*

This resonates with my own experience of working with veterans referred to the About Turn Veteran Support Service. About 80% of the veterans I engage have not had the benefit of a PTSD assessment and only about 5% have had an official diagnosis. As a result the rest are left confused, bewildered and in many cases wrongly diagnosed and over medicated, yet very angry people.

As one US vet said when initially diagnosed with schizophrenia;

*‘We don’t know what we are, but we aren’t that!’*

A lot of the veterans I work with have real difficulty coming to terms with the way in which they were forced out or chose to exit military service. This resentment continues to affect them many years later in so many different many ways as it would appear to incapacitate them from moving on.

Ken Killock, Project Support Officer at Project Compass perfectly captures this phenomenon in an article written for the Defence Management journal.

*“The biggest single cause of homelessness is debt. If you do not pay the rent, you get evicted. So the serviceman is in rented accommodation living on benefits or working at a job he doesn't enjoy doing. He has no friends because he left them all behind upon discharge. He finds it difficult to make new friends because he doesn't feel he has as much in common with 'civvies'. He has no social life outside the local pub and soon he is drinking too much. He is lonely and isolated so he drinks more, but this only adds to his sense of being aggrieved. He is in mourning for what he has lost and this soon turns to a feeling of alienation. He has become an embittered orphan.”*

Fr Mumford’s research found that German psychiatrist Dr Michael Linden is; along with many others advocating for an official diagnosis of Post Traumatic Embitterment Disorder (PTED) Fr Mumford argues that ‘bitterness’ is a serious side effect of Post Traumatic Stress Disorder or Combat Operational Stress (COS) a term he prefers for those with personal experience of active service. He states that a trigger from the trauma memory may set off a severe response within veterans and in the aftermath of frustration despair and guilt, as a result bitterness is bred. Bitterness increases the intensity of responses when trauma memories are triggered. This cyclical nature contributes to veterans experiencing increased embitterment and that this then leads to decreasing control over their responses and emotions.

Dr Linden argues that;

*“Embittered people are typically good people who have worked hard at something important, such as a job, relationship or activity. When something unexpectedly awful happens -- they don't get the promotion, their spouse files for divorce or they fail to make the Olympic team -- a profound sense of injustice overtakes them. Instead of dealing with the loss with the help of family and friends, they cannot let go of the feeling of being victimized. Almost immediately after the traumatic event, they become angry, pessimistic, aggressive, hopeless haters. Embitterment is a violation of basic beliefs it causes a very severe emotional reaction. . . . We are always coping with negative life events. It's the reaction that varies. These people usually don't come to treatment because 'the world has to change, not me, they are almost treatment resistant. . . . As revenge is not a treatment.”*

This behaviour is so common – that it is one of the most interesting mental disorders being proposed for inclusion in the DSM-V. The DSM-V will be the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, which is the body of information used by psychiatrists, therapists, pharmaceutical companies, and insurers to diagnose and treat mental disorders.

As a trained and qualified social worker I witness this manifestation of behaviour on a weekly basis during the ‘peer led’ support groups that I facilitate. That said I have also encountered the same behaviour in organisations and within the infrastructure of senior management teams. Whilst a low percentage of veterans within my groups have actually been diagnosed with PTSD I am of the view that the majority are and would be diagnosed as suffering from PTED, if and when it is included in the DSM-V. If this is the case then we may need to completely refocus where and how our clinician led services are currently delivered to the ex forces community.

## **Observations**

- The US and the UK have not yet given consideration to the possibility that Post Traumatic Embitterment Disorder (PTED) may be as debilitating as Post Traumatic Stress Disorder (PTSD). It may be affecting more veterans than the latter. Perhaps ‘Bitterness therapy’ should be made available to all veterans as a matter of course and delivered concurrent to other clinician led services. About Turn will be piloting the use of ‘Bitterness Therapy’ later this year.
- In relation to the UK it is possible that the Church/faith based groups could be doing so much more to support our armed forces veterans.
- Traditional faith based ‘Spiritual Retreats’ could be opened up to veterans in the UK and sponsored by the Private Business Sector.

- The UK religious fraternity could learn from their US counterpart (Fr Mumford) as there is a willingness to replicate and facilitate events such as the Welcome Home Initiative here in the UK.

[www.nigelmumford.com/](http://www.nigelmumford.com/)

[www.christ-the-king-center.org/Healing](http://www.christ-the-king-center.org/Healing)

(Much of the content for this chapter was sourced from the above web sites)

## Buffalo Veterans Treatment Court

I travelled from Saratoga Springs to Buffalo on the Amtrak Train System. In the USA freight traffic has priority over passenger trains so if you choose to use this form of transport then leave plenty time to get to your destination. As it was I was unable to book a hotel in Buffalo City as a sports event had led to all rooms in the city been occupied. I therefore had to cross the Peace Bridge and stay in a hotel across the River in Fort Erie Canada. The hotel was pleasant and the people of Canada welcoming and polite.



I had arranged to meet Jack O’Conner; (ex Vietnam Veteran and now in charge of the Buffalo Court Veteran Mentors) inside the City Court and was introduced to Judge Sparks from Alabama who was visiting Judge Russell to see how he could introduce a ‘Vets Court’ in his home town. The Buffalo Veterans Treatment Court is a hybrid drug and mental health court that serves veterans who are struggling with addiction and / or mental illness by diverting them from the traditional criminal justice system into a specialized veteran’s court. It is a collaborative effort among the Western New York (WNY) Veterans Project, Buffalo Police Department, The Buffalo Veteran’s Administration Health Care System, The Buffalo Criminal Courts, The Buffalo Drug and Mental Health Treatment Courts, Erie County Pre-trial Services and the C.O.U.R.T.S Program (Court Outreach Unit Referral and Treatment Service).



The Buffalo Veterans Treatment Court was established in January 2008 and diverts eligible veteran-defendants with substance dependency and/or mental illness, which are charged with felony or misdemeanor non-violent criminal offense, to a specialized criminal court. Veterans are identified through evidence-based screening and assessments. They voluntarily participate in a judicially supervised treatment plan that a team of court staff, veteran health care professionals, veteran peer mentors, health care professionals and mental health professionals develop with the veteran.



The treatment court team, volunteer veteran mentors, and a coalition of community health care providers are all vital to the success of the Buffalo Veterans Treatment Court. The Buffalo Veterans Treatment Court has adopted, with slight modifications, the essential tenants as described by the U.S. Department of Justice publication, *Defining Drug Courts*.

*“We need to rehabilitate veterans not incarcerate them”*

Presiding Judge Robert T. Russell

Unique aspects of a veteran’s treatment court include the following:

- Court Staff comprised entirely of veterans
- Veterans health care worker(s) present in court
- Volunteer veteran mentors
- Therapeutic environment
- Hybrid drug & mental health court

### **Veteran Mentors**

Often, veterans are more comfortable interacting with other veterans with similar military experiences. One unique component to the Buffalo Veterans Treatment Court is emerging as a vital tool for veterans treatment courts (VTC) around the country: volunteer veteran mentors.



