

Gen. Chiarelli asks Seattle: What are we going to do about vets?

Gen. Peter Chiarelli told a UW town hall that our region needs a central point of contact to link local veterans organizations, reach out to service members, and confront the stigma of mental illness.

By Judy Lightfoot

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Newly returned veterans coping with the residual trauma of wartime military service need the help of ordinary citizens in the region, and so do their families. This was the message Gen. Peter Chiarelli, U.S. Army Vice Chief of Staff, gave to a packed public town hall Monday evening (May 9) hosted by the UW.

Chiarelli was visiting his native Seattle as part of a campaign by military brass to spark badly needed community conversations across the country, about how civilians can help veterans reintegrate into the American way of life they went overseas to defend.

A distinguished military graduate of Seattle University who holds a master's in public administration from the UW Evans School, Chiarelli has led military efforts to reduce high-risk behavior and suicide attempts among service personnel as well as to improve treatment of traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), and other psychic effects of wartime service. Last week (May 4) he received the Hero of Medicine award from the Henry M. Jackson Foundation for the Advancement of Military Medicine for his work.

Psychiatric and other brain disorders are on the rise in the military because wars today differ from those of the past, said Chiarelli. For one thing, the U.S. has been simultaneously fighting two of the longest wars in our history. Further, battle engagements in conflicts such as World War II used to be "on the front lines, and folks to the rear saw little action or danger," the general said, but now the fighting is "non-linear. Everyone is in danger, sees things, has occurrences." These days the average soldier's term of service inflicts stresses totaling the cumulative stress on "somebody living to age 80."

While the treatment of physical injuries has been "absolutely amazing," said Chiarelli, treatment for PTSD, brain injury, and TBI lags behind. "This is the Agent Orange of this conflict. The science of the brain is not mature."

Chiarelli said brain injuries can be especially problematic for the families of veterans. "It's one thing to come home with that visible wound. But if they come home looking just the same, but aren't," the transition is a huge challenge. Healing can happen if someone is treated immediately after a traumatic incident, he said. But because so much stigma surrounds mental health issues, "there's an average gap of 12 years between a PTSD incident and coming in for help."

For these and other reasons, veterans returning to civilian life need their community to reach out to them instead of waiting for them to make the connection, said Chiarelli. So "the best solutions are not from Washington, D.C. They're local." He added that in some areas there are hundreds of agencies set up to provide services, "but the problem is linking them together."

With community partnerships, results can be remarkable, Chiarelli said. For example, high-tech executive Mike Allen brought together Walter Reed Army Medical Center, the USO, and others to make a film that would help teach America about returning veterans and what they need: *Homefront Heroes*. Massachusetts General Hospital and the Boston Red Sox teamed up to develop an initiative not only to provide world-class clinical care for PTSD and TBI but also to bring veterans in for treatment and support their families through the process.

Zachary Fisher and later Arnold Fisher partnered with others to build Fisher Houses across the nation ("like Ronald McDonald houses, where families can stay with a wounded serviceman near his hospital," Chiarelli said). Chiarelli described how Ronald A. Katz fostered a partnership between UCLA Medical Center and Brooke Army Medical Center that resulted in a burn rehab project called Operation Mend, where vets horribly disfigured by burns from explosive devices are brought with their families to UCLA, paired with buddy families, and accompanied through their many return visits (the video is awe-inspiring).

"Some have returned 40 times," said Chiarelli. "It's all taken care of with the finest plastic surgeons — and I tell you," he smiled, "L.A. has some of the best plastic surgeons." The program started in 2008, but still, he said, "I need to reach out to men who didn't hear about these things. My problem is connecting it all with soldiers, sailors, marines, so they can get what they need."

Through programs like Army Wounded Warriors, Chiarelli said, injured veterans coming home today stand a better chance than in years past of getting what they need. "We will stay with them their entire life. We will provide assistance reintegrating back into the community, finding a job, or returning to service." Still, it is urgent for communities to pitch in and help ensure that none of their veteran residents face a homefront challenge without the necessary resources.

Washington is one of four or five states with the highest population of service members, Chiarelli reminded the audience. As the primary needs of veterans here and elsewhere he cited employment, access to health care, and education. Many organizations exist to support vets in the region as they rejoin their communities, but the problem is "how to connect vets to them, and make sure they understand the health care they're due" as well as the education and job opportunities that are available.

Chiarelli said he's taking several ideas back to the other Washington from work going forward at the UW Medical Center on alternative pain management and at the UW School of Social Work on ways of addressing veterans' substance abuse and mental health issues.

Eric Godfrey, vice president for student affairs at the UW, told me that at the student center for vets "we've created a place where they can congregate, connect with each other, build a deeper sense of community, and link with services they need," such as disability accommodation, mental-health care, and assistance in finding appropriate housing. "We're evolving into more of a one-stop, fuller-service office than has ever been the case, connecting them more closely with services and each other." But there's more to be done, he said.

For Chiarelli, the need is to "put together that single point of contact that can provide the linkage" throughout the region. Separate entities must combine forces to develop more powerful programs than any organization could undertake alone — Fisher Houses and Operation Mend exemplify what is possible. And together they must reach out proactively to draw veterans and their families into the community's embrace. Otherwise, war's aftermath can leave them emotionally isolated and estranged.

A young vet who stood up to speak at the meeting put it this way: "We are different. We need people who are getting a method to deal with us. We are different."

Judy Lightfoot, formerly a teacher and the Founding Head of Eastside Prep in Kirkland, is a Seattle writer. She is also a Freestyle Volunteer, meeting at cafes weekly with individuals who share our public spaces but are socially isolated by homelessness or mental illness. Reach her at judy.lightfoot@crosscut.com.