



Jonathan Sherin

New Challenges for New Veterans: Leveraging Community Assets to Support Returning Service Members

*A Q&A with Dr. Jonathan Sherin,
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CI: Please tell us about your background and your role at Volunteers of America (VOA). What brought you to VOA?

A: I am a neurobiologist and psychiatrist, and completed my post-graduate training at the University of California, Los Angeles, where I spent a significant amount of time working at Department of Veterans' Affairs (VA) hospitals. I completed about half of my residency at the Los Angeles VA, and knew at that point that taking care of veterans would be my life's work. I was then hired by the VA and took on a job running the inpatient board for the refractory behavioral program. Over the three years I worked taking care of veterans with multiple needs and severe illnesses, I got frustrated with issues in the system at the VA and in the community. Many veterans would come in for the first time for treatment and assistance, fall through the cracks, and end up coming right back in again. I felt that the system needed to be redesigned and improved to better serve these veterans.

I subsequently moved on to run the Los Angeles VA campus's mental health program and spent almost a decade there before being recruited to the Miami VA. At that time, I was approached by VOA, which had been very proactive in developing relationships with the VA and with the greater Los Angeles community. While VOA serves a variety of vulnerable populations, they particularly focus on and support programs that are harm-reduction oriented, and emphasized that they wanted veterans to be their top priority clients. In my current position as the executive vice president for veterans' affairs and chief

medical officer at VOA, I am focused on the expansion and innovation of services that VOA delivers across the human service spectrum.

CI: In your opinion, what are some of the most pressing challenges facing veterans today?

A: There is a constellation of challenges that rear their ugly heads in the context of veterans' reintegration from military service to civilian life. This is particularly true for post-9/11 veterans, but is also true for many older veterans. These issues affect not just those who have been directly engaged in military service, but their families and support systems.

There are significant health-related challenges – physical, emotional, and intellectual – affecting post-9/11 veterans due to the prevalence of traumatic brain injury among this group, and the significant short- and long-term implications of those injuries on their ability to function. One concern I have as a psychiatrist and neurobiologist is that we don't yet understand the trajectory of traumatic brain injury effects. It looks as if traumatic brain injuries lead not to a static but rather a progressive condition: we have seen that cognitive disabilities and irritability in the early aftermath of a traumatic brain injury can progress to severe emotional problems and a very high risk of suicide. Family stress and the fracture of the family unit or other support structures commonly accompany these health conditions as well, which can often lead to difficult isolation.

In terms of employment, it's important to remember that having a sense of purpose, a mission, and a

meaning in life after the military is crucial for veterans in their work. They engage as volunteers to serve in the military, and become part of well-organized, important mission. After separation from military, that sense of purpose disintegrates. So for many veterans it's not just about getting a job, but more critically about getting a job that means something to them.

Veterans who struggle to find and hold on to a solid job also may feel that they are not included or don't belong in their new environment. A sense of belonging and a team-oriented approach is very important to the success of returning veterans in civilian jobs.

Housing is another major area of concern, because a lack of support, inadequate access to resources, and isolation all make it very hard for some veterans to maintain stable housing. Like suicide, homelessness is often a final result of these problems once veterans overstay their welcome with friends and relatives and end up isolated on the streets. Substance abuse also makes it hard for veterans to reintegrate, and leads to problems with the legal system. When veterans get weighed down with legal problems, it's also hard to get job, housing and health services.

CI: Are there new or different challenges specifically facing new, younger veterans returning from service in more recent conflicts?

A: During World War II, 10% of Americans were in military service; now, it's less than one percent, and they are shouldering the burden of an ongoing war. What happens in that scenario is that in order to deploy an adequate number of service members, the U.S. has to redeploy the same service members, who may ultimately serve over four, 10, even 15 different deployments. So, all of the conditions we've been talking about are amplified and concentrated within a small portion of the American population.

CI: Could you explain the role of mental illness in the problems veterans face finding housing or employment, and with their financial stability? Are you finding that mental illness can be both a cause and an effect of these challenges? It has been reported that 1/3 of new veterans have combat related mental health problems – how does this compare to previous generations?

A: Multiple deployments means that service members are repeatedly put into environments where there is a significant and consistent threat. They face the constant risk of life-ending experiences due to roadside bombs, guerilla warfare, and enemies that are hard to identify. The chronic stress of contending with those threats wreaks havoc both neurologically

and on the endocrine system. More so than in previous conflicts, service members have to go back to serve another deployment without adequate time to rest and recuperate, and we are seeing the effects of that chronic strain in new veterans.

