A Report of the Special Commission to Study and Investigate the Hidden Wounds of War on Massachusetts Service Members

Commission Members

Senator Stephen Brewer	Lt. Governor Timothy Murray
Senator Thomas McGee	Mr. Thomas Hannon
Senator Gale Candaras	District Attorney William Keating
Senator Scott Brown	Major David Hencke
Representative Anthony Verga	Chief Richard Wilcox
Representative Harold Naughton	Mr. Stephen Fratalia
Representative Ruth Balser	Susan Skea, M.D.
Representative Charles Murphy	Mr. Karl Ackerman
Representative Linda Campbell	Mr. Francisco Ureña
Representative Elizabeth Poirier	

Boston, Massachusetts January 5, 2009

The report is dedicated in memory of

Jeffery Lucey, United State Marine Corps Reserve, Operation Iraqi Freedom

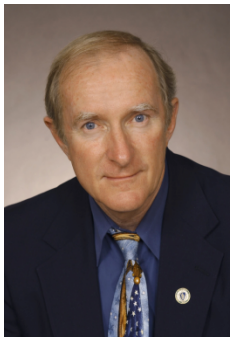
&

Jeff Kinlin, United States Army, 82nd Airborne

Table of Contents

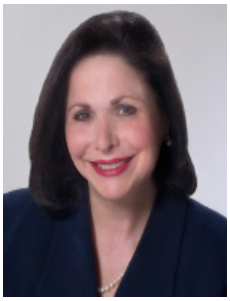
I. Commission Members & Staff

The Commission consisted of nineteen members who collectively represent the Massachusetts State Senate and House of Representatives, the Adjutant General of the Massachusetts National Guard, the Commissioner of Probation, the Secretary of the Massachusetts Department of Veterans' Services, and five members appointed by the Governor, including representatives of the National Alliance on Mental Illness (NAMI), the Massachusetts Veterans' Service Officers Association, the Massachusetts District Attorneys Association, and the Massachusetts Chiefs of Police Association.



Senator Stephen Brewer-(D) represents the district of Worcester, Hampden, Hampshire and Franklin. The Senator serves on the following Committees: Senate Committee on Ways and Means; Public Safety and Homeland Security; Environment, Natural Resources and Agriculture. He serves as Vice-Chair of the Senate Committee on Ways and Means and of Joint Committee on Public Safety and Homeland Security and is Chair of the State Administration and Regulatory Oversight Committee. He is also the Co-chair of the *Special Commission to Study and Investigate the Hidden Wounds of War on Massachusetts Service Members.*

Senator Thomas McGee-(D) represents the district of Third Essex and Middlesex. The Senator serves on the following Committees: Veterans and Federal Affairs; Labor and Workforce Development; Children, Families and Persons with Disabilities; Community Development and Small Business; Judiciary; Transportation. He serves as the Chair of the Joint Committee on Veterans and Federal Affairs, as well as the Joint Committee on Labor and Workforce Development, and is Vice-Chair of the Joint Committee on Children, Families and Persons with Disabilities.



Senator Gale Candaras-(D) represents the district of First Hampden and Hampshire. The Senator serves on the following Committees: Mental Health and Substance Abuse; Elder Affairs; Public Safety and Homeland Security; Public Service; Health Care Financing. She serves as the Chair of the Joint Committee on Mental Health and Substance Abuse and the Vice-Chair of the Joint Committee on Elder Affairs.

Senator Scott Brown-(R) represents the district of Norfolk, Bristol and Middlesex. He is a Lieutenant Colonel in the Massachusetts National Guard. The Senator serves on the following Committees: Consumer Protection and Professional Licensure; Education; Election Laws; Financial Services; Health Care Financing; Veterans and Federal Affairs.

Representative Anthony Verga-(D) represents the Fifth Essex District. The Representative has served as the Chair of the Joint Committee on Veterans and Federal Affairs since its inception in 2005. He is a Korean War Era veteran of the United States Navy. Representative Verga is the Co-Chair of the *Special Commission to Study and Investigate the Hidden Wounds of War on Massachusetts Service Members.*

Representative Harold Naughton-(D) represents the Twelfth Worcester District. He is a member of the U.S. Army Reserve and was deployed at part of Operation Iraqi Freedom from 2005-2006. The Representative serves on the following Committees: House Committee on Ways and Means; Judiciary; Public Safety and Homeland Security. He is the Vice-Chair of the Joint Committee on Public Safety and Homeland Security.

Representative Ruth Balser-(D) represents the Twelfth Middlesex District. The Representative is the Chair of the Joint Committee on Mental Health and Substance Abuse.

Representative Charles Murphy-(D) represents the Twenty-First Middlesex District. The Representative serves on the following Committees: Veterans and Federal Affairs; Bonding, Capital Expenditures and State Assets. He is the Vice-Chair of the Joint Committee on Bonding, Capital Expenditures and State Assets. The Representative joined the US Marine Corps, where he served from 1989 to 1994 and rose to the rank of Captain.

Representative Linda Dean Campbell-(D) represents the Fifteenth Essex District. As a veteran, served as a paratrooper and an Intelligence Officer with VIII Airborne Corps The Representative serves on the following Committees: Revenue; Telecommunication, Utilities and Energy; Veterans and Federal Affairs.

Representative Elizabeth Poirier-(R) represents the Fourteenth Bristol District. The Representative serves on the following Committees: House Committee on Steering, Policy and Scheduling; Bonding, Capital Expenditures and State Assets; Elder Affairs; Veterans and Federal Affairs.

Lt. Governor Timothy Murray is Governor Patrick's designee on the *Special Commission to Study and Investigate the Hidden Wounds of War on Massachusetts Service Members*. Prior to his election as Lieutenant Governor, he was first elected to the Worcester City Council in 1997 and became mayor in 2001. He served as mayor of Massachusetts' second largest city for three terms. The Lt. Governor also chairs the Governor's Advisory Council on Veterans' Services.

Mr. Thomas Hannon is Director of the Boston Vets Center and serves as the Vice-chair of the Commission. Mr. Hannon, a Vietnam veteran, is also a former Hospital Corpsman and Purple Heart recipient. Director Hannon is representing the Secretary of Veterans' Services.

District Attorney William R. Keating was elected in 1998 to the post of Norfolk District Attorney. Prior to his election, he served as the State Senator from the Norfolk, Bristol and Plymouth District. Senator Keating represented this district from 1985 to 1998. From 1977 to 1984, he served as a member of the Massachusetts House of Representatives. In 2005, DA Keating initiated First Responder awareness training regarding the readjustment needs of new veterans and their families. This program was adopted by the Office of the Commissioner of Probation and has been a model for similar efforts nationwide. DA Keating is representing the Massachusetts District Attorneys Association and serves as the Commission's Secretary.

Major David Hencke is the Chief of Deployment Cycle Support for the Massachusetts National Guard. The Major is representing the Adjutant General of the Massachusetts National Guard, Major General Joseph C. Carter.

Chief Richard Wilcox has served as the Chief of Police for the Stockbridge Police Department for 24 years. His career as a police officer has spanned 38 years in which he has been a strong voice for veterans within the Massachusetts law enforcement community. The Chief is representing the Massachusetts Chiefs of Police Association.

Mr. Stephen Fratalia is the Director of Resource Management for the Office of the Commissioner of Probation. He has a background in both criminal justice and education and has been involved at the ground level of veterans education and training in the criminal justice system. Mr. Fratalia is representing the Commissioner of Probation, John J. O'Brien.

Susan Skea, M.D., is the Department of Mental Health Southeastern Area Medical Director, and is an Assistant Professor of Psychiatry at the University of Massachusetts Medical School. Dr. Skea is also a veteran, having been deployed twice in support of Operation Iraqi Freedom, and is retired from the United States Army Reserve at the rank of Colonel. Dr. Skea is representing the Department of Mental Health Commissioner Barbara Leadholm.

Mr. Karl Ackerman is the Massachusetts Representative to the National Association of Mental Illness (NAMI) Veterans Council. He also serves as the President of the Transformation Center, which assists people with mental illness by connecting them with local resources. Mr. Ackerman is a 100 percent service-connected Vietnam veteran. He has publically struggled with Post Traumatic Stress Disorder and champions efforts to assist other suffering veterans with mental health challenges. Mr. Ackerman is representing the Massachusetts Chapter of the National Alliance on Mental Illness.

Mr. Francisco Ureña is the Director of Veterans Services for the City of Lawrence, Massachusetts, and an Iraq veteran. He served eight years in the United States Marine Corps and received the Purple Heart. He also received the 2008 Veterans' Service Officer of the Year award from the Department of Veterans' Services. Mr. Ureña is representing the Massachusetts Veterans' Service Officers Association.