Operating under the slogan, "leave no veteran behind," the Buffalo volunteer mentors maintain a very unique role in the courtroom, working directly with VTC participants in a facilitator, advisor, sponsor and supporter role. Mentors meet with participants at every court session and are often in contact between sessions. The mentor program is run by a mentor coordinator and participants come from all branches of the military. Many mentors have been drawn from a number of veterans' service organizations and governmental organizations. The role of the veteran mentor is to act as a coach, guide, role model, advocate, and act as a support person for the individual veteran participant with whom he/she is working. Mentors understand the roles of other support team members and "fill the gap" to help keep the participant moving successfully toward completing the VTC program. Additionally, the mentor will be a primary resource and referral provider to the participant by helping connect him/her with benefits, assistance and support services that are community based. The mentor acts as a "resource" to the veteran. He/she helps the veteran access support services will help reduce the participant's stress helps them deal with issues like housing or family needs. By facilitating access to VA benefits, educational assistance, civil legal services, New York State Veterans Benefits and the like the risk of reoffending is greatly reduced.



VA Social Workers and Court staff collaborates to support a veteran in Court



Jack O'Conner and mentors explain to Judge Sparks how a Veterans Court operates.

To get a true feel of how the Veteran Court operates please read the excellent article by Patricia Sears Doherty a reporter from the State Bar News. Patricia was present during my visit and took many of the pictures featured.

Her article can be accessed at:

[http://www.ruppbase.com/files/documents/Articles/Veterans\\_rebuild\\_their\\_lives\\_-\\_in\\_court\\_NYSBA\\_Dec.2011.pdf](http://www.ruppbase.com/files/documents/Articles/Veterans_rebuild_their_lives_-_in_court_NYSBA_Dec.2011.pdf)



Tony Wright pictured with Jack O'Connor and Judge Russell Jr in Buffalo Veterans Court 2011

### Observations

- Veterans Courts should be piloted in the UK
- Over 300 veterans have appeared before the Buffalo Veterans Court since 2008.
- Veterans must report directly to Judge Russell every two weeks.
- Reoffending rates are zero!
- Compared with 65% for the general population.
- Costs 8% of what it would cost to keep an offender in jail.
- Judge Russell and Jack O'Connor have offered to assist the UK in the setting up of a Veterans Court in the UK.
- In the absence of a Department of Veterans Affairs in the UK and the current dismantling of the NHS by the current Government. A Veterans Court pilot would provide the leadership and infrastructure for a host of statutory voluntary and armed forces benevolent organisations to work together to deliver 'wrap around' support to those involved in the CJS.
- Veterans could be trained up and employed as veteran mentors.
- Community based sentences when delivered with meaningful wrap around support services are preferable and cheaper than custodial sentences.

[www.buffaloveteranscourt.org/](http://www.buffaloveteranscourt.org/)    [www.youtube.com/watch?v=jPAI5cGK0Rc](https://www.youtube.com/watch?v=jPAI5cGK0Rc)

(Much of the content for this chapter was sourced from the above web sites)



## **Pennsylvania State**

I was up early the next day and collected by two people I had never met before following an introduction from a friend. They had driven hundreds of miles to meet me and I was invited to stay at their house in the town of Phillipsburg, Pennsylvania. This led to an interesting exchange with the Canadian Border Control when they asked John how long he had known me, which was approximately 10 minutes! We were let through after the Border Official appeared to lose the will to live as we tried to explain. Jan and John Walker looked after my every need for a whole week and also arranged for me meet with Capt. Den Bennett (Prison Officer) who facilitated my access to a couple of institutions I was interested in visiting. We had a great time going to football games, eating out, visiting the Amish farms, watching and listening to country music and just shooting the breeze. I thank you all for your kindness, generosity and hospitality.

### **The Moshannon Valley Correctional Centre**



#### **The Moshannon Valley Correctional Training Centre**

555 Cornell Drive  
Phillipsburg, PA 16866  
814-768-1200

The Moshannon Valley Correctional Training Centre houses low-security adult federal male offenders. The majority of the inmates are criminal aliens along with low-custody offenders from the Washington, D.C. area. The purpose built prison was built in 2006 at a cost of \$68,000,000. The 1,300-bed Moshannon Valley Correctional Facility is located in Decatur Township, Pennsylvania. Security measures include double fences with razor wire and a perimeter detection system, 24-hour perimeter patrol and cameras. I was shown around the facility by Captain Den Bennett himself a former Sgt in the US Army. The privately run prison is proud of the work it does with those sentenced to a period of incarceration. Whilst at the Prison inmates are encouraged to get involved in the numerous voluntary programs and services at their disposal. It is hoped that participation on these courses will help prepare inmates to return to their local communities and provide for their well being while at the facility. Educational offerings include Adult Basic education, English as a Second Language,

Page | 25

and law and general libraries. Alcoholics Anonymous and Narcotics Anonymous offer substance abuse and addiction counseling. Life skills are taught in anger and stress management, budgeting, banking, personal hygiene, securing housing and victim awareness. Employment assistance and training includes resume writing, job search strategies, application assistance and interview techniques. On-the-job training opportunities are available in food and laundry services, barbering, library clerk services and classroom tutoring. Dining, laundry, dental and medical services are provided along with recreational and physical activity opportunities.

The Department of Corrections does not focus solely on keeping inmates behind bars. Over 90 percent of the inmates incarcerated in PA state prisons will eventually be returned to the community. One of the most important ways that the Department can fulfil its mission of protecting public safety is by adequately preparing inmates for community reintegration.

Planning for re-entry begins upon admission to prison. The first step is to conduct a thorough assessment of inmate risk and needs. Accurately assessing an inmate's risk of reoffending and treatment needs allows the Department to better target treatment resources. During incarceration, inmates are then afforded the opportunity to gain the knowledge and skills they will need to increase their probability of success upon release. The Department understands the importance of providing a continuum of care and appropriate aftercare services. Aftercare services are provided primarily through community corrections centers and contract facilities. In addition, the Department recognizes the crucial role that community resources play in preparing offenders for transition from prison to home.

Given that this prison is essentially the last staging post for those about to be deported from the USA as illegal aliens; it does not have any ex US Military personnel incarcerated within it. However, I was told that two Scottish brothers, both ex military and had served in Iraq and Afghanistan had been deported the week before. The Prison staff that I met was without exception ex military or National Guard and the Prison Chaplain spoke fondly of the Scottish brothers, who were by all accounts real characters.

The purpose of the visit was to see the scale and the levels of security that are built into the design of a modern private prison. The Prison was run by GEO and they have recently won contracts in the UK to the value of £900 million to provide services that include escorting offenders between courts and prisons, carrying out transfers between prisons and managing Court custody suites. The contract will last for a 10 year period

# Quehanna Boot Camp

4395 Quehanna Highway (Staff)  
4510 Quehanna Highway (Inmates)  
Karthaus, PA 16845  
(814) 263- 4125



The Quehanna Motivational Boot Camp opened in July 1992 as the state's first military-style motivational boot camp. Inmates assigned to the boot camp undergo a rigid six-month disciplinary and training program which, if successfully completed, will result in their immediate release on parole. The minimum-security facility houses both male and female offenders.

The 19-year-old boot camp operates in a desolate section of Clearfield County, on property that used to be a dumping ground for nuclear waste. The prisoners, ranging in age from 16 to 35 "graduate" from the boot camp and are less likely to reoffend and be re-incarcerated than other parolees. About 44 percent of the boot camp's parolees between 1997 and 2003 got into trouble with the law again, compared with 53 percent of those who were released from traditional Pennsylvania prisons.





