

Senate Veterans Affairs Committee Hearing, 5/10/2016
Introductory comments: Veterans Healing Veterans from the Inside Out
Mary Donovan

Senator Neilsen and Members of the Veterans Affairs Committee,

I respectfully submit this written testimony, having provided an overview of the Veterans Healing Veterans from the Inside Out program (VHV-FTIO) at the Oversight Hearing on May 10, 2016. Here, I hope to provide a fuller account of VHV-FTIO's activities and outcomes; and, based on experience with the veterans in our program, to lend support to ideas proposed at the hearing and in written documents on the Committee website.

In reflecting on this testimony, it seems that incarcerated veterans will benefit from support in three broad areas:

Benefits. Incarcerated veterans need to be made aware of and connected with the benefits for which they are eligible. In tandem with this is the task of identifying veterans in the CDCR system. Currently this is done either via the Veterans Re-entry Search Services database, and/or veteran self-identification. The VRSS cross-lists CDCR records with Veterans Administration records, capturing those veterans whose discharge statuses make them eligible for VA benefits. Among our membership, however, are veterans whose discharges make them ineligible. Some are Vietnam veterans who returned from combat and became involved with the criminal justice system before there was recognition of and services for PTSD. Some might be eligible for discharge upgrades if they had access to appropriate legal services. These veterans are identified only if they disclose their veteran status, which an estimated 60% do not. Various reasons are given for this, including being unaware that they may be eligible for benefits; shame surrounding the nature of their discharge or acts suffered or perpetrated in service; and/or the perception that veterans on the correctional staff might look down on or mistreat them for having "disgraced the uniform" by coming to prison.

The VA provides outreach to connect veterans in prison with benefits, serving those whose release dates are within 180 days through its Health Care for Re-entry Veterans program. However, those who have no release date set are beyond the reach of this program and also, often, of current and critical information.

As an example, take the hypothetical case of an incarcerated Vietnam veteran who received a disfavorable discharge due to behavior stemming from undiagnosed and untreated PTSD. Like 60% of his cohort, he hasn't self-identified; perhaps he is unaware that VA policy has evolved and that, contrary to what he believes, he is eligible for service-connected disability benefits. He has a wife and children who struggle financially in his absence. If this individual could be reached, informed, and supported to get an appropriate disability rating, not only would he receive 10% of his earned benefit payments while incarcerated, but the remainder could be apportioned to his family—to their material benefit, but also endowing him with a sense of value as a provider whose service is fully acknowledged.

Representatives of the Veterans Service Office at CTF Soledad described an effective model which leverages collaboration between inmates, staff, and the Monterey County Veterans Service Officer to deliver information and benefits. Notably, they have arranged for training of seven inmate veteran benefit coordinators. Training and infrastructure to support successful replication of this aspect of their work in as many other prisons as possible would be a worthy investment. At San Quentin, the inmate position of Veterans Information Project clerk was created in 2002. Until recently this inmate position was staffed by a very knowledgeable and proactive veteran; he has since been rotated out of the job and while the current clerk is diligent and capable, this change has made it clear that there is a need for training—perhaps along the lines of what County Veterans Service Officers receive—that will ensure the consistency and quality of services over time for eligible veterans (regardless of release horizon). Inmate veterans throughout the CDCR system would likely provide a competent and dedicated workforce to identify fellow veterans and connect them with benefits, should there be support for such a project.

Medical. Several ideas were put forth at the hearing concerning medical and mental health services. This is not our area of expertise, but I can confirm that related concerns have been raised by our program participants. One was whether questions about military service might be included as part of a well-check or medical intake interview; and, following on this, whether screening for service-connected disabilities (PTSD, TBI, MST or other) and appropriate care might be provided. Veterans Health Administration policy precludes their providing direct services within the CDCR, but training for CDCR providers in veteran-specific care might be considered.

Whether part of a medical intake or upon initial entry into the CDCR system, it seems worthwhile to identify veterans by specific questioning, and provide them at that time with information directing them to any available resources.

For lifers approaching parole board hearings, it would be valuable if VA psychologists or others with cultural sensitivity to military and veteran populations could provide psychological evaluations to supplement the forensic psychological evaluations conducted by CDCR staff for lifers preparing to face the Board of Parole Hearings.

Programming. The Background Paper for this hearing states that veterans groups are among the most common self-help groups within the CDCR, engaging in such activities as fundraisers, benefit education, patriotic flag ceremonies, and other activities to promote camaraderie. These important opportunities are testament to veterans' desire to honor their country, be of service, and accomplish goals effectively. Also critical and less widespread, however, are veteran-specific programs designed to cultivate self-awareness, self-regulation and personal accountability that will allow them to parole and become contributing members of the wider community.