Alicia Bandy, *Legislative Aide to Senator Stephen Brewer,* ***Sarah Keller-Likins****, Committee Director of the legislature's Joint Committee on Veterans and Federal Affairs, and* ***Travis Murphy****, Senior Researcher for the Joint Committee on Veterans and Federal Affairs, all contributed to the researching and drafting of this report.* ***Tanya Skypeck,*** *with the Veterans and Federal Affairs Committee, contributed to the editing and formatting of the report.*

II. Commission Scope and Purpose

The Special Commission to Study and Investigate the Hidden Wounds of War on Massachusetts Service Members (Chapter 1 of the Resolves of 2008) was established on April 10, 2008. The Commission is charged with examining the mental health effects of war upon returning Massachusetts servicemembers and identifying best practices in the delivery of services to veterans. This includes but is not limited to the following:

1. The establishment of a mandatory mental health treatment program for National Guard members;

2. The creation of a state military family leave policy for primary caregivers of returning servicemembers;

3. A statewide education training program to assist law enforcement, corrections officers, and other first responders to recognize the symptoms of post-traumatic stress disorder.

In addition to examining these specific charges, this Commission also focused on the identifying barriers to accessing services and made recommendations on how the Commonwealth could better assist with streamlining delivery and improving outreach at the state level. In writing this report, this Commission also sought to develop a larger framework for dealing with the prevalent issue of mental health for returning veterans.

III. Message From The Chairs

Confronting the Continuing Costs of War-

We wish to thank the countless number of people who shared pieces of their stories with our Commission. We are deeply humbled by the sacrifices made to protect the freedoms which we as citizens too often take for granted. The contributions and sacrifices made by families of these men and women who wear the uniform are truly immeasurable.

The treatment that was given to previous generations of heroes when they came home was despicable. We resolve that the Commonwealth of Massachusetts will support its newest generation of veterans both when they are serving and when they come home, as we should have done for those of all wars. We must remember that those who serve are our daughters, sons, uncles, and sisters. They are teachers, police officers, accountants and lawyers. They have seen violence and death and faced tremendous pressures that we cannot imagine. And when these warriors come home, they do not always leave behind their experiences. It is time we recognize that when a warrior reaches out and asks for help that this is an act of bravery.

Today, we as a society have another opportunity to step forward and recognize the responsibility each of us has to those who serve our country. Caring for our Veterans is not discretionary – it is our moral obligation.

While the federal government has historically been the primary resource of active duty military, Veterans and their families, this Commission has closely examined what role a state has in caring for those who have served, particularly in improving mental health care services and accessibility. And while a state's role is not to step in and duplicate the work of the federal government or otherwise fund programs that should be adequately funded at the federal level, a state can and should step forward to identify creative ways to further serve its warriors and their family support systems.

In Massachusetts, we are fortunate to have many existing programs, organizations and individuals that support, and want to continue to support, Veterans and their families. Yet one of the greatest challenges is connecting the two, and the Commission worked to identify ways to improve tangible connections.

As a result of these efforts, the Commission worked with the Legislature and the Governor's Office to continue to keep Massachusetts at the forefront of providing Veterans benefits by proposing collaboration between the Commonwealth and the *SOFAR* and *Give an Hour* programs. These non-profits connect Veterans, servicemembers, families and extended

families with free confidential counseling services by mental health professionals in their region. This public-private collaboration would not only encourage mental health providers and clergy across the state to donate an hour of their time every month to counsel, but bring attention to these services which can help so many.

We thank the Commission members for their contributions to this final report. The following recommendations were made in the best interest of the veterans and military community in Massachusetts. We stand firmly behind these findings and hope this document will serve as both a reminder of the impact of war and as a resource for other states looking to better serve their military community.

SENATOR STEPHEN M. BREWER	**REPRESENTATIVE ANTHONY J. VERGA**
Commission Co-chair	***Commission Co-chair***

IV. Acknowledgements

We thank all of the veterans, servicemembers, and families who attended hearings and who participated and contributed to the Commission's work. We honor your requests for personal anonymity but we also recognize the strength it took to share your stories and commend you for giving a voice to so many others. The Commission had an opportunity to hear from Korean and Vietnam era veterans as well as veterans of the Persian Gulf War, and Operations Enduring and Iraqi Freedom.

In addition, the Commission received a wealth of information from members, state agencies, and concerned citizens. This information was carefully studied to craft specific recommendations for the legislature, state government agencies and private groups.

A partial list of contributors to the Commission includes:

- Dr. Jaine Darwin and Dr. Kenneth Reich, Co-Directors, Strategic Outreach to Families of all Reservists (SOFAR)
- Dr. Barbara Romberg, Founder and Director, Give an Hour
- George Devlin, Captain, Burlington Police Department
- Andria Nemoda, Supervising Nurse, Burlington Board of Health
- Mr. Steve O'Connor, Director, Northampton Department of Veterans Services
- Mr. John Downing, President and CEO, Soldier On
- Melida Arredondo, Massachusetts Military Families Speak Out
- Ellen Connorton, Massachusetts Coalition for Suicide Prevention
- Dr. Gonzalo Vera, Chief of Mental Health Services, VA Medical Center, Leeds, MA
- Mr. Kevin Bowe, Office of Norfolk District Attorney Keating
- Mr. Arley Pett, Director, Gloucester Department of Veterans Services
- Ms. Lucia Amero, Gloucester Department of Veterans Services
- Mr. Richard Girard, Director, Agawam Department of Veterans Services
- Dr. Jean McGuire, Assistant Secretary, Executive Office of Health and Human Services
- John O'Brien, Commissioner, Office of Probation
- Mr. Peter Larkin, Soldier On
- Ms. Susie Husted
- Physicians for Greater Social Responsibility

The Commission also commends all those who responded to requests for information and assistance and participated in developing recommendations. Thank you for the cooperation and assistance you provided and acknowledge the thoughtful and informed contributions you made to the Commission's work. The Commission especially thanks the offices of the Massachusetts Department of Veterans' Services and the Massachusetts National Guard. These dedicated men and women make differences in the lives of the Commonwealth's servicemembers, veterans and their families on a daily basis.

V. Information Gathering

The *Special Commission to Study and Investigate the Hidden Wounds of War on Massachusetts Service Members* held a total of four public hearings. The first two hearings were held at the State House in Boston, Massachusetts. The Commission then conducted two field hearings by which to reach a greater number of veterans and stakeholders throughout the Commonwealth.

The first full meeting of the Commission was held on July 1, 2008, in the Senate Reading Room. The hearing began with a review of *Chapter 1 of the Resolves of 2008*. The meeting then turned to an overview of the Commission's goals and an open discussion. The open discussions revolved around four topics: (1) current practices and services available to veterans, (2) the difficulty in reaching all servicemembers needing assistance, (3) the relationship between the state and local veteran service officers, and (4) ancillary problems linked to mental health issues.

The second Commission hearing, held on July 22, 2008, in Hearing Room B1 of the State House, consisted of a series of formal presentations. These presentations provided background material outlining the readjustment issues facing returning servicemembers, an overview of current practices, and an outline of available resources. Formal presentations were followed by public testimony. Highlights of both the prepared and public testimony included repeated emphasis on education to overcome the stigma associated with mental health issues, and the creation of a dedicated group to continue to address and coordinate the response to veterans' health issues.

The first field hearing was held on September 3, 2008, at the Major Fred W. Ritvo Veterans' Center in Gloucester, Massachusetts. This hearing focused on methods of providing mental health services to a geographically dispersed population. Staff Sergeant Brian Morrill, Massachusetts Army National Guard, began by providing testimony on the difficulties he faced following his most recent deployment. Additional testimony focused on three unique programs providing mental health services to servicemembers and their families: Massachusetts Department of Veterans' Services *SAVE* Program; *Strategic Outreach to Families of All Reservists* ("SOFAR"); and *Give an Hour*. The panelists' presentations were followed by the public testimony of a local Vietnam veteran.

The second field hearing was held on October 7, 2008, at the *Soldier On* facility in Pittsfield, Massachusetts. The Commission continued gathering information about innovative methods of providing mental health services to returning servicemembers. Formal testimony was presented by Mr. John Downing, President and CEO of *Soldier On*; Major David Hencke, Massachusetts National Guard Yellow Ribbon Program Coordinator; and Dr. Gonzalo Vera, Chief of Mental Health Services, VA Medical Center, Leeds, Massachusetts. The panelists' testimony was followed by public testimony from a number of veteran service officers and veterans.