By Milan Simonich, Pittsburgh Post-Gazette



The Boot Camp is populated mostly by young men and women who drifted into drug misuse and drug dealing as a way to make a living. There are female inmates and they are housed in a separate section of the Prison. During my visit to the Quehanna Boot Camp, which again was facilitated by Captain Den Bennett I visited the medical and educational wing of the establishment. I was also present at a room inspection for both male and female inmates. And had the privilege of being allowed to sit in on a female offender group and a male offenders group. Both groups were focussed on the development of coping skills during the period of incarceration and in anticipation of a return to the community.

The Boot Camp as the name suggests, is a very military orientated establishment and staff set boundaries for all those that are imprisoned there. During my visit I was impressed with the attitude of the staff and whilst it may appear to the unacquainted, that this is a brutal regime, it is not. Physical exercise and discipline run like a golden thread throughout the period of the offender's imprisonment. As one instructor said, "Rules here, like society's laws, are made to be followed". For many of the inmates in this establishment the establishment of rules and boundaries and learning to understand that actions have consequences was a new concept. The main emphasis is however on personal development

and education. One requirement of boot camp is that high school dropouts must study and try to obtain a General Equivalency Diploma. One-third of the inmates in the boot camp did not graduate from high school. They spend six hours a day in a classroom, studying algebra and geometry, grammar and composition. White shirts and black neckties are their prison uniform when they are in class. Each time they speak, they must address their teachers and everybody else as "sir" or "ma'am." About 75 percent who go through the academic program at boot camp pass the equivalency test and are paroled with a diploma. In addition to the academic work load, every inmate receives counselling on addictive behaviour. Most prisoners in boot camp have been alcohol or drug dependant. As a result counselling is mandatory for everybody. Inmates rise at 5:15 a.m. each day. Marching, exercise, work details and counselling sessions fill the day. At 9:30 p.m., the lights go out. They sleep in a barrack with about 40 other male prisoners. (Female offenders are in a separate wing) The boot camp has no armed guards patrolling its perimeter, no razor wire and no fences. In 13 years, one inmate has escaped, a self-destructive move considering that he would have been freed in six months. Eighty-six percent of those who start boot camp complete it. The rest cannot handle the school work, the orders or the in-your-face style of the correctional officers. Those inmates opt for prison, where their sentences are longer, but they can sleep in and classes may run an hour a day instead of six. A former commander nicknamed the boot camp "house of hope." To a person, staff members say they still see it that way. For all the harshness of boot camp, inmates know it is better than prison. One inmate is recorded as saying;

*"No one in a regular jail is going to care if you learn something,"*

It is not surprising to learn that past inmates have included those that have served in the forces. They have without exception benefitted from the familiar regime although no research has yet been carried out to substantiate a reduction in offending behaviour on release for this sub group of prisoners. Others, I was told, have gone onto join the military after living an obligatory period offence free before joining up. Both institutions offer a designated veterans lead to identify veterans that are incarcerated in each establishment. This 'single point of contact' provides imprisoned veterans with a copy of the excellent manual: The '**Pennsylvania Guidebook for Incarcerated Veterans**' The guide book is intended to provide current information to assist imprisoned veterans access benefits through the Department of Veterans Affairs (VA) as well as providing information advice and guidance on housing, treatment for substance abuse, mental health, medical, employment information and much more. It is the responsibility of the 'Veterans Lead' within the Prison to make contact with the VA to ensure incarcerated veterans accesses all the support they need during and after their release back into the community.

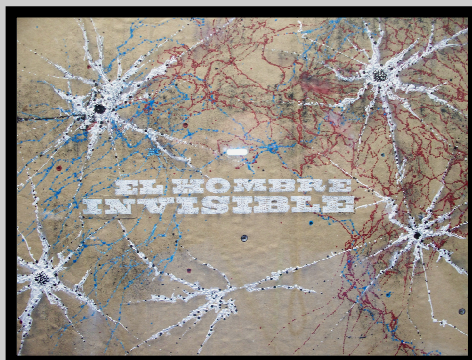
[http://www.cor.state.pa.us/portal/server.pt/community/departement\\_of\\_corrections/4604](http://www.cor.state.pa.us/portal/server.pt/community/departement_of_corrections/4604)

(Much of the content for this chapter was sourced from the above web sites)



## Observations

- The 'Boot Camp' approach to discipline and physical fitness when incorporated with personal development, coaching, mentoring and dedicated learning time may be a more practical solution to the use of traditional Prison or Bail hostel options for UK veterans involved with the CJS.
- Purpose built prisons; are clearly easier to manage. From an offender point of view, it may be preferable to serve a sentence in a 'designed' establishment than some of the overcrowded Victorian institutions in the UK.
- The use of ex military staff to support the ex service community in any setting is a key element to engagement.
- The UK may want to pilot 'Veteran Only' wings in the UK prison system to see if this would have a long term reduction on re-offending rates.
- Research is needed to follow veterans after they have returned to the community after serving a period of incarceration in Boot Camp establishments to assess the success of any given veteran specific intervention. Failure to do so could result in veterans disappearing 'off the radar' becoming homeless and disengaging with support services.



I travelled by train to Philadelphia and caught the connecting train to Washington DC

## Washington DC

### The Department of Veterans Affairs



The **United States Department of Veterans Affairs (VA)** is a government-run military veteran benefit system with Cabinet-level status. It is the United States government's second largest department, after the United States Department of Defence. With a total 2009 budget of about \$87.6 billion, VA employs nearly 280,000 people at hundreds of Veterans Affairs medical facilities, clinics, and benefits offices and is responsible for administering programs of veterans' benefits for veterans, their families, and survivors.

The benefits provided include disability compensation, pension, education, home loans, life insurance, vocational rehabilitation, survivors' benefits, medical benefits and burial benefits.

I had arranged to meet with Deborah Amdur LCSW, Chief Consultant from the VA Care Management and Social Work Service. Deborah had kindly arranged for members of her team to present the different aspects of their work and explain their roles in relation to the various programs they deliver to supporting returning service members and their families. Presentations were given by a team that works with veterans and their families to ease the transition from military to civilian. The role of the VA is to coordinate health care, educational opportunities and specialist support for severely injured personnel. The VA conduct a complete 'Psychosocial' assessment and screen for high risk factors such as lack of family/social support, lack of stable accommodation, lack of adequate resources, mental health issues, substance abuse and any legal concerns such as incarceration. Specialist provision is also made for female veterans. By adopting a case management approach to addressing the multiple and complex needs of veterans care plans are developed in