Any individual who had been highly functional but returns with service-related injuries or trauma comes back unable to maintain a stable environment. In the housing sector, it's very critical to ensure that people are supported with short- and medium-term in-house mental and physical health care services. When we talk about housing vets it's not about a roof, walls, and a floor – in many cases, it's much more. For those without support systems, there's a need for support and a surrogate family to create a home-like environment for recovery.

Mental health challenges can also interfere with a veteran's ability to maintain employment and to care about a job without deep meaning. Some employers believe vets are "broken" or a liability. This is unfortunate, because veterans as a general rule are civic assets and national leaders. They are over-represented in the Fortune 500. They are capable, knowledgeable, and team-oriented, and they need employers to be aware of these qualities and also understand that there may be periods of time when these employees need additional support, especially in the initial stages of employment.

CI: Given that the most recent conflicts in Iraq and Afghanistan brought more women into the military, how should we engage and prepare for reintegrating female veterans into the workforce and providing the right services and housing for them and their families?

A: Female service members are put in many of the same combat and combat-related posts as male service members and suffer similar injuries. The ramifications of trauma during service on veterans' families are particularly pronounced for female veterans: when service members are deployed, it devastates families. Friends and loved ones are dragged into the quagmire of combat- and service-related challenges and divorce rates are through the roof.

In many cases, in fact, female veterans are single parents bearing the full weight of caring for their kids. Access to childcare is very important, as is assistance in the home. Issues related to sexual trauma also need to be understood through sensitivity training and support and creating safe work environments for female vets to help them feel stable. We are currently creating transitional and permanent

living spaces where female veterans who endured such traumas are given sanctuary from male counterparts so that they can heal.

CI: Please tell us about VOA's programming and services for veterans. Are there particular services and facilities that are showing promise in helping veterans tackle the challenges they face today?

A: We're focused on well-being as an outcome metric, leveraging care coordination, case management and peer to peer services. We are particularly well-poised to do this because of our relationship to the community and a deep bench of service providers. We serve a facilitating role for veterans and can get someone set up with the services they need across the board within our own resource pools.

One of our programs that I would highlight is the Battle Buddy Bridge. We often see individuals who are isolated in their communities, and very unlikely to have access to resources across the continuum. With that in mind, we designed a program to engage veterans as employers, volunteers, or hybrids to work with us as agents engaging peer to peer with other veterans who are struggling, to get them interested in seeking help and to advocate for them when they arrive at the VA and other service points. It's hard for many struggling vets to get to those services and access what they need on their own – battle buddies put them in a whole different situation. The battle buddies don't accept inadequate answers from service providers – they secure the services the individual needs, or get them wherever they need to go for services or to find housing. From picking up VA paperwork, helping veterans to fill it out, accessing pro-bono lawyers if needed and getting the materials to them, the battle buddies ensure everything is filled out right and is complete the first time.

CI: What advice or guidance would you offer to community development professionals currently working with veterans, and those who would like to get involved? Are there particular ways that employers and housing providers can be helpful? Is there a role for financial institutions to play?

A: It's a lot easier said than done, but the challenge of looking after veterans' wellbeing is an American challenge across all sectors. It's an ethical challenge, a fiscal necessity, and a national security issue. Because the stakes are so high, it requires cross-

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sector collaboration. Service providers and other members of the community need to work together to help veterans, which can be a big problem. Competition in public and private sectors is detrimental to this effort – we need public-private partnerships more than ever.

I think collaborative efforts may be easier to put together in smaller markets because of less complicated relationships between community partners, but in general the move toward this coalition-style work is a good sign. In Los Angeles – arguably one of the most complicated areas for such work – the need is overrepresented. Ten percent all of the homeless vets in the country are concentrated here in just one county. But we are starting to see systems connect to help. Politicians and policy makers can help by creating policy environments that allow people in the trenches to do their work more quickly and effectively. Partners in the private sector who want to help should engage in investment activities supporting veterans, such as social impact bonds. In short: be aware of all these different components and know that to have a collective impact, they have to work together rather than compete.

Finally, keep in mind that the operational specialties veterans employed during their time in service are important and sacred to them even after service. Translating these specialties into civilian specialties and jobs is important, as is incorporating the teamwork that many veterans considered a valuable part of their service. Veterans may not do as well working in isolation, but are likely to thrive as part of a team in a social environment with an intentional shared purpose. **CI**

Volunteers of America for Veterans:
www.voa.org/veterans