VI. Background

A recently published 2007 Rand Corporation study estimated that approximately one-third of previously deployed servicemembers are experiencing significant mental health conditions following redeployment.[1] These mental health conditions include post-traumatic stress disorder ("PTSD"), major depression or a traumatic brain injury ("TBI") sustained during deployment.[2]

What these statistics fail to demonstrate are the complexities and interconnectedness of mental health conditions and readjustment issues. Servicemembers and their families are often forced to confront multiple readjustment and mental health issues. These issues, ordered along a continuum, can range from difficulty sleeping to diagnosed PTSD or even suicidal thoughts. In addition, other stressors such as failed personal relationships and financial or legal problems place additional pressures on servicemembers and their families. These stressors too often serve as precipitating factors that lead to suicide. More problematic for service providers is the fact that the issues are not isolated. They often are interconnected and feed off one another forming a seemingly hopeless and unbreakable circle of problems.

Despite the efforts of the Department of Defense (DOD) and Department of Veterans Affairs (VA), many servicemembers are not receiving adequate treatment for mental health conditions and other readjustment issues. The effects of untreated mental health problems are detrimental not only to veterans and their families but society as a whole. A number of societal problems can develop from untreated PTSD including increased rates of unemployment, divorce, family violence and incarceration among the veteran population.[3]

a. Post-Traumatic Stress Disorder: An Overview

PTSD is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened.[4] It is a severe and ongoing emotional reaction to an extreme psychological trauma. The stressor(s) may involve someone's actual death or a threat to the patient's or someone else's life, serious physical injury, or threat to physical and/or psychological integrity, to a degree that usual psychological defenses are incapable of coping. Symptoms of PTSD include persistent re-experiencing of the traumatic event, avoidance of stimuli associated with the trauma, emotional numbing, and symptoms of increased arousal.[5]

---

[1] Jaycox, Lisa H. Invisible Wounds of War: Summary of Key Findings on Psychological and Cognitive Injuries. Testimony presented before the House Committee on Veterans' Affairs on June 11, 2008.
[2] Id.
[3] Id.
[4] National Center for PTSD Fact Sheet. http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_what_is_ptsd.html. Last visited October 17, 2008
[5] For additional information about the symptoms of PTSD visit the National Center for PTSD at http://www.ncptsd.va.gov/.

PTSD is not a new phenomenon. Written accounts of symptoms similar to those associated with PTSD date back to ancient times. It was not until the Civil War that medical literature surrounding the symptoms associated with PTSD began to develop. Significant research on PTSD did not begin until after the Vietnam Conflict. Since that time, PTSD has been observed in all veteran populations dating back to World War II.

b. Traumatic Brain Injury: An Overview

Traumatic brain injury ("TBI") has been labeled the "signature war wound" of the wars in Iraq and Afghanistan.[6] Since the war in Afghanistan began in 2001, more than 2,100 troops have been diagnosed with TBI and it is estimated that an additional 140,000 troops may have suffered concussions, which are classified as a mild TBI.[7] Blast injuries remain the leading cause of TBI for active duty personnel in war zones.[8]

The Defense and Veterans Head Injury Program ("DVHIP") defines TBI as "a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain."[9] Not all blows to the head result in TBI and resulting injuries can range from mild to severe.[10] A mild TBI is defined as a brief change in mental status or consciousness.[11] A more severe TBI is the result of an extended period of unconsciousness or amnesia after suffering a head injury.[12] TBI symptoms include dizziness, excessive fatigue, irritability, memory or concentration problems, balance problems, or a ringing in the ears.[13]

c. Secondary Effects: A Continuum of Issues Including Suicide and Substance Abuse

There are additional problems associated with PTSD, including substance abuse, feelings of hopelessness, employment and relationship problems and, in the most severe situations, suicide.[14]

Suicide remains one of the most dangerous and troubling problems confronting servicemembers and readjustment and mental health service providers. Suicide rates among active duty troops

---

[6] Kennedy, Kelly. "Wars Signature Wound". Army Times Magazine. August 2007; 8:30-35.
[7] Id.
[8] Defense and Veterans Brain Injury Center Fact Sheet. http://dvbic.org/public.html/pdfs/dvbic-facts-2007.pdf. Last visited October 17, 2008.
[9] Id.
[10] Id.
[11] Defense and Veterans Brain Injury Center Fact Sheet. http://dvbic.org/public.html/pdfs/dvbic-facts-2007.pdf. Last visited October 17, 2008.
[12] Id.
[13] Id.
[14] National Center for PTSD Fact Sheet. http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_what_is_ptsd.html. Last visited October 17, 2008.

and veterans have seen a dramatic increase since the beginning of the conflicts in Iraq and Afghanistan. In a May 2007 estimates, the Veterans Health Administration ("VHA") estimated that 1,000 veterans receiving VHA care commit suicide each year.[15] Even more troubling are statistics from the Army, which estimate that suicide rates among active duty soldiers in 2008 will outpace 2007's record high and exceed that of the civilian population.[16]

Others, however, have identified the root cause as a more systemic problem with servicemember and veteran mental health service providers. Tom Tarantino, a policy associate with *Iraq and Afghanistan Veterans of America*, expressed his frustration before a recent Congressional Hearing. "Suicide is the end result of multiple failures in our military and veterans' mental health care systems. Inadequate mental health screening upon redeployment, professional and personal stigma attached to mental health care, and inadequate VA outreach have brought us to this crisis, with little to no end in sight."[17]

A number of statistics demonstrate the interconnectedness between PTSD and its secondary effects. Testifying before Congress, VA Secretary Dr. James Peak stated that almost 60 percent of veterans receiving care from the VA who have died from suicide had a diagnosis of mental health or substance abuse in their records.[18] Substance abuse disorders arise regularly in soldiers diagnosed with PTSD, with some estimates placing the number as high as 85 percent.[19] This high prevalence of substance abuse is thought to represent servicemembers' attempts at self-medication.[20] It is also important to note that substance abuse disorders are prevalent in servicemembers who have not been diagnosed with PTSD.[21]

d. Implications

---

[15] Michaud, Michael H. Opening Statement by Hon. Michael H. Michaud, Chairman, a Representative in Congress from the State of Maine. Testimony presented before the House Committee on Veterans' Affairs, Subcommittee on Health on September 16, 2008.
[16] Tarantino, Tom. Statement of Tom Tarantino, Policy Associate, Iraq and Afghanistan Veterans of America. Testimony presented before the House Committee on Veterans' Affairs, Subcommittee on Health on September 16, 2008.
[17] Id.
[18] Peake, James B. Statement of the Honorable James B. Peake, M.D., Secretary U.S. Department of Veterans Affairs. Testimony presented before the House Committee on Veterans' Affairs on May 6, 2008.
[19] Kanter, Evan. Shock and Awe Hits Home: U.S. Health Costs of the War in Iraq. November 2007.
[20] Id.
[21] Id.

Since September 11, 2001, approximately 30,000 veterans have returned to Massachusetts from active duty in support of the Global War on Terrorism.[22] Approximately 35 percent of these individuals are Massachusetts National Guard members, while the remaining 65 percent are reservists or solo returning veterans.[23] If the Rand Corporation's estimates are correct and one in three returning servicemembers experiences significant mental health issues, Massachusetts has a lot of men and women who need assistance. Recognizing the immediate need and the dangerous consequences that lack of assistance would have on individual servicemembers, their families, and communities across the Commonwealth, legislation was passed in April of this year to create the *Commission to Study and Investigate the Hidden Wounds of War on Massachusetts Service members*. This was the first time such a Commission was formed in the Commonwealth since 1981, when a similar Commission was formed to examine the needs of Vietnam War veterans.

[22] Application from the Commonwealth of Massachusetts for Participation in "The Returning Veterans and Their Families Strategic Planning Conference and Policy Academy".
[23] Application from the Commonwealth of Massachusetts for Participation in "The Returning Veterans and Their Families Strategic Planning Conference and Policy Academy".

VII. Massachusetts Statistics

This section is included in the report to allow policy-makers in other states to utilize the findings as a meaningful source of data.

Massachusetts Veterans Population

Table 1: Annual Estimates of the Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2007[24]

Geographic Area	Population Estimates								April 1, 2000	
	July 1, 2007	July 1, 2006	July 1, 2005	July 1, 2004	July 1, 2003	July 1, 2002	July 1, 2001	July 1, 2000	Estimates Base	Census
Massachusetts	6,449,755	6,434,389	6,429,137	6,433,676	6,438,510	6,431,788	6,407,631	6,363,190	6,349,105	6,349,097

*Massachusetts National Guard Data (*as of December 2008)

Total Strength: 8,264
Army: 6,305
Air: 1,959

(Below as of October 2008 unless otherwise noted)

- 44 armories / facilities in 40 communities across the commonwealth
- Since September 11, 2001, more than 8,200 members have been federally activated and approximately 6,000 have served overseas.
- Currently, 176 members of the Massachusetts National Guard are deployed (as of November 3, 2008).
- Approximately 30 percent of guardmembers have deployed more than once. The average deployment is 12-15 months.
- Approximately 45 percent of Massachusetts Army National Guard members are married and/or have children.