collaboration with the veteran and appropriate resources linked to the individual. The care is coordinated by the VA Social Worker and this is because of the complexity of the issues. The care plan has an in built follow up mechanism to ensure the 'service delivery' remains dynamic and is effective. This is the fundamental difference between the UK and the USA in the care it gives to the ex service community. My criticism of the support given to the ex service community in the UK (in reality it's not a community but a disparate population) is that there is no veteran centric organisation that coordinates the care/support of any veteran in the UK. We currently have a system that is failing to deliver any meaningful or sustainable holistic care driven intervention for those with the invisible wounds of active service. The tab for those British personnel that have left the services and struggle to cope is currently picked up by a few well established Armed Forces Charities that were set up at the end of World War One. Sadly they are unable to offer a 'tailor made' intervention that addresses all the presenting needs. Society has moved on and the socio economic and the problems therein are now more complex. The Services on offer are episodic in nature, and in most cases act as an expensive 'sticking plaster' on a weeping wound that is not healing. Veteran specific Care co-ordination or indeed the coordination of any services to veterans is none existent and it is a 'post code lottery' as to the quality of any service provided to any veteran in need or transitioning to civilian life. No single organisation can currently claim ownership of a veteran in need and this absence of coordinated service delivery leads to replication, duplication and a competitiveness for resources that is to the detriment of the individual veteran. I am told that the reason the UK did not develop a Department of Veterans Affairs was because we created the National Health Service. With the current Government doing its best to dismantle the (NHS) the need to develop a specific Government body to represent and coordinate veteran care has never been so acute. The NHS is struggling to provide an adequate service to the general population and given the complexity of issues that many veterans present with, it is imperative that a UK version of the Department of Veterans Affairs (with dedicated Social Work Department) is established at the earliest opportunity.







### **US National Social Work Program**

The National Social Work Program in Care Management and Social Work Service provides policy development for the professional practice of social work within Veterans Health Administration. Over 7,000 VHA social workers located nationwide are assigned to all patient treatment programs, including community-based outpatient clinics, and provide psychosocial and clinical services to Veterans and their families. Social workers are Licensed Independent Practitioners and highly valued as interdisciplinary team members providing leadership in psychosocial care of Veterans and their families/caregivers.

VHA social workers are assigned to all patient treatment programs, including community-based outpatient clinics, and provide psychosocial and clinical services to Veterans and their families.



The Department of Veterans Affairs Social Work Team assists in all patient care areas. They help patients and families to achieve their highest level of adjustment/coping in society, promoting vocational and psychosocial rehabilitation. Social workers develop and implement treatment approaches which address individual social problems and work with acute/chronic medical conditions, dying patients, and bereaved families. VA social workers are responsible for ensuring continuity of care through the admission, evaluation, treatment, and follow-up processes. This includes coordinating discharge planning and providing case management services based on the patients clinical and community health and social services resources. Over the years, Social Work staff has addressed the needs of distinct Veteran populations, i.e., the homeless, the aged, HIV/AIDS patients, spinal cord injury, Ex-POWs, OEF/OIF, Viet Nam and Persian Gulf Veterans and their families.



The Department of Veterans Affairs is affiliated with over 180 Graduate Schools of Social Work, and operates the largest and most comprehensive clinical training program for social work students - training 900 students per year (VA Office of Academic Affairs, 2010). As a leader in this area, VA has a major impact on health care social work curriculum, establishing and applying standards for social work clinical practice, and expanding the roles and functions of the clinical social worker in interdisciplinary team practicing health care service delivery.

Health Care in general continues to change as it adjusts to factors both internal and external to the system. The VA Health Care System is going through a similar metamorphosis as are its different disciplines and professions. As health care moves from a traditional inpatient

model to a primary care outpatient based model, Social Work continues to play a pivotal role in the delivery of service. The present thrust is such that broad community planning, coordination, and integration of services are becoming a reality on federal, state, county and local levels. Decentralization, accessibility, relevancy, continuity, and effectiveness of service delivery are health care systems that continue to be perfected. Social Work, because of its leadership, flexibility, and commitment to "Putting Veterans First", continues to thrive as a profession in the current health care environment.

## How VA Social Workers Help Veterans

[www.va.gov/](http://www.va.gov/)

### ***Assessment***

The first step is generally for the social worker to meet with you, and often with your family. The social worker will ask you questions about your health, your living situation, your family and other support systems, your military experience and the things you think you need help with. The social worker will then write an assessment that will help you and your VA health care team make treatment plans.

### ***Crisis intervention***

in a crisis situation, social workers can provide counselling services to help you get through the crisis. The social worker will then help you with more long-term needs.

The social worker can help you apply for services and programs in your community and through the VA to meet emergent needs.

### ***High-risk screening***

Social workers work particularly closely with those veterans who are at high risk, such as those who are homeless, those who have been admitted to the hospital several times, and those who cannot care for themselves any longer.

### ***Discharge planning***

When you are admitted to a VA hospital, the social worker will help you make plans for your discharge back home or to the community. If you need services in your home or if you can no longer live at home by yourself, the social worker can help you make arrangements for the help you need.

### ***Case management***

Social workers often provide long-term case management services to veterans who are at high risk of being admitted to a hospital, those who have very complex medical problems, and those who need additional help and support. They are available when needed to provide and coordinate a variety of services you may need, including counselling or support services or just helping you figure out what you need and how to get it.

### ***Advocacy***

Sometimes it can be hard for a veteran to speak up for himself or herself. And sometimes veterans are confused by such a big, bureaucratic agency like the VA. Social workers can advocate for you and go to bat for you when you have a hard time doing it by yourself.

### ***Education***

Social workers can help educate you and your family about your health care condition, what services and programs are available to you, how you can live a more healthy life, how you can deal with stress and loss, and how you can find support groups and other self-help programs in your community.

Social workers also educate other staff in the medical centre and in the community about VA programs and services and about how problems veterans may be having in their personal lives can impact their health.

### ***Psychotherapy***

Clinical social workers provide individual therapy, group therapy, and family therapy to address emotional, behavioural and mental health needs.

## **Veteran Justice Outreach (VJO)**

The purpose of the Veteran Justice Outreach (VJO) Initiative is to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VHA mental health and substance use services when clinically indicated, and other VA services and benefits as appropriate.

VA is requiring justice-focused activity at the medical center level. VA Medical Centers have been strongly encouraged to develop working relationships with the court system and local law enforcement and must now provide outreach to justice-involved Veterans in the communities they serve.

Each VA medical center has been asked to designate a facility-based Veterans' Justice Outreach Specialist, responsible for direct outreach, assessment, and case management for

justice-involved Veterans in local courts and jails, and liaison with local justice system partners.

### Observations

- The UK should consider the introduction of a Department for Veterans Affairs.
- Dedicated Veteran-Centric Social Work teams could 'case manage' and co-ordinate the care and support of all services to UK Veterans.
- A UK Department of Veterans Affairs could accredit and coordinate the support of the vast array of small charities that exist to support veterans in the UK. These Charities are in the main 'needs led' and compliment the limited interventions provided by the more established Armed Forces Charities.
- The establishment of a National Veterans Social Work Department should be explored and funded by the MOD and Central Government.
- The Veterans Justice Outreach initiative is leading the way by ensuring that veterans involved with the CJS are engaged and supported. However it, unlike the UK, has funding available from Central Government to facilitate its implementation on a National scale.