VHV-FTIO provides a model for this type of program. Following is a more detailed description of our work.

What We Do

Unresolved traumatic experiences incurred in early life and/or during military service may lead to stress-related illness and dissociative behaviors including drug abuse and violence toward self and others. VHV-FTIO leverages peer support, narration therapy and complementary practices to address the ramifications of military and life trauma.

Additionally, we provide training in one-on-one mentorship and group facilitation. Through partnerships with aligned organizations, we also offer our members trauma-sensitive yoga, mindfulness and theater practices. We accept veterans regardless of discharge status, requiring only that participants have served in the U.S. military and that they express a desire to do the deep personal work of the program.

A useful summary of peer support for veterans comes from a report from the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, which states:

“Service members and veterans are more willing to share their feelings and concerns with someone who has had similar experiences, such as combat, than with someone who has not.... For the individual, peer support increases the number of social relationships, and provides education to support positive coping behaviors. Peer supporters, in turn, can experience a sense of empowerment by helping a peer, while at the same time building their own self-confidence and strength.”¹

Dr. Jonathan Shay, M.D, Ph.D is a VA psychologist and a recognized expert on the damages wrought by combat trauma. In his book, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, Shay says:

“The essential injuries in combat PTSD are moral and social, and so the central treatment must be moral and social. The best treatment restores control to the survivor and actively encourages communalization of the trauma. Healing is done *by* survivors, not *to* survivors.”²

Shay is likewise a proponent of narrative therapy. Also in this book, he states:

“Severe trauma explodes the cohesion of consciousness. When a survivor creates a fully realized narrative that brings together the shattered knowledge of what happened... [he] pieces back together the fragmentation of consciousness.”³

In VHV-FTIO groups, members write on prompts that explore key experiences and relationships and read these aloud for feedback. Participants support and challenge each other to develop insight into the circumstances and decisions that lead them to prison. This structure provides a flexible framework in which other learning modules or practice tools can be accommodated, depending on the needs and interests of the group. Examples are learning modules on moral injury, denial management, mindfulness practice, and expressive arts therapies.

"I had a difficult time conveying my emotions, and the narrative writing process wasn't easy, but it opened up a means to express my troubled thoughts. The group gave me a safe environment to confront traumatic issues." JH, US Navy

Surveys and written assessments administered thus far indicate that this work has been effective for most of our participants in allowing them to process feelings of shame and guilt so that they can recognize and take full accountability for past actions. Improvements are also reported in decreased nightmares and improved sleep; less reactivity and/or more reasoned response to negative stimuli; the establishment of healthy relationships, communication, and friendships; and reduced anxiety. Having found these markers to be both important and achievable, we check with participants to monitor progress along these lines and toward their own chosen goals.

"I sometimes wish that I could forget again like I used to. But then I remember just how much I gave grown. How can I tell you how blessed I feel, how can I tell you in mere simple words what being in this group has done for me? I was a man who was hiding some horrible past pains deep inside my soul. Today, the ability of my trauma to hold me down and destroy my life, and the lives around me, is gone.

All veterans should be afforded the same give that I have been given: to not only speak of past pain, but to do so in a safe environment with their family of fellow veterans". MF, US Marines

Where We Are Going

2016 will see the realization of two long-held goals. One is expansion to another prison: with the support of a CDCR Innovative Programming Grant, we are starting our first peer support group at Deuel Vocational Institution. The other is to launch a group based outside the prison, facilitated by program graduates who have been released from San Quentin and serving released veterans and those at risk for involvement in the criminal justice system.

Recognizing the value of peer mentorship for veterans, the VA facilitates training for and employs Peer Support Specialists. We are pursuing the possibility of bringing this training inside the prison, so that our seasoned members might serve the wider prison population and potentially find employment upon release.

Inspired by colleagues at the hearing, we are also interested in exploring collaboration with other in-prison programs to bring more robust infrastructure, including training, to San Quentin to educate incarcerated veterans on benefits and connect them with same; and to support healing work like that of VHV-FTIO in other state facilities.

"This year has been one of the most poignant and meaningful experiences of my entire life.... We are Veterans Healing Veterans from the Inside Out. From the inside of the soul, reaching out to others sharing similar pain. From inside San Quentin to veterans in all walks of life." AG, US Marines

Notes

1. **Source:** Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (2011). Best Practices Identified for Peer Support Programs [White Paper]. Retrieved from http://www.dcoe.mil/content/Navigation/Documents/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf
2. Shay, Jonathan, 1994. *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York, NY: Scribner.
3. Ibid.