Individuals in Massachusetts Reserve Units – (Provided by the various Reserve component commands as of December 2008)

- Army Reserve – (unavailable at time of print)
- Marine Corps Reserve – approximately 1,000
- Naval Reserve – approximately 450
- Air Force Reserve – approximately 26,000
- Coast Guard – (unavailable at time of print)

[24] U.S. Census Bureau, Population Estimates Program. http://factfinder.census.gov. Last visited October 21, 2008.

VIII. Commission Findings and Recommendations

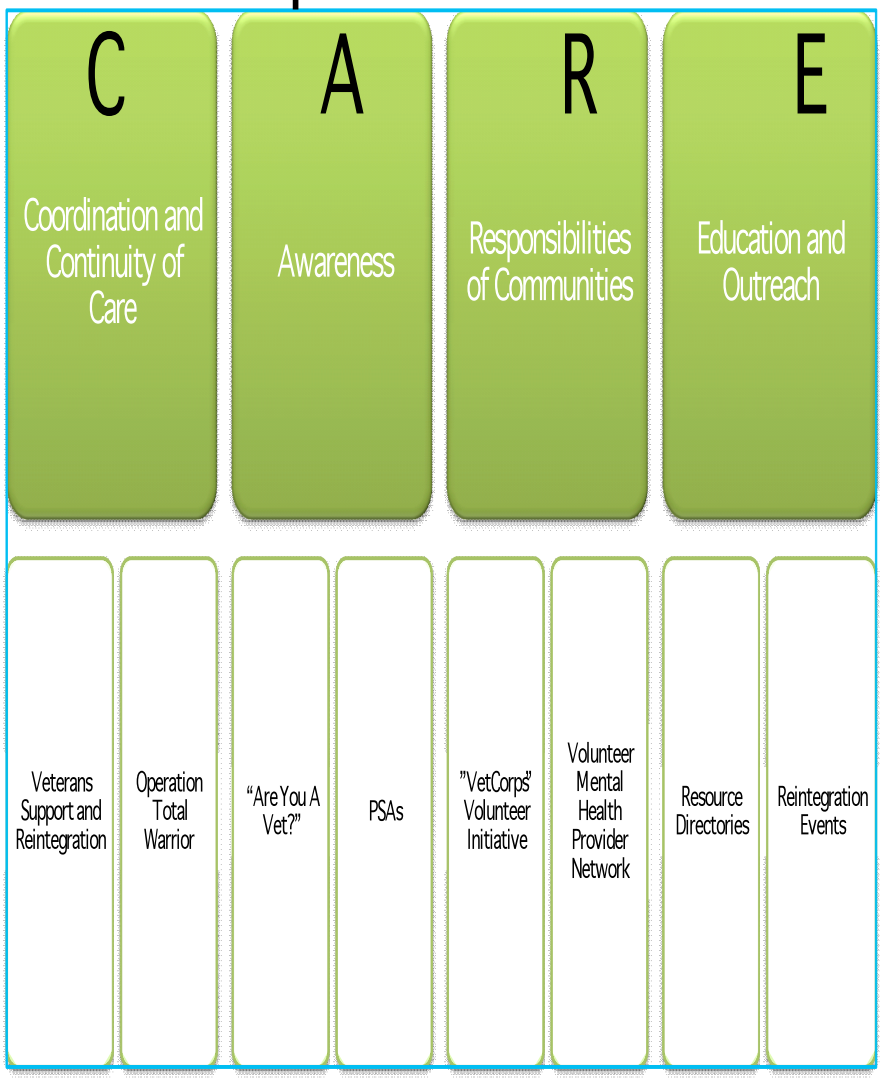
Significant resources exist to combat the mental health and readjustment issues facing servicemembers and their families. A wealth of federal, state and non-governmental organizations provide both mental health treatment and readjustment services. Despite the significant resources dedicated to this issue, a number of barriers remain which prevent servicemembers and their families from receiving needed services. These barriers are presented as findings in this report.

The Commission has concluded that the best way to attack these barriers is through a concerted effort focused on community involvement. As Jack Downing mentioned in testimony before this Commission, "…our Commonwealth, our local communities, and each of us as individual citizens has a role to play in welcoming back and embracing our service men and women." In recognition of this responsibility, the Commission recommends implementation of *Operation CARE*. *Operation CARE* is a four-pronged approach to meeting the mental health and readjustment needs of servicemembers, veterans and their families. Operation CARE would operate under the principle of "serving those who served."
The four key components are:

1. ***C****oordination of Available Resources and Continuity of Care*
2. ***A****wareness and Knowledge of Readjustment Issues*
3. ***R****esponsibilities of Communities*
4. ***E****ducation and Outreach*

This Commission emphasizes during this time of war the importance of providing for the mental health and readjustment needs of our returning servicemembers, veterans and their families. *Operation CARE* represents the Commission's efforts to embrace the Commonwealth's servicemembers, veterans, and their families.

"Operation CARE"



Finding #1. Coordination of Care

This Commission has determined that there are numerous resources available to combat mental health and readjustment issues. The effective utilization of these existing resources requires both identification and an increase in the coordination of care.

a. Identification of Resources

The Commission was informed about a number of programs providing mental health assistance. They ranged from efforts by the federal government and state agencies, to programs by a variety of creative non-profits. The Commission was presented with a detailed memorandum outlining mental health and substance abuse services for servicemembers and veterans. Information from that memorandum is included below.

Federal Government

Massachusetts currently has 29 federal facilities, including five hospitals, 24 outpatient clinics, and seven Vet Centers.

Commonwealth of Massachusetts

Chapter 115 Program

Executive Summary – Chapter 115[25]

Under Chapter 115 of Massachusetts General Laws, the Commonwealth provides a one-of-a-kind-in-the-nation uniform program of financial and medical assistance for indigent veterans and their dependents. Qualifying veterans and their dependents receive necessary financial assistance for food, shelter, clothing, fuel, and medical care in accordance with a formula which takes into account the number of dependents and income from all sources. Surviving spouses and eligible dependents of deceased veterans are provided with the same benefits as if the veteran were still living.

In the 18th century, towns in the Massachusetts Bay Colony provided assistance to their needy veterans of the French and Indian War (1754-1763) between France and Great Britain, fought in North America. The Commonwealth of Massachusetts began providing for its veterans immediately following the Revolutionary War. At the start of the Civil War in 1861, the state legislature formalized the assistance provided to veterans by establishing M.G.L. Chapter 115

[25] Summary provided by Citizen Information Service. Secretary of the Commonwealth. http://www.sec.state.ma.us/cis/cisvet/vetbill.htm. Last visited October 22, 2008.

and the Department of Veterans' Services. In every city and town in the Commonwealth, the legislature created the offices of Director of Veterans' Services, Burial Agent, and Graves Officer, in recognition of the military service and associated sacrifices by its citizens who protected and defended the United States in time of war.

It was the desire of the state and local government leaders to recognize this service by armed forces personnel by providing certain essential benefits to those men and women (both living and deceased) and to their families. Chapter 115 specifies for eligible Massachusetts veterans certain financial, medical, educational, employment, and other benefits. Veterans, their dependents, and surviving spouses receive counsel and assistance dispensed through the 351 municipal veterans services' offices.

Today, M.G.L. Chapter 115 requires every city and town to maintain a Department of Veterans' Services through which the municipality makes available to its residents the part-time or full-time services of either an exclusive or district veterans' service officer. It is the job of that officer to provide veterans (living and deceased) and their dependents access to every federal, state, and local benefit and service to which they are entitled.

Veteran Service Agents/Officers

Executive Summary – Veteran Service Officer

Massachusetts is also the only state in the nation to have a local veterans' service agent/officer ("VSO") for each city and town (some agents/officers service multiple towns). The Commission recognizes that these VSOs are "first responders" to service members and their families. As Staff Sergeant Brian Morrill mentioned in his testimony before the Commission, local VSOs can serve as a "casualty collection point" for veterans needing assistance.

Because of their physical proximity and personal relationships with their communities, the Commission has found that through a VSO is an optimal way to reach out to veterans, servicemembers and their families. In some cases, VSOs identify areas of concern even before a servicemember returns home because of a relationship with the servicemember's family.

The primary responsibility of VSOs has traditionally been to disperse state veterans benefits and assist veterans and their families to access any federal benefits and medical care to which they may be entitled. However, through testimony, the Commission has learned that the current conflict has added a new dynamic for agents/officers. Specifically, stronger ties to national guard and reserve families have developed, even while the servicemember is deployed. An ancillary benefit gained from the establishment of the Welcome Home Bonus is that many returning veterans are drawn to the office of their local VSO to apply. Such face-to-face contact can lead to improved sharing of information and, most importantly, opportunities to ensure that returning veterans are accessing their benefits.

