

Home Base mission: healing veterans' invisible wounds of war

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NCO Journal



Army veteran Sgt. John Girouard speaks at Fenway Park in Boston, Massachusetts, about how the Home Base Program changed his life after being wounded in Kandahar, Afghanistan, in 2011. Girouard, a firefighter, credits the program, which treats the invisible wounds of war, with saving his life. (Photo courtesy of The Boston Globe)

Picture this: Soldiers are leaving the training firing range. The first sergeant announces, “I assume everybody cleaned their weapons, so just throw them in the rack and everyone can go home. No one is going to check your weapons because I assume everybody cleaned to standard.”

It would never happen, right? Soldiers know that after shooting their weapons for a day, they usually will spend the next four hours cleaning them, said retired Army Brig. Gen. Jack Hammond, executive director of the Home Base Program. Three other Soldiers will check the weapon to make sure it’s clean before it goes back into the storage rack.

Maintenance is important. Just as Soldiers also know that before driving a Humvee, there is a disciplined checklist to follow. An additional checklist awaits when the Humvee is returned.

The amount of mental preparation Soldiers receive for combat pales compared to the maintenance service equipment is shown regularly, said the executive director of the Home Base Program, which is a partnership of the Boston Red Sox Foundation and Massachusetts General Hospital to treat the mental health of post-9/11 military veterans and their families.

“We don’t do anything to prepare Soldiers for combat of any substance,” Hammond said. “They don’t get any mental health care while they are there for a year in combat. When Soldiers come home, we say ‘If anybody needs help, let me know,’ or ‘Does anyone have any mental problems?’ in front of a group of people. So, nobody raises their hand. If you do raise your hand, then you go on medical hold. When everybody goes home, you stay. Why would you admit to that?”

Hammond said a new approach to treating the invisible wounds of war for service members is imperative to help Soldiers and veterans who have been in combat for more than 15 years.

“We have to treat people’s brains as well as we treat Humvees, tanks and rifles,” he said. “We take better care of equipment than we do people’s brains. The Army could spend time teaching noncommissioned officers how to work on stress reduction before Soldiers see combat. We don’t give them the tools, yet we tell them to do their jobs. NCOs are told to check their Soldiers and make sure they are OK, but nobody has taught them how to do that part.

“There’s no reason you couldn’t anticipate that a unit will have a rough three days in combat,” Hammond said. “Then you stand Soldiers down for half a day, and people work with them on the stress reduction piece and talk through stuff with them. It would not be optional, just like it’s not optional to clean your rifle at the end of the day. When the British, French and Canadians leave Afghanistan, they go to Cyprus in the Mediterranean for five days. They go through some post-combat decompression, and they go through some mental health training before they go home. ... We’re not setting people up for success, and I think if you inculcate a mental health maintenance program as good as the Humvee maintenance program, I think we can make huge strides.”

Boston Red Sox visit

The seed for Home Base was planted when the Boston Red Sox were invited to visit the White House by President George W. Bush after the team’s 2007 World Series championship. During the trip, the Red Sox visited with wounded Soldiers at Walter Reed Army Medical Center. The previously planned one-hour visit turned into five hours. The Red Sox organization was so moved by the wounded warriors that it resolved to do more. Home Base was the result.

Since 2009, Home Base’s mission has been to heal the invisible wounds of war for post-9/11 veterans, service members and their families through the use of clinical care, wellness, education and research. All treatment, wellness and research opportunities are provided to post-9/11 veterans, service members and their families at no cost.



Retired Army Maj. Ivan Castro, left, and British veteran soldier Karl Hinett will run in the 2017 Boston Marathon to support both U.S. and British veterans. Castro and Hinett will donate funds raised to veterans' programs, including Home Base and Prince Harry's Heads Together campaign. (Photo courtesy of the Home Base Program)

Invisible wounds include post-traumatic stress, traumatic brain injury, depression and military sexual abuse. The way Home Base officials see it, each veteran has earned a complete homecoming. It's Home Base's mission to see that they get it regardless of discharge status.

"[Let's say] you have a model Soldier who's doing a great job," Hammond said. "They come back after three deployments, and suddenly they have a couple driving while intoxicated charges. Or they had a DWI and some pot, etc. ... a discharge which cuts them off from VA health care. That's a group that's really fallen between the cracks because they are not Department of Defense employees anymore."

It all begins with a phone call from a veteran to 617-724-5202. That's where Sgt. Maj. Bill Davidson, director of peer outreach and support, and his team of veterans take over. Davidson is the senior enlisted advisor for the Massachusetts Army National Guard and leads the Home Base Combat Veteran Outreach Team, which has the closest contact with callers.

"We are the face of Home Base," Davidson said. "[As veterans,] we make that instant connection with the caller. We know the military lingo, the acronyms and everything, so it makes the treatment intake a little smoother."

Davidson's team of veterans is instrumental to Home Base, Hammond said. Among their many duties is making sure the clinical team is up to date on military terminology. One of the chief complaints Home Base often hears from veterans who have reached out to the U.S. Department of Veterans Affairs is that VA staff members don't thoroughly understand military culture, Hammond said.

"First of all, Davidson's team vouches for the program when veterans call," Hammond said. "A veteran is the first person you reach on the phone. You have got another Marine, another Soldier on the other end of the line. The caller will ask 'OK, truth: Is this a good program?' So you're putting your name and your reputation out there. None of us would do that lightly to another veteran."

Intensive treatment

After the initial call, a plan of action is developed. New England residents may visit the Home Base Outpatient Clinic. All other veterans may access the Intensive Clinical Program. Home Base's ICP is a two-week outpatient treatment program in Boston where patients receive about 50 hours of individual and group therapy, as opposed to the traditional course of treatment over a year. Services continue beyond the two-week program. Before veterans leave for home, they are connected to providers in their home communities.

Under the ICP, food, lodging and transportation expenses are covered for the veteran and one accompanying family member. The ICP is supported by the Wounded Warrior Project, which is part of the Warrior Care Network. The network is a partnership between the Wounded Warrior Project, the Department of Veterans Affairs, Home Base at Massachusetts General Hospital, as well as Emory Healthcare in Atlanta, Rush University Medical Center in Chicago and UCLA Health in Los Angeles.

Home Base is staffed by clinicians from Massachusetts General Hospital, the largest and oldest teaching hospital of Harvard Medical School. The hospital is ranked No. 1 nationally by U.S. News & World Report.

“We are getting great results on the family piece because we’re helping to reconnect that family,” Hammond