[www.va.gov/](http://www.va.gov/)

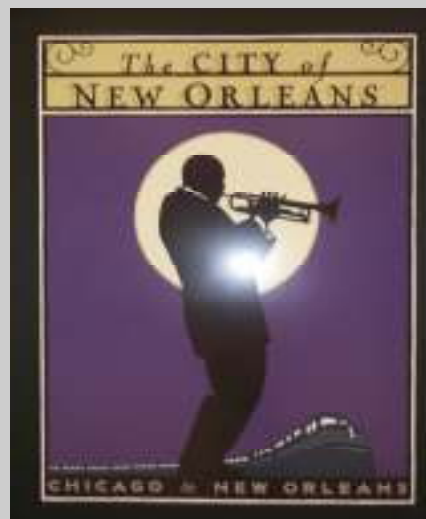
(Much of the content for this chapter was sourced from the above web sites)

## Atlanta, Georgia



It had been my plan to visit 'Atlanta' in Georgia State bearing gifts from Newcastle City Council as Newcastle upon Tyne is twinned with Atlanta. However a letter of introduction went missing in 'cyber space' and the gifts I had bought for the meeting were stolen from my bag at JFK. Mission Aborted!

## New Orleans



One night in New Orleans and then back on the train off to Texas!

## San Antonio, Texas





I arrived in San Antonio Texas with the sole aim of writing up this report and looking out for 'grass roots' services for veterans. Through the local media I was made aware of a 'Veterans Stand Down'. I attended the Homeless Veterans Stand Down where free services are provided for San Antonio's homeless veteran population. The services on offer were: Medical and Mental Health Care, Employment services, financial advice, Legal advice, Haircuts, Clothing and supplies, food, copy service, prayer groups, music and entertainment.







This service was aimed specifically at those veterans suffering from chronic social exclusion. Within minutes of my arrival I was 'adopted' by a couple of homeless veterans who insisted that they show me around the Vietnam and Korean War Memorials in a San Antonio Public Park. (The Alamo included) and all for the cost of two Big Macs!

One of the more interesting services available at a military 'Stand Down' is a mobile Court facility where Veterans can get any outstanding legal/court matters dealt with by a visiting Judge and his team. This saves a huge amount of Police and Court time and once veterans address those issues they are more likely to engage with other services.

## Observations

- Veterans 'Stand Downs' are a superb way of engaging with marginalised veterans. (especially those that are homeless or rough sleeping)
- Veterans will engage with services if they are 'Veteran friendly'
- A veteran in the USA described this type of intervention as 'Help without Hassels' indicating it was user friendly.
- Statutory and Community groups collaborate in the delivery of services in a coordinated manner thus creating community cohesion.
- Collective responsibility for Veterans is the only way to deal with disaffected and marginalised veterans.



<http://www.southtexas.va.gov/>

## Little Rock, Arkansas



I arrived in Little Rock Arkansas and I had arranged to visit a United States Air Force (USAF) base to speak with staff within the resettlement team about the Transitional Assistance Management Programme. The Transition Assistance Management Program (TAMP) provides career/employment assistance, vocational guidance, and transition information to separating service personnel and their family members. The tools and information provided enable all separating soldiers and their family members to make a successful transition from military to civilian life. Separating soldiers are counselled and advised of the availability of these programs and their responsibility for attending prior to leaving the military.

Services include workshops, counseling, assessments, and seminars:

- Mandatory Pre-separation Counseling
- Mandatory Transition Assistance Program (TAP) Employment Workshop
- Career Coaching
- Employment and training assistance
- Individual Transition Plan (ITP)
- Career assessment
- Financial planning
- Instruction in resume preparation, cover letter, and job applications
- Job analysis techniques

- Job search techniques and preparation
- Job interview techniques
- Federal employment application information
- Information on Federal, State, and local programs providing assistance
- Veteran's benefits
- Disabled Transition Assistance Program
- Verification of Military Experience and Training (VMET)

Sadly a breakdown in communication led to my being refused entry to the facility. Despite the involvement of officials in the Pentagon and the UK to try and verify my identity I never made it across the threshold. Luckily I was pointed in the direction of an employment fair just over the Bridge at the Verizon Arena.



The USAF wouldn't let me on the base.  
Pentagon informed!



The event, which is sponsored by the Arkansas Department of Workforce Services and Arkansas Workforce Centres, had more than 130 exhibitors, including employers and education and training providers, with around 8,500 jobs available. The career expo was enormous by British Standards and the organisers had partnered with an impressive group of employers and education and training providers who bring active job openings and education and training opportunities to the event. For the first time the expo included a Veterans Centre to assist veterans with their employment needs. Arkansas State recognises that many veterans are returning from deployment and transitioning back into the civilian workforce. Exhibitors in the Veterans Centre provided employment information and assistance to veterans who were either looking for jobs or seeking to upgrade their skills. I was very impressed with the services made available at this event.



The event also featured a mini-Arkansas Workforce Centre, with several computers for résumé preparation and job searches. Attendees were encouraged to bring their résumés to the event. Workforce Centre staff were available to review résumés and provide feedback.

Workshops were held throughout the day covering such topics as résumé preparation, interviewing tips and job search techniques.

## Observations

- Veteran specific 'job fares' should be more readily available for serving and ex serving members of the forces in the UK.
- Employers actively recruiting veterans can fund such events.
- It should be the duty of every employer in the UK to employ at least one veteran in their organisation
- A version of the Transitional Assistance Management Programme should be mandatory for all veterans leaving the UK military.

<http://www.arkansas.gov/esd/News/DWS%20Newsletters/PDF/March%202012%20News%20'n%20Views.pdf>

(Much of the content for this chapter was sourced from the above web site)

## Moving On....

At 2.00am I headed for the train station at Little Rock Arkansas and boarded the train to LA. The journey would take 55 hours in total and the acquisition of a 'roomette' was worth every penny! The scenery was outstanding as we passed through the states of Texas until eventually landing in LA. I had booked a hotel in Manhattan Beach which was 13 miles outside of Los Angeles. However public transport was so regular I could be in the centre of LA in 25 minutes. My down time and evenings spent on the golden beaches watching pods of dolphin's swimming just off the coast. Quite magical in so many ways and the Steak Restaurants were magnificent.




A 55 hour train journey to LA but then staying at Manhattan Beach CA

# Los Angeles, California

## The National Veterans Foundation



The background of the page is a stylized, semi-transparent American flag. The stripes and stars are visible but faded, serving as a decorative backdrop for the text.

The founder of the National Veterans Foundation is Floyd 'Shad' Meshad and he has been working with Veterans since 1970. Meshad was a Medical Service Officer during the Vietnam War, where he counselled soldiers in the field who were suffering from a multitude of psychological and emotional problems resulting from their experiences in combat, including what would later become known as 'Post Traumatic Stress Disorder,' or PTSD.

After the war, Shad continued to counsel Vietnam veterans through his work with the Veterans Administration in Los Angeles. He co-founded the VA's 'Vet Centre'; program — 206 storefront facilities throughout the country, located away from VA Hospitals, where veterans walk in off the street to receive mental health counselling. He also authored a critically acclaimed book called "A Captain for Dark Mornings," which chronicled his experiences both during the war, and after coming home. (I am now the proud owner of a signed copy)

Today, Meshad remains one of America's most sought after experts on Combat Stress, Trauma Therapy, and the readjustment issues confronting returning soldiers and their families. In 1985, Shad founded The Vietnam Veterans Aid Foundation (VVAF), a non-profit, 501- c (3) human service organization. The mission of the VVAF was to help veterans and families in need with a variety of issues. Due to an overwhelming number of requests for help, the VVAF established a toll-free number in 1987 to help veterans and families in need more easily connect with the assistance they required. The VVAF was the only veteran's outreach service offering nationwide benefits information, resource referral, and crisis counselling via a toll-free helpline. By 1992, VVAF had become a recognized resource for veterans of all wars who were struggling to access benefits, locate services, or overcome the emotional scars of war. As a result, in 1992, the VVAF formally changed its name to the National Veterans Foundation, a human service agency committed to serving the crisis and information needs of all veterans and their families.