State veterans benefits are distributed by the city or town, which is then reimbursed for 75 percent of the benefit by the state through the Department of Veterans' Services (DVS). The VSOs are responsible for submitting proper paperwork to DVS to receive the reimbursement. Despite the significant state reimbursement to municipalities, veteran's agents have reported to the Commission situations of VSOs feeling pressured to not fully implement the Chapter 115 program because of costs to the community. There are reports that agents/officers felt their employment would be in jeopardy if they fully implemented the Chapter 115 program. The Commission finds this to be a serious impediment to promoting outreach. There is no state statute that specifically provides protection for agents/officers. VSOs are appointed and managed locally, pursuant to section 3 of chapter 115.[26]

Department of Veterans' Services Statewide Advocacy for Veterans Empowerment (SAVE) Program

A SAVE program was established in Massachusetts in February 2008 through the state's Department of Public Health. The program is not affiliated with the SAVE suicide program in Minnesota. Currently, SAVE is funded through both the state's Department of Veterans' Services budget and the Department of Public Health budget. The Massachusetts Department of Veterans' Services described the program as the following in an Executive Summary:

"The primary mission of the SAVE team is Suicide Prevention. SAVE uses a tool (Intake for form) to identify the needs of every Veteran and family member of a Veteran that contacts them. This tool is used to ensure accurate identification of the needs of the Veteran and their family and inform them of the resources and benefits that are available to them, whether they be Federal, State, Non-profit or private. Once the outreach coordinator has identified the needs of the Veteran and their family, they then recommend a sequential plan of action in order to successfully address the needs and or benefits that the Veteran has earned.

The extent to which the Outreach Coordinators (OC) involve themselves in the access to the services varies on the capabilities of the Veteran/family member. In a severe case, the Outreach Coordinator may be required to perform such duties as scheduling appointments for the Veteran and or family member because they are mentally and or physically unable to do so. During this process the Outreach coordinator is trying to empower the Veteran and or family member so that they will eventually be able to accomplish their goals independently.

Each case is different as is each Veteran and each family member there fore [sic] *each case has a unique plan of action that is developed through the administration of the Intake form with a combination of Peer Outreach that the SAVE team members have infused in their role since they are in fact Peers of the people that they are providing access to services to.*

---

[26] See Chapter 115 M.G.L. § 1,3,4,6 for statutory definitions and duties of veteran agents.

If an Outreach Coordinator comes across a Veteran that is at the point where suicide looks like a solution to their problems then the SAVE team is trained to recognize these sign and report what they see to the health professional so that they can address the immediate life threatening needs of that Veteran. When that Veteran is ready to work on all of the issues that are causing these problems SAVE will be there to guide them through and empower them to successfully reintegrate themselves back into life as a successful member of this society.

SAVE Team mission is to advocate for Veterans in need of mental health or counseling services, with the primary mission being suicide prevention. However, as some factors contribute to increased depression such as physical and psychological injuries or illnesses, relationship issues, finances, employment, SAVE team assists with referrals to assistance at the federal, state, and community level. SAVE is able to provide this specialized assistance through its deployment of outreach workers who reach out to Veterans and their families at various locations and events throughout the state. SAVE Team continues to follow up with their Veterans at regular intervals to insure that they are receiving services and care.

SAVE Team does not perform the primary duties of a Veteran Service Officer (VSO). Team members will not take applications for Chapter 115 benefits or act as legal representatives on VA claims. VSOs receive a listing of the Veterans in their communities along with their DD214s on a monthly basis and engage in their own follow up. The SAVE Team has established a close working relationship with many VSOs and, in several instances, it is the VSO who contacts the SAVE team for mental health referral and assistance for the Veterans in their communities."

Non-Profit Support

The Legislature funds numerous outreach and homeless non-profit organizations across the Commonwealth. These organizations receive funding through various sources but all are supported by the state in some capacity. Their services may include assistance with applying for federal and state veterans' benefits, various counseling services, food and clothing, transportation services, temporary or permanent shelter, substance abuse programs and numerous other services.

The following veterans non-profit organizations were funded in the Legislature's Fiscal Year 2009 budget (not all provide counseling or mental health care):

Veterans Hospice Homestead (Leominster) and Veterans Hospice (Fitchburg)
Unity House Homeless Veterans' Residence – Gardner
Southeastern Veterans Housing Program, Inc. – New Bedford
Springfield Bilingual Veterans Outreach Center – Springfield
Transition House in Springfield – Springfield
Massachusetts Shelter for Homeless Veterans – Worcester

Habitat P.L.U.S. – Lynn
Our Neighbor's Table – Amesbury
The Mansion – Haverhill
Homestead Program – Hyannis
Veterans Benefits Clearinghouse – Dorchester
Veterans Benefits Clearinghouse – Roxbury
Turner House – Williamstown
New England Shelter for Homeless Veterans – Boston
Veteran's Oral History Project at the Morse Institute Library – Natick
Montachusett Veterans' Outreach Center – Gardner
Veterans Association of Bristol County – Fall River
Metrowest/Metrosouth Outreach Center – Framingham
Nathan Hale Foundation of Plymouth – Plymouth
Cape Cod Free Clinic and Community Health Center – Falmouth
Veterans Northeast Outreach Center – Haverhill
NamVets of the Cape and Islands – Hyannis
Puerto Rican Veterans Associations of Massachusetts – Boston area
Middleboro Veterans Outreach Center – Middleboro
United Veterans of America/Soldier On – Berkshire County
North Shore Veterans Counseling Center – Beverly
Central Massachusetts Veterans Outreach Center – Worcester
54th Massachusetts Volunteers and the Colored Ladies

Additional Resources Focused on Providing Mental Health Care for the Military Community

There are several mental health resources for family members of servicemembers. Some are through military channels; others are free service provided outside the military. The Commission received information about the following:

- Military One Source
- Strategic Outreach of Families of All Reservists (SOFAR)
- Give an Hour
- Operation Military Kids

b. Coordination of Care

Resource coordination is vital to effective mental health and readjustment service provision. Without proper coordination, the resources identified by this Commission provide limited value to servicemembers and their families. Proper coordination is an effective method of eliminating gaps in care. The federal government has recognized this barrier and taken action to provide

more effective coordination of care. The *National Defense Authorization Act of 2008* mandated that all states provide comprehensive reintegration services to any veteran, however primarily for returning Reserve component servicemembers.[27] This recently created reintegration program, known as the "Yellow Ribbon Program," is administered through the various National Guard Joint Force Headquarters. The Massachusetts National Guard has embraced this mission and established *Operation Total Warrior*, the DoD's "Yellow Ribbon" program in Massachusetts. The following excerpt is an executive summary of Operation Total Warrior, provided by Major David Hencke on behalf of the Massachusetts National Guard Operation Total Warrior Program:

Massachusetts National Guard Operation Total Warrior ("Yellow Ribbon Program")

"The "Yellow Ribbon" program is a congressionally mandated provision of the National Defense Authorization Act of 2008 which directs the establishment of the Office of Reintegration Programs in the Office of the Secretary of Defense. The purpose of this office is to meet the physical, mental, emotional, and spiritual needs of returning veterans and their families with an emphasis on servicemember care and retention. The Office of Reintegration Programs leverages the presence of National Guard commands in each state to reach out to all servicemembers and families via newly established Deployment Cycle Support Teams within the J1/Personnel Directorate of each state.

The Deployment Cycle Support ("DCS") team's task is to support Reserve component servicemembers throughout all phases of mobilization including pre-mobilization team building and support, family strength sustainment; and post-mobilization reintegration services via referrals, information distribution, and active outreach. The focus is primarily on Reserve component servicemembers, but will support any veteran as needed. The DCS team in Massachusetts works closely with the Family Programs staff as well as federal, state, and local agencies to accomplish their mission. The DCS teams' and Family Programs' staff accomplish this task by conducting innovative pre-deployment and reintegration events seminars at approximately six months prior to mobilization and 45 after the unit returns, through the "Service Member and Family Support Center" at the Wellesley Armory."

Recommendation #1. Coordination of Care

The Commission recommends the following:

Veterans Support and Reintegration –

- **Veterans Support and Reintegration** – The Commission recommends that the new "Yellow Ribbon Program" work in conjunction with the Governor's Advisory Council on

[27] National Defense Authorization Act for Fiscal Year 2008, Sec. 683. National Guard Yellow Ribbon Reintegration Program.

Veterans Services, the Joint Committee on Veterans and Federal Affairs and members of the Special Commission to further develop programs and seminars in support of deploying Reserve Component units, individual, and their families. The Commission suggests that the *Total Warrior/Yellow Ribbon Program* issue recommendations to the Joint Committee on Veterans and Federal Affairs regarding legislative steps the state can take to support this federal initiative.

