I. Who I am

- A. Twenty years VA psychiatrist with psychologically injured combat veterans
- B. Rather famous from Achilles in Vietnam: Combat Trauma and the Undoing of Character and Odysseus in America: Combat Trauma and the Trials of Homecoming (w/ Foreword by McCain and Cleland), e.g., MacArthur Fellowship
- C. PREVENTION of psychological and moral injury in military service, mainly working through policy, practice, and culture
- D. Military gigs: CMC Jones *TRUST STUDY* 1999-2000, Chair of...for Army G-1, 2004-2005, Bradley Chair @ AWC, 2009
- II. I am not a universal expert, but believe the military principles are broadly applicable
- III. Three keys to prevention of psychological and moral injury in military service—my riff with military audiences:
 - A. Cohesion—train people together, send them into danger together, bring them home together: ho substitute for concrete familiarity, no horror worse than being sent to war with strangers
 - 1. APPLICATION TO NON-DOD AGENCIES:
 - a) NEVER STAFF YOUR OPERATIONS ONE BY ONE BY ONE BY ONE, ONLY DEPLOY TEAMS, ROTATE AS TEAMS, DO ATTRITION REPLACEMENT BY TEAMS, NOT INDIVIDUALS
 - B. Leadership—EXPERT, ETHICAL, AND PROPERLY-SUPPORTED LEADERSHIP
 - 1. APPLICATION TO NON-DOD AGENCIES:
 - a) SLEEP PLANNING
 - (1) TO REQUIRE TELECONFERENCES W/CONUS TO BE HELD ACCORDING TO SLEEP CYCLE OF THE *DEPLOYED* LEADERS
 - (2) POLICY DIMENSIONS RE "SIZING CONSTRUCTS" TO ALLOW FOR ADEQUATE SLEEP
 - b) TEAMS SIZED TO ALLOW FOR ATTRITION
 - c) OVERALL NUMBER OF TRAINED TEAMS BASED ON ATTRITION
 REPLACEMENT BEING DONE ON A TEAM BASIS, RATHER THAN INDIVIDUAL
 BASIS
 - C. Training—PROLONGED CUMULATIVE AND HIGHLY REALISTIC TRAINING FOR WHAT PEOPLE HAVE TO DO AND FACE
 - 1. APPLICATION TO NON-DOD AGENCIES:

WITNESS WRITTEN TESTIMONY OF JONATHAN SHAY, MD, PhD FOR SUBCOMMITTEE ON FEDERAL WORKFORCE, POSTAL SERVICE, AND THE DISTRICT OF COLUMBIA 2154 RHOB, 16 SEPTEMBER 2009

- a) MUST OFFER HOSTILE ENVIROMENT TRAINING [H.E.T.], CF. BBC TRAINING FOR ITS WAR CORRESPONDENTS, DOD H.E.T. FOR EMBEDS?
- b) MUST CROSS-TRAIN WITHIN TEAMS
- D. Interactions—
 - 1. COHESION X TRAINING FOR TEAMS
 - 2. LEADERSHIP X TRAINING: I.E., TOGETHER W/ DIRECT LEADERS ["VERTICAL COHESION"]
 - 3. LEADERSHIP X COHESION
- E. THESE ARE ALL VERY SENSITIVE TO POLICY
- IV. Outside the VA and Vet Centers, the practical expertise in dealing with psychological and moral injury from war is both sparse and unevenly distributed in private and non-federal public health settings
- V. WHY IS THIS OPERATIONALLY IMPORTANT *NOW* FOR NON-DOD AGENCY LEADERSHIP, NOT JUST A MATTER OF GENERAL BENEVOLENCE AND HUMANE RESPONSIBILITY FOR ONE'S EMPLOYEES?
 - A. OPERATIONAL PARALYSIS
 - B. PHYSICAL, PSYCHOLOGICAL, AND SOCIAL DESERTION—ATTRITION AND DEMOTIVATION
 - C. REVENGE, SABOTAGE, AND WORKPLACE VIOLENCE
 - D. VULNERABILLITY TO RECRUITMENT BY EXTREMIST GROUPS OF ALL STRIPES: RIGHT, LEFT, ANARCHIST, NIHILIST, RELIGIOUS, CRIMINAL, LITERALLY TREASONOUS
 - 1. MORE TO WORRY: ARMED CONTRACTORS, REPATRIATED FROM THEATER, BUT APPLIES TO ANYONE COMING BACK FROM WAR WITHOUT SOCIAL SUPPORT AND CONNECTION—THE SORRY EXAMPLE OF THE *FREIKORPS* IN WEIMAR GERMANY

VI. GENERAL PROFESSIONAL CREDENTIALS, SUCH AS MD, PHD, MSW, ETC., DO NOT CONFER AUTOMATIC CLINICAL COMPETENCE TO BENEFIT RETURNEES FROM WAR! OFTEN PEER-BASED SUPPORT AND EDUCATION IS MORE EFFECTIVE, PROVIDED THAT PEER-SUPORT WORKERS ARE PROVIDED WITH ADEQUATE TRAINING, SUPERVISION, SUPPORT, AND REFERRAL PATHWAYS TO CREDENTIALLED MENTAL HEALTH PROFESSIONALS AND HEALTHCARE FACILITIES! [Cf. the example of the peer-based program in the UK Royal Marines]

VII. OPTIONS FOR CONGRESS:

- A. TO REQUIRE OPM TO DEVELOP MODEL POLICY GUIDELINES FOR ALL FEDERAL AGENCIES DEPLOYING CIVILIAN EMPLOYEES TO WARZONES
- B. TO AUTHORIZE FEDERAL AGENCIES TO EXPEND APPROPRIATED FUNDS FOR SUPPORT OF PEER-BASED SUPPORT PROGRAMS WITHIN EXISTING VOLUNTARY ASSOCIATIONS, SUCH AS THE AMERICAN FOREIGN SERVICE ASSOCIATION AND SIMILAR PARALLELS TO MILITARY UNIT ASSOCIATIONS EMPHASIZING SHARED EXPERIENCE AND ESPRIT D'CORPS
- C. TO REQUIRE THAT ALL FEDERAL EMPLOYEE HEALTH INSURANCE PLANS PROVIDE FOR ADEQUATE MENTAL HEALTH SUPPORT TO PLAN MEMBERS DEPLOYED TO WARZONES, AND TO PROVIDE FOR SOME MECHANISM FOR "TAIL" COVERAGE FOR SEPARATED EMPLOYEES
- D. TO REQUIRE THAT OPM'S OWCP EXPLICITLY RECOGNIZE PSYCHOLOGICAL INJURIES AS A CATEGORY OF COMPENSABLE FEDERAL EMPLOYMENT-RELATED INJURIES [ALSO EXTENDING THIS BY STATUTE TO CLARIFY WORKERS' COMPENSATION COVERAGE OBLIGATIONS FOR FEDERAL <u>CONTRACTORS!!</u>]
- E. EXTEND VA HEALTHCARE, INCLUDING MENTAL HEALTH CARE ELIGIBILITY TO FEDERAL WORKERS WHO HAVE SERVED IN WARZONES
- F. REQUIRE A GAO STUDY OF THE CHARACTERISTICS AND DISTRIBUTION OF THE CIVILIAN SKILL BASE [INCLUDING PEER-BASED PROGRAMS] <u>OUTSIDE OF THE VA AND VET CENTERS</u> FOR SUPPORTING THOSE WITH PSYCHOLOGICAL AND MORAL INJURIES FROM WAR.

VIII. ATTACHMENTS

A. DETAILED CURRICULM VITAE