Staffed by a team of veterans (from Vietnam, the Cold War, Desert Storm, Bosnia, Iraq, and Afghanistan) who are specially trained in the delivery of crisis information and referral services, as well as a team of licensed volunteer counsellors to whom all crisis calls are routed, more than 275,000 veterans in need of medical treatment, substance abuse or PTSD Counselling, VA benefits advocacy, food, shelter, employment training, legal aid, or suicide intervention, have now been served by this unique, one-of-a-kind resource. Also, as a recognized leader within the community of organizations that specialize in providing human service programs to veterans and their families, NVF frequently plays a key role as advisor, partner, and collaborator.

Over the past two decades, this has included providing financial assistance, training, and donations of food, clothing, and other goods to other non-profits serving the specialized needs of veterans' including New Directions (CA), The Marine Corps Scholarship Foundation



(NJ), LA County Department of Military and Veterans Affairs (CA), Desert Storm Justice Foundation (OK), Point Man of Northern California (CA), Veterans Coalition of the Hudson Valley (NY), Westside Stand Down (CA), Stamford Homeless Project (CT), US VETS (CA), and Swords to Plowshares (CA), among many others.

The U.S. Government asked Shad Meshad to provide training to the counsellors at Ground Zero after the terrorist attacks of September 11, 2001. The NVF continues to evolve. Shad, his team and the board of Directors are committed to continually seeking and developing the most effective means to help those who have served their country and their families. The NVF is open to all who seek emotional support and other assistance.

I was interested in visiting the National Veterans Foundation as About Turn is also a 'not for profit' social enterprise and is driven by social work values and practises. Shad was also instrumental in starting 'vet led' support groups and the staff he employs are all ex military. He then trains them to be counsellors and they then support other veterans in crisis and in need. We also have the same taste in shirts. Shad is a larger than life character with a level of expertise in all issues to do with the veterans and the impact of operational service so I was delighted when he offered to mentor About Turn through the next few years.

### **Observations**

- Not for profit social enterprises can operate in the same commercial environment as charitable organisations and deliver valuable services to the ex service community. They are also the perfect vehicle to employ other veterans and give them the opportunity to 'give back' to a normally 'hard to reach' group.
- The use of 24 hour telephone help lines can significantly improve connection and engagement with veteran specific services if staffed by ex forces veterans.
- We can learn so much from those that have developed services for veterans over the last 40 years and the offer to mentor About Turn by the National Veterans Foundation was gratefully accepted.
- The NVF operate a 'Homeless Outreach' service in LA and the staff go out and bring veterans back into society one at a time.
- The NVF started a campaign to raise awareness about veteran homelessness and it went under the name of MIA. This acronym is usually associated with the term 'Missing in Action' but the NVF pointed out that this was group of homeless veterans that were 'Missing in America'.

ArmedZilla

<http://armedzilla.com/>

**ARMEDZILLA®**



**ARMEDZILLA**  
MILITARY SOCIAL NETWORKING



ArmedZilla is a movement around fundamentally changing the connection with America's armed forces by creating a social platform that's never existed before. It's a never-ending

conversation that is dictated by the veteran in need and is based on his or her own unique needs and interests. It aims to facilitate direct access to the opportunities they deserve.

Specifically, ArmedZilla was designed to rally veterans, service members, families, friends and supporters around:

- Finally bringing the military community together in one secure place;
- creating a support community to help ease transition from service into civilian life and “mainstream” culture;
- using the power of social media to provide better access to veteran benefits, veteran service organizations (VSOs) and veteran-centric brands and other entities that support them;
- showing pride in and public recognition for military service contributions;
- Connecting with people, issues and causes our community deems important.

### **The ArmedZilla Story**

ArmedZilla is the brainchild of David Johnson, an Iraq combat veteran who had his own struggles adjusting to life after service and finding other like-minded individuals who could help with his transition. He realized the need for a network that would allow veterans to easily find and support one another.

What began as a simple website designed to connect veterans quickly garnered meaningful support from veterans, veteran service organizations, family, friends, global brands and local businesses. This ultimately grew into a greater mission: to create the largest military support initiative in American history

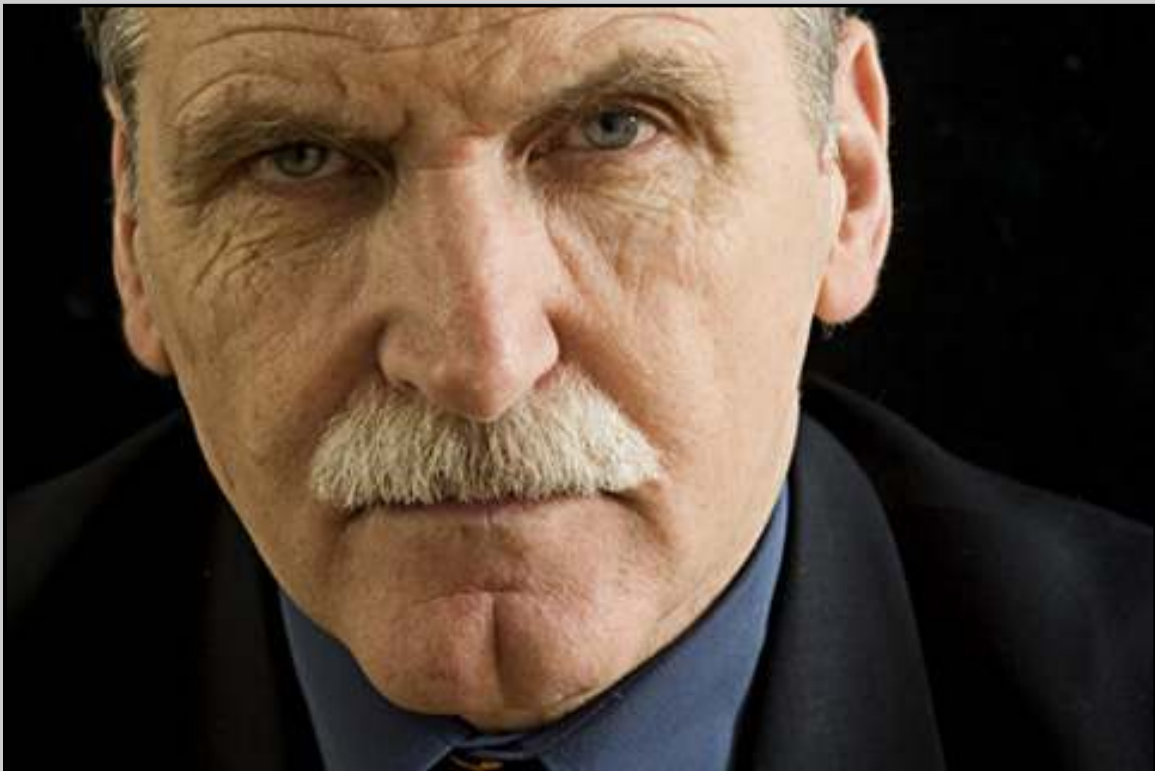
I met with Darin Selnick ex USAF and member of the staff team. Darin talked me through the aim of Armedzilla. He explained that for him it wasn't just about just rewriting the definition of “connection” when it comes to America's armed services community; he and the team were committed to defining a voice for the military and fundamentally changing the public perception of the armed forces in American culture. The team recognized the accomplishments of America's elite, and they wanted to provide a secure space for them to create direction, identity and opportunities for themselves. By inviting veterans and service members to share their stories he felt they were empowering them to promote mainstream awareness of their contributions and own their place in military history. About Turn is a member of the Armedzilla community and we share research and practical advice with our Brothers in Arms on a regular basis.