- **VSO Training and Certification** – The Commission listened to overwhelming discussion across the state about differences in services provided by VSOs. The Commission recommendations have centered upon continuity of care between service providers, particularly within the state. As part of this, the Commission recognizes the DVS for providing annual trainings and the important role they play in education.

  To ensure that all VSOs have a firm understanding of the laws of the Commonwealth, as well as federal laws, pertaining to veterans, the Commission has identified state VSO certification as the next step in training. VSOs should have the tools to be able to follow and execute these laws to the fullest extent and have knowledge of policies and procedures of the Department of Veterans Affairs in order to serve as "first responders."

  The Commission recommends that VSOs be professionally certified by the state to ensure that all necessary actions are taken to provide veterans, servicemembers and families the highest possible care and services at the local level. Such certification shall standardize the delivery of services, similar to the benchmark given to other professionals such as realtors, teachers, and social workers. All professional exams serve to reflect best practices of the industry.

  The Commission supports continuation of the annual VSO trainings provided by DVS and which are funded by the legislature. The Commission further advises all municipalities to require their VSOs to attend at a minimum one annual training per year. The state funding for trainings ensures that costs for mileage, lodging and a food stipend are reimbursed to the municipality.

  Additionally, the Commission recommends that the Department of Veterans' Services in consultation with the Massachusetts Veterans' Service Officers Association ("MVSOA") and the Commonwealth's Human Resources Division further examine what steps are needed to establish professional certification of a VSO. Such recommendations should be reported to the Joint Committee on Veterans and Federal Affairs and the Governor's Advisory Council on Veterans' Services ("GACVS"). Such a report will include addressing the questions presented by DVS to the Commission on this matter.

- **SAVE Program Coordination Mission** – Through testimony from DVS, the Commission learned that the SAVE program has connected with more than 700 veterans

across the Commonwealth. DVS has identified the role of the SAVE Program as a referral service (as opposed to a service-provider) for newly returning veterans in crisis which operates on the principle of peer-to-peer interaction.

The Commission recommends that DVS shall define in its regulations (108 CMR) the role and scope of the SAVE Program and its Team members. This will serve to further familiarize VSOs and state outreach programs with SAVE's resources.

Additionally, the Commission continues to focus on maximizing cooperation between service-providers. While certain privacy laws prevent direct sharing of personal information, the Commission recommends that every SAVE client be provided with a palm card identifying their local VSO's name, contact information, and list of local resources when initial contact is made with the client. In turn, each VSO's office shall have information available about the SAVE program. The Commission also encourages all service providers to further examine creative ways to improve outreach and interaction with each other to better serve the veteran.

The Commission further recommends that the DVS in conjunction with the Department of Public Health and other agencies that DVS may identify, submit a bi-annual report on April 1st and September 1st to the secretary of administration and finance, the house and senate committees on ways and means, and the joint committees on veterans and federal affairs, public health, and mental health and substance abuse, detailing the state's mental health outreach efforts geared specifically for veterans and families. This report should indentify if and how each program interacts with corresponding federal programs. Additionally, this report should include the status of specific SAVE casework/referrals, type of contact made, and a budget analysis of the program. This report should, while keeping in line with the standard federal privacy guidelines, allow policymakers to identify tangible benchmarks reached by these programs. In a time when fiscal challenges face the Commonwealth, the Commission seeks to highlight and better understand the state's role in protecting its most at risk veterans.

Finding #2. Awareness and Knowledge of Readjustment Issues

The Commission found that there is a need to raise the awareness level and knowledge of the public regarding readjustment issues faced by returning servicemembers and their families. This awareness would both help erase the stigma currently associated with receiving mental health care and ensure those in contact with servicemembers are able to properly refer them to the assistance they need.

a. Stigma

The stigma surrounding receipt of mental health treatment remains a significant barrier that prevents servicemembers and their families from receiving such care. Testimony received by the Commission confirmed that many Massachusetts servicemembers experience the same concerns as their peers throughout the United States about seeking mental health treatment.

The American Psychiatric Association released a study earlier this year that demonstrates the role this stigma may have in preventing mental health treatment. The survey polled servicemembers and their families and found that 60 percent of respondents believed that seeking help for mental health concerns would negatively impact their career.[28] In addition, more than half of the respondents felt others would think less of them for seeking help for mental health concerns and most have never spoken a word to family or friends about mental health issues.[29] The same survey indicated that approximately 12 percent worried that their spouse would resent them for seeking mental health assistance to deal with the stresses of facing domestic issues alone.[30]

This same stigma prevents Massachusetts servicemembers and their families from seeking assistance. The Commission heard both veterans and current police officers testify about the fear of losing a potential police, fire or civil service position because of mental health treatment. The testimony presented to the Commission indicated a need for increased educational and awareness efforts. It is vital to ensure that servicemembers, their families and the public at large are educated about the warning signs, treatment options and societal effects of mental health issues left untreated.

---

[28] American Psychiatric Association. News Release: Study finds Stigma May Still be a Barrier for Many Military members and Military Spouses Seeking Mental Health Care. April 30, 2008. http://www.psych.org/MainMenu/Newsroom/NewsReleases/2008NewsReleases/SurveySaysStigmaRemainsaSignificantBarrierforMilitaryFamilieswithMentalHealthConcerns.aspx.
[29] Id.
[30] Id.

The purpose of an educational effort is twofold. First, education about mental health will aid in reducing the stigma surrounding mental health issues and care. Second, it will raise awareness of a growing issue that needs to be addressed by not only the federal government but also by state governments and individual communities.

Education and training for those most likely to have contact with servicemembers suffering from PTSD is absolutely necessary to ensure both recognition of an adjustment disorder as well as an understanding of treatment options to properly refer for treatment. First responders, such a police officers, corrections officers, EMTs and fire fighters, should have these tools since they often come into contact with service members facing readjustment issues. Additional groups which could benefit from training include members of the trial court system such as probation officers, prosecutor and judges.

b. Current Awareness Effort

One of the first community-focused efforts to assist in the readjustment challenges of new veterans was held on February 2, 2005, by Norfolk District Attorney William R. Keating. Based on the experiences of Vietnam veterans, DA Keating was concerned that new veterans in need would "fall through the cracks" and the symptoms of readjustment needs, such as substance abuse, aggression and depression, would manifest in ways that would involve the public safety community.

First, DA Keating held a community forum consisting of a broad spectrum of "community responders" that included police, fire, faith-based and social service officials, along with representatives of the veterans' community servicing Norfolk County. As a result of the forum, DA Keating's office produced a 10-minute video that explains what PTSD is, how it is a "normal reaction to abnormal circumstances" and the need for community leaders, particularly the public safety community, to respond to this issue. The video was distributed to all first responder agencies in the county with the intent of educating first responders, instructing them to ask people if they are recent combat veterans and, if so, providing police and fire personnel with referral information for the veteran and his or her family.

In collaboration with the Office of the Commissioner of Probation and the Boston Vet Center, a training program was implemented for probation officers across the state. In addition, the instructional video was distributed to the Chief of Probation in every District and Superior Court in Massachusetts. The goal of this effort was to extend the knowledge of this issue into the judicial system.

In addition, recognizing that combat deployment impacts the family of military personnel, DA Keating utilized existing programs he had initiated to deal with youth-at-risk issues and collaborated with Massachusetts-based Strategic Outreach to Families of All Reservists ("SOFAR") to educate key groups on this aspect of the issue. Specifically SOFAR addressed the

Norfolk School Partnership Coalition, made of school psychologists, guidance counselors and health professionals, and the Norfolk Juvenile Coalition, made of juvenile probation officials and court clinicians, regarding the trauma that children experience when a parent or sibling is deployed to a combat zone.

The efforts of DA Keating spurred similar programs across the country by local community groups, police departments, VA Offices and National Guard Units. Information on the program was provided to scores of agencies from more than 17 states and direct assistance was provided to develop community forums in Connecticut and Rhode Island. In addition, an Outreach Coordinator in the Vet Center in Hartford, Connecticut, was redeployed to Iraq as a Stress Counselor and used the video during his combat debriefing sessions for US troops.

Recommendation #2. Awareness and Knowledge of Readjustment Issues

The Commission recommends the following:

- **Commonwealth -Wide Implementation of the "Are You a Vet?" Program** – The Commission recommends the GACVS, in conjunction the Massachusetts District Attorneys Association, and veterans services and law enforcement providers, to develop protocol for public safety officials that address the needs of the community, the veteran in need and his or her family. They should look to build upon the efforts of District Attorneys Keating and Scheibel. These recommendations would be designed to prevent escalations and provides a general outline for public safety officials to follow based on a variety of factors and circumstances. This approach considers the wide range of issues and facts that are involved in every individual situation. A series of policy recommendations should be made to establish different parameters based on a variety of factors that will guide such professionals in performing their job. The goal is to protect public safety (and the safety of the veteran and their families) and provide an enlightened and sensible approach for the men and women who served their country. The GACVS could look to establish a statewide method of training to identify readjustment maladies impacting combat veterans and strategies to connect them with proper services. The Commission recommends further exploration of partnerships with *SOFAR* and *Give an Hour* and others to assist in training first responders without placing a greater strain on state financial resources.

Finding #3. Responsibility of Communities

Community organizations, non-profits and individual citizens desire to assist servicemembers and their families. Harnessing the tremendous resources available within individual communities could aid significantly in filling the current gaps in mental health and readjustment service provision.

District Attorney Keating presented a proposal outlining community based efforts to assist in the readjustment for recent combat veterans and their families. One major challenge DA Keating pointed out was to "connect the dots" between existing community resources and state and federal veterans programs to meet the needs of veterans and their families. DA Keating also emphasized the traditional role of "first responders"—police, fire and EMT personnel—who often encounter veterans in need, can be enhanced by developing the role of "community responders"—such as clergy, school counselors and social service professionals—in identifying veterans in need and connecting them to the appropriate resources.

Recommendation #3. Responsibility of Communities

The Commission recommends the following:

- **Mental Health Professionals** – The Commission strongly encourages the Governor to call upon members of the Massachusetts mental health provider community to volunteer their time and expertise to assist returning service members. The participation of the mental health community is a vital part of a community-based effort to provide servicemembers and their families with the support they need. The Commission further recommends that the Commonwealth of Massachusetts' Legislature and GACVS announce a formal partnership with the state and *Give an Hour* and *SOFAR* to coordinate the providers' community volunteer efforts. Such a partnership would serve to also highlight these resources for service members and their families. The Commission applauds the work of both programs which provide confidential counseling services outside of the traditional military community. Both programs provide counseling to non-dependents of the servicemember, a service that DOD and VA do not automatically provide.

- **Religious Communities** – The Commission recommends that religious communities be included in the work of the GACVS. The Commission further recommends that religious groups are included in statewide outreach efforts. Numerous statewide groups with local affiliates, such as the Massachusetts Council of Churches and local Interfaith Councils, offer a wealth of resources which could further augment existing federal and state

resources. *Give an Hour* also provides an opportunity for clergy to volunteer their services.

- **Individual Citizens – Massachusetts Vet Volunteer Corp** – The Commission urges the Governor to support the Commission's concept of a Massachusetts Vet Volunteer Corp (VetCorp). The VetCorps is a proposal under the Commission's Operation CARE initiative. The Commission recommends the creation of a link on the Yellow Ribbon website to contain information about how a citizen can volunteer time for opportunities that assist veterans. In keeping with the "serving those who serve" community based model, the Commission recommends grouping volunteer opportunities by region. The Commission further recommends GACVS in conjunction with the Joint Committee on Veterans and Federal Affairs, the Military Division and the Department of Veterans' Services examine how to implement this initiative and propose its official inclusion as part of the Governor's Commonwealth Corps. Such an inclusion would provide citizens across the Commonwealth with an opportunity to lend their talents, unique ideas, and willingness to serve to address the needs of Massachusetts' veterans.

Finding #4. Education and Outreach

a. Lack of Knowledge – Where do I seek help?

In addition to the stigma associated with receipt of mental health assistance, a significant number of servicemembers and their families indicate having little to no knowledge about the warning signs or treatment options associated with the mental health issues that may result from deployment to a war zone.[31] Time and again the Commission heard veterans describe feelings of helplessness as they faced readjustment difficulties without knowing where to turn for assistance.

A related problem results from servicemembers not thinking available services apply to them. Upon redeployment servicemembers receive numerous briefings regarding available readjustment resources. However, because PTSD and other readjustment issues may not materialize until months after return many servicemembers pay little attention to the presentations and briefings regarding available resources.

This Commission found that a lack of knowledge exists about the available resources which exist to assist servicemembers and their families with mental health issues. The lack of knowledge is a barrier that prevents servicemembers and family members from receiving mental health assistance. This lack of knowledge about existing resources and where to seek assistance is prevalent not only in the servicemember population but also among those in positions to assist servicemembers.

b. Unique Needs

The Commission has also found that the needs of servicemembers returning from Iraq and Afghanistan are different from those of previous wars. Health care providers and veterans organizations are beginning to better understand these needs. The diversity among individuals needing assistance presents challenges to ensuring effective service provision.

To meet the unique needs of this new generation of servicemembers, service providers continue to work to identify what the best methods are for educating those who served and their families about benefits. For example, the National Guard offers welcome home/readjustment events to connect the veterans with a myriad of services at one time. Members and families are paid to attend and are able to pick and choose services they require.

---

[31] American Psychiatric Association. News Release: Study Finds Stigma May Still be a Barrier for Many Military Members and Military Spouses Seeking Mental Health Care. April 30, 2008. http://www.psych.org/MainMenu/Newsroom/NewsReleases/2008NewsReleases/SurveySaysStigmaRemainsaSignificantBarrierforMilitaryFamilieswithMentalHealthConcerns.aspx.

Recommendation #4. Education and Outreach

The Commission recommends the following:

- **Resource Directories** – Enhance the existing resource directories to ensure they are up to date and accurately reflect services offered. The Secretary of the Commonwealth's Office in conjunction with the Joint Committee on Veterans and Federal Affairs, the Department of Veterans' Services, and the Military Division shall update the *Veterans' Laws and Benefits Guide* on an annual basis. This resource guide shall include a dedicated section for a listing of resources where service members and their families can find mental health care.

  The Commission also recommends the Yellow Ribbon Program develop an additional reintegration resource guide(s) which will be posted on the Yellow Ribbon web site. To ensure the guide is comprehensive, the Yellow Ribbon Staff shall work with DVS, the Military Division, the GACVS and the Joint Committee on Veterans and Federal Affairs.

- **Public Service Announcements** – Develop and coordinate public service announcements (PSAs) in partnership with various media outlets to better educate the public on the symptoms, treatment options and effects of readjustment disorders on service members, their families, and local communities. The PSAs shall also be used to promote the local VSO program. The Commission recommends that prior to a PSAs release, consultation shall occur with the Governor's Advisory Council on Veterans Services.

Finding #5. Geographical Barriers to Care

Today, 44 percent of new military recruits come from rural areas.[32] Unfortunately, when these servicemembers from rural areas return home, they face barriers in reaching health care, particularly in accessing to specialized care services. Massachusetts has five VA medical centers ("VAMC"), 4 in the eastern part of the state (Bedford, Jamaica Plain, West Roxbury, Brockton) and 1 in western Massachusetts (Leeds). There are also 17 community based outpatient clinics ("CBOCs") located around the Commonwealth that provide healthcare resources for veterans whose communities are not served by a VAMC. CBOCs have been VA's solution to combating geographical barriers to care.

However, there are numerous services which are only provided at VAMC. Testimony given in a recent Congressional hearing on rural veterans also suggests that many veterans still prefer to seek care from private health care providers. This includes a significant number of veterans whose combat experience was with the National Guard.

For those veterans seeking transportation to a VAMC, the Commission has discovered veterans primarily rely on the Massachusetts Bay Transportation Authority (MBTA), the Disabled American Veterans (DAV) Transportation Network and personal assistance from friends and family. The MBTA provides bus, subway, commuter rail and ferry service. However, it primarily serves the 175 communities east of Worcester, a population of almost 4.7 million people. The population of the Commonwealth is estimated to be 6.5 million.

The Commonwealth has found that the transportation services offered by the DAV vans are the primary and, in some cases, the sole transportation available for many veterans. Three years ago, when the fleet of vans in Massachusetts was aging, the Legislature appropriated $100,000 for van maintenance. Currently, the DAV supports the Northampton, Brockton, Plymouth, Boston and Bedford areas. The Nathan Hale Foundation, a state funded non-profit veteran's transportation program, serves veterans in the Plymouth area.

The population of Massachusetts veterans over the age of 55 will compose more than 71% of the veterans population for the next ten years. The VA has determined this population is most likely to seek care at a VAMC. The Commission heard from countless veterans of previous wars who only now have felt comfortable speaking about their struggles with PTSD. Others testified that the saturation of media coverage on the conflicts in Iraq and Afghanistan has made them recall

[32] Tyson 2005

difficult memories from decades ago as if they happened yesterday. This population needs to be considered when assessing the impacts of the current war.

The following table was compiled from the VA's VetPop database and shows the trend of Massachusetts' veteran population over the age of 55 for the next 10 years.