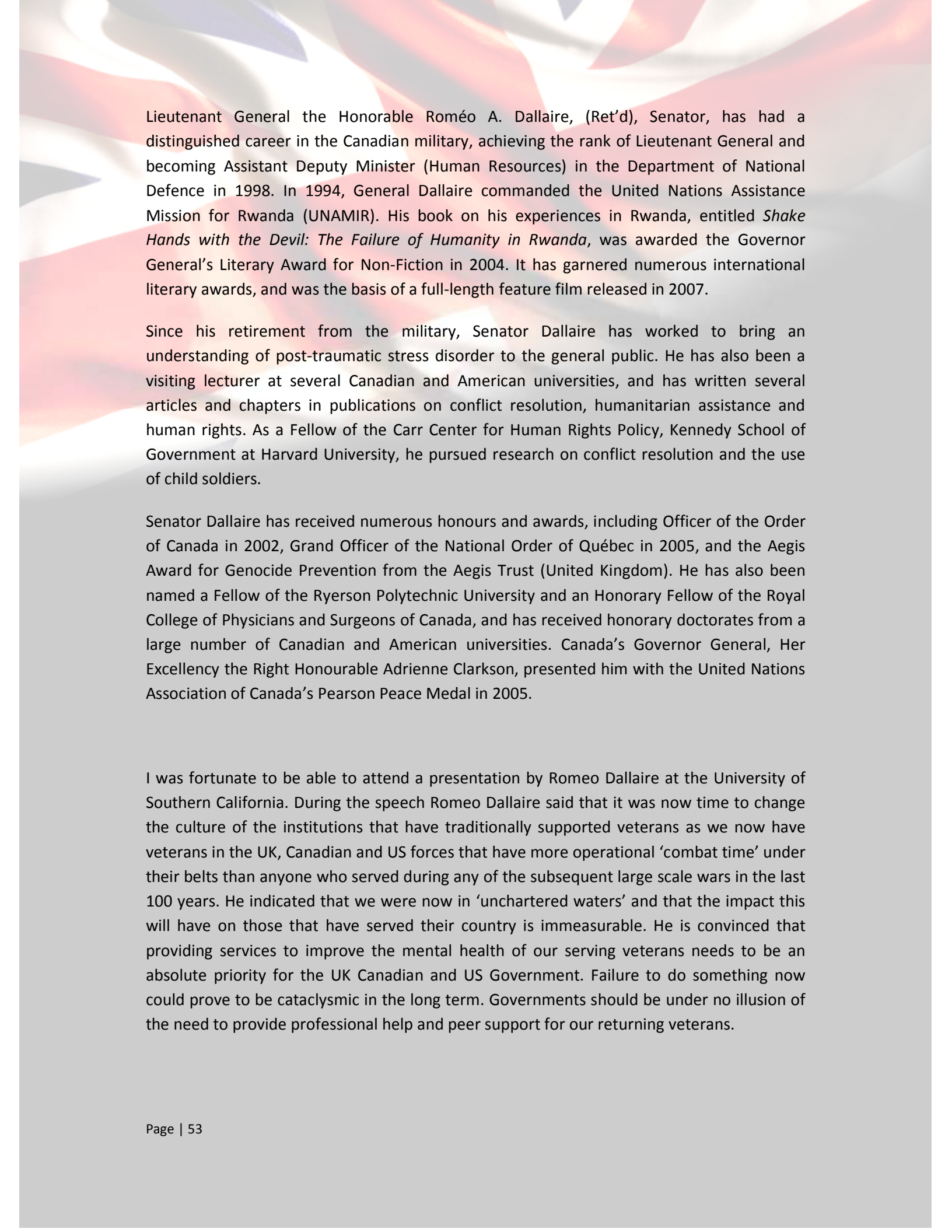
## Observations

- Interactive Veteran Centric web sites are an essential part of the support services that can be delivered to Armed Forces Veterans.
- Face book currently provides many socially isolated veterans with a link to the outside world and keeps them in touch with old comrades. Whilst it is not, in my opinion as important and as effective in promoting positive change as 'face to face' interactions. It undoubtedly keeps a large number of veterans connected to the world in which we live and reduces the risk of suicide significantly.
- Technology is here to stay and the more we can utilise its potential to support the veteran community the better.
- Modern technology allows us to connect to organisations worldwide and this in turn 'drives up' the standard of services delivered to the veterans that we work with.

## The Invisible Veterans: A Colloquium with Romeo Dallaire

Center for Innovation and Research on Veterans and Military Families, Transfer and Veteran Student Programs





Lieutenant General the Honorable Roméo A. Dallaire, (Ret'd), Senator, has had a distinguished career in the Canadian military, achieving the rank of Lieutenant General and becoming Assistant Deputy Minister (Human Resources) in the Department of National Defence in 1998. In 1994, General Dallaire commanded the United Nations Assistance Mission for Rwanda (UNAMIR). His book on his experiences in Rwanda, entitled *Shake Hands with the Devil: The Failure of Humanity in Rwanda*, was awarded the Governor General's Literary Award for Non-Fiction in 2004. It has garnered numerous international literary awards, and was the basis of a full-length feature film released in 2007.

Since his retirement from the military, Senator Dallaire has worked to bring an understanding of post-traumatic stress disorder to the general public. He has also been a visiting lecturer at several Canadian and American universities, and has written several articles and chapters in publications on conflict resolution, humanitarian assistance and human rights. As a Fellow of the Carr Center for Human Rights Policy, Kennedy School of Government at Harvard University, he pursued research on conflict resolution and the use of child soldiers.

Senator Dallaire has received numerous honours and awards, including Officer of the Order of Canada in 2002, Grand Officer of the National Order of Québec in 2005, and the Aegis Award for Genocide Prevention from the Aegis Trust (United Kingdom). He has also been named a Fellow of the Ryerson Polytechnic University and an Honorary Fellow of the Royal College of Physicians and Surgeons of Canada, and has received honorary doctorates from a large number of Canadian and American universities. Canada's Governor General, Her Excellency the Right Honourable Adrienne Clarkson, presented him with the United Nations Association of Canada's Pearson Peace Medal in 2005.