Year*	Total MA Veteran Population	Veterans over age 55	% of Veteran Population
2008	424,765	305,565	71.9%
2009	409,184	294,036	71.9%
2010	393,722	282,717	71.8%
2011	378,622	272,218	71.9%
2012	364,052	262,360	72.1%
2013	350,021	252,392	72.1%
2014	336,653	243,027	72.2%
2015	323,900	234,059	72.3%
2016	311,759	225,563	72.4%
2017	300,231	217,287	72.4%
2018	289,276	209,525	72.4%

*as of September of each year

Studies show that geographical issues, for example in the case of Massachusetts veterans living west of Worcester and on the Cape and Islands, in combination with travel challenges presented by the New England winters, are a significant barrier to accessing care.

Recommendation #5. Geographical Barriers to Care

The Commission recommends the following:

- The Commission recommends full support of new VA mobile counseling centers. The VA states these vans will "improve access to counseling by bringing services closer to veterans. The 38-foot motor coaches, which have spaces for confidential counseling, will carry Vet Center counselors and outreach workers to events and activities to reach

veterans in broad geographic areas." The Commission recommends the legislature issue a resolution urging Congress to expedite the placement of a mobile counseling van in Springfield and review if other areas in Massachusetts may benefit from such services.

Additionally, in light of the formation of the Yellow Ribbon Program and the Mobile VetCenter Program, the Commission recommends the Joint Committee on Veterans and Federal Affairs in conjunction with DVS and GACVS review all state funded veterans programs to ensure that state services do not duplicate federal programs.

- **DAV Van Program Drivers** – The DAV Van program has proven to be an integral part of connecting veterans with services. While the program receives support from the VA, it frequently struggles to find enough drivers. Because drivers must meet certain criteria, including vision standards and never having a heart attack, this limits the pool of volunteers. The Commission recommends promoting volunteering as van drivers as part of Operation CARE's "VetCorp" launch. This could increase services to the South Coast and regions between Worcester and Springfield which currently are underserved.

Finding #6. Lack of State Specific Veteran Related Data or Statistical Information

The lack of state specific veteran related statistical data prevents fully determining the types and amounts of resources that need to be made available to address the mental health needs of returning servicemembers. It is difficult to determine with accuracy the number of veterans in Massachusetts who have sought mental health assistance, received mental health treatment or attempted or have committed suicide because assistance comes from various resources which use dissimilar reporting methods, and they are barred from sharing information or fail to ask whether an individual is a veteran when providing services.

This barrier was outlined during testimony before the Commission by Coleman Nee, Undersecretary of the Massachusetts Department of Veterans' Services, and Ellen Connorton of the *Massachusetts Coalition for Suicide Prevention*. Undersecretary Nee detailed the Commonwealth's participation in a recent Strategic Planning Conference and Policy Academy focused on returning veterans and their families. The academy was sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) to craft improvements to veterans' care. The lack of veteran related data was highlighted in the application for participation, as well as discussed during the academy as a difficulty faced by other states.[33]

Ellen Connorton of the *Massachusetts Coalition for Suicide Prevention* also discussed the lack of veteran specific data in her testimony before the Commission. The Massachusetts Coalition for Suicide Prevention does not have suicide data specifically related to the veteran population. As a result, it becomes difficult to statistically demonstrate a correlation with the supposed national trend of increased suicides among the veteran population. The lack of a systematic reporting system leads to inadequate data on mental health and suicide risks within the veteran community.

It is vital for policymakers to have accurate statistical data to develop sound public policy. This lack of information could hinder program development as well as jeopardize continued funding for programs of vital importance to servicemembers and their families. In addition, accurate statistical data would allow service providers to more effectively allocate resources and services.

[33] *See* Appendix 2. Application from the Commonwealth of Massachusetts for Participation in the Returning Veterans and Their Families Strategic Planning Conference and Policy Academy. Outlining problem with data collection and sharing.

Recommendation #6. Lack of State Specific Veteran Related Data or Statistical Information

The Commission recommends the following:

- **Implement Policy Academy Initiatives** – The Executive Office of Health and Human Services (EOHHS), the Governor's Advisory Council on Veterans Services, and the Department of Veterans' Services shall work to implement the Strategic Planning Conference and Policy Academy lessons learned. The *Application for Commonwealth Participation* provided by the Academy outlines a number of initiatives designed to foster improved data collection methods and the sharing of information across public and private groups dedicated to assisting veterans. Such improvements include ensuring all state agencies are aware of and have the capability to refer clients to veteran related benefits. The Commission recommends the GACVS share its findings with the Ways and Means and Veterans and Federal Affairs Committees.

Additional Findings and Recommendations

- **Military Children's Interstate Compact** (Council of State Governments - "CSG") – The Commission recommends that Massachusetts join other states that have introduced legislation establishing an interstate compact for military children. The Commission was charged to identify better ways to assist a servicemember's support system, which includes his or her family. The Commission has identified the Council of State Governments Interstate Compact as a useful tool in supporting its charge. This compact addresses issues caused by reassignment of military personnel and highlights the inherent need for states to collaborate on this matter. According to an executive summary of the compact provided by CSG, "*Military families move between postings on a regular basis. While reassignments can often be a boon for career personnel, they often wreak havoc on the children of military families. Issues these children face include: losing and making new friends, adjusting to new cities and bases, and changing schools. While the armed services have taken great leaps to ease the transition of personnel, their spouses and most importantly children, much remains to be done at the state and local levels to ensure that the children of military families are afforded the same opportunities for educational success as other children and are not penalized or delayed in achieving their educational goals by inflexible administrative and bureaucratic practices."*

- **Enhancement of "Mental Health Parity" Legislation** (Chapter 256 of the Acts of 2008) – In keeping with the sentiments expressed in the mental health parity bill passed by the Legislature earlier this year, the Commission recommends exploration in conjunction with the Registrar of Motor Vehicles to identify options that would allow veterans diagnosed with mental health disabilities to obtain a disabled veteran (DV) license plate. The Commission feels that such action would help to further reduce the stigma associated with seeking and receiving treatment for readjustment issues. In Massachusetts, veterans with a 60 percent or greater physical impairment may be eligible for the DV plate. The Massachusetts DV plate is directly linked to eligibility for handicapped parking and certain state tax abatements/exemptions. In other states, the plate serves as a public display of one's service but does not require the veterans' disability to be a physical disability. Conversely, in Massachusetts there are veterans who are recognized by the VA as 100 percent service-connected disabled veterans because of PTSD or other mental health issues, but do not qualify for the state's DV plate.

- **State Military Family Medical Leave Policy** – The Commission recommends further exploration by the GACVS about the creation of a state military family medical leave

policy. This may be one avenue to provide family members who are primary caregivers for their servicemember an opportunity to assist their loved ones during times of need without the threat of losing their employment.

- **VSMIS System Installation –** In keeping with the Commission's recommendation for continuity, DVS is encouraged to continue to work with cities and towns to complete the installation of the VSMIS system used to process Chapter 115 forms in all VSO offices within a reasonable time period. The Commission recognizes that a new web-based VSMIS system is currently being designed, which is intended to further streamline the Chapter 115 program. The Commission requests additional information about the program and the associated cost for all cities and towns to have access to the program expeditiously.

- **"The "So Far" Guide for Helping Children and Youth Cope with the Deployment of a Parent in the Military Reserves"** – The Commission recommends distribution of the "So Far" guide to all schools in the Commonwealth to continue knowledge sharing. The Commission supports collaboration between the Executive branch and the Legislative branch in this venture and encourages an opportunity for Legislators to participate in the distribution of literature in their own communities.

IX. Conclusion

This Commission has taken the first step "to care for him who shall have borne the battle." Yet much work remains to be done.[34] The Commission report should serve as a tool for further discussion and action in the Commonwealth and provide an opportunity to reassess ways to connect with veterans and military families with much needed services.

In responding to the specific charges outlined in *Chapter 1 of the Resolves of 2008*, the Commission has reached the following conclusions:

1. The state has obligation to thoroughly examine its existing state programs for veterans and military families and identify ways to continue to adjust to the changing needs of all veterans.

2. Massachusetts has an opportunity to further cement its commitment to the veterans and military community by creating partnerships between government and private sector entities, such as collaboration with mental health providers, as well as enhancing intergovernmental communications, such as creating a landmark first responder training to address the unique needs of veterans.

3. Further study is needed to properly create a state military family support model. Supporting the family of those who serve – before, during and after their service – is a critical part of caring for servicemembers and must not be considered as tangential.

4. Additional study is needed to explore how Massachusetts can utilize its numerous medical centers to assist in addressing traumatic brain injury, the signature injury of the Iraq/Afghanistan war.

The Co-Chairmen commend the work of the Commission members and are proud to have a single document supported by the Commission. Their committed work will ensure that Massachusetts remains at the forefront of providing servicemembers, veterans and their families with the care and support they deserve.

[34] President Abraham Lincoln. Second Inaugural Address. March 4, 1865.