I was fortunate to be able to attend a presentation by Romeo Dallaire at the University of Southern California. During the speech Romeo Dallaire said that it was now time to change the culture of the institutions that have traditionally supported veterans as we now have veterans in the UK, Canadian and US forces that have more operational 'combat time' under their belts than anyone who served during any of the subsequent large scale wars in the last 100 years. He indicated that we were now in 'unchartered waters' and that the impact this will have on those that have served their country is immeasurable. He is convinced that providing services to improve the mental health of our serving veterans needs to be an absolute priority for the UK Canadian and US Government. Failure to do something now could prove to be cataclysmic in the long term. Governments should be under no illusion of the need to provide professional help and peer support for our returning veterans.

During the presentation he related his own personal experiences of Post Traumatic Stress Disorder having returned from UN Peacekeeping duties in Rwanda in the 1990's. After his presentation I spoke with him about the work of About Turn in the UK. He was at a loss



Lieutenant General the Honorable Romeo A. Dallaire, O.C., C.M.M., G.O.Q, M.S.C., C.D., (Retired), Senator Romeo Dallaire is an inspirational speaker and if afforded the opportunity I thoroughly recommend that you attend one of his lectures or at the very least read his books *'Shake hands with the Devil'* and *'They fight like Soldiers, They die like Children'*



[www.romeodallaire.com/](http://www.romeodallaire.com/)

(Much of the content for this chapter was sourced from the above web site)

# USC Social Work

*Center for Innovation and Research  
on Veterans & Military Families*

On the day before I flew out of Los Angeles to return home I was delighted to be invited to give a presentation about UK Veterans in the Criminal Justice System and the work of About Turn.



*“We thoroughly enjoyed your presentation. For me, and the colleagues who I spoke with about your talk later, it was meaningful to step outside the US system for a moment to assess what is right and what works. So much of the time we focus on what doesn't work about the VA or what doesn't get coordinated elegantly between systems of care. Your talk helped me to see that even if these systems aren't perfect, the fact that they exist is meaningful - and that there's a narrative within which to have a discussion about caring for combat veterans.*”

Kelly L. Turner PhD  
Research Assistant Professor  
Centre for Innovation and Research on Veterans and Military families (CIR)  
University of Southern California  
School of Social Work

The Centre for Innovation and Research on Veterans and their families deliver a Veteran specific Masters Degree Course for Social Workers. Their promotional literature describes the course as;

### **“Arming Students with Skills to Serve”**

#### **Master of Social Work Specialization in Military Social Work**

Students pursuing a Master of Social Work degree may choose a sub-concentration in military social work. The curriculum prepares students to deliver services such as mental health counseling, family therapy, and disaster response and crisis intervention with families and individuals who have served in the military. The specialized military social work training also educates and prepares recovery coordinators to create and facilitate comprehensive care and recovery plans for military personnel and their families.

#### **Military Social Work Courses**

- The Military as a Workplace Culture
- Managing Trauma and Post-traumatic Stress
- Clinical Practice with the Military Family
- Preventive Care and Health Management in Military and Veteran Settings

#### **Electives**

- Case Management
- Clinical Practice with Couples
- Disabilities and Family Care giving
- Domestic Violence
- Loss, Grief and Bereavement
- Managing Diversity in a Global Context
- Psychopharmacology in Mental Health
- Practice with Severe and Persistently Mentally Ill
- Spirituality
- Substance Abuse and Other Addictive Disorders
- The Societal Response to War: Advocacy, Politics and Policy

#### **Field Internships and Future Employment Opportunities (600 hours)**

- Military Hospitals
- Veterans Affairs Hospitals and Outpatient Centers

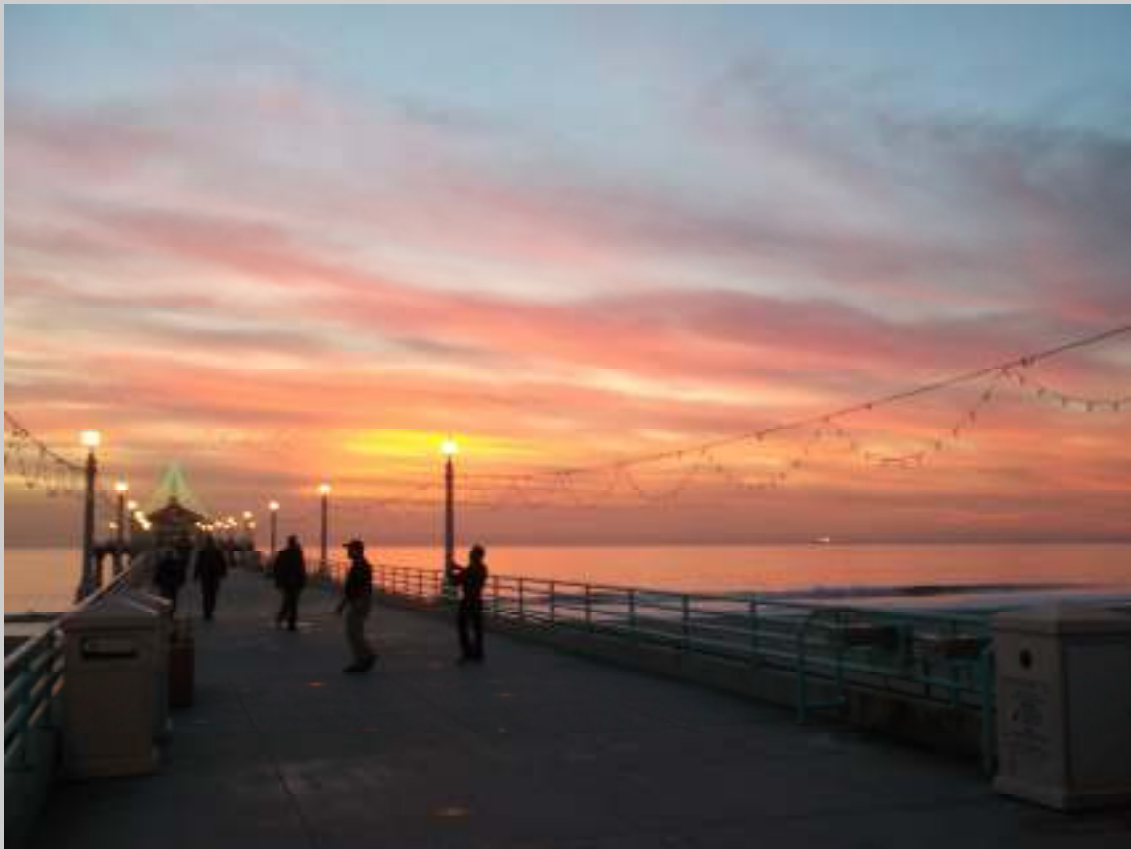


- Veteran Centers
- Base Family Services Units “Family Readiness”
- Military Correction Facilities
- Community and Base Schools (K-12)
- University Student Counseling Centers
- Community Mental Health Centers
- Vocational Rehabilitation Centers
- Armed Forces

Students in the military social work sub-concentration are required to complete an internship serving military personnel, veterans and their families.

<http://cir.usc.edu>

(Much of the content for this chapter was sourced from the above web site)



**Special Thanks**  
**To**  
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**Blaydon**  
**Cllr John Stokel Walker**  
**Newcastle City Council**



# Stateside

## Thanks

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Sherman Banks

**'It's appreciated'**



Graffiti in Little Rock Arkansas



**Tony Wright  
Founder  
&  
Managing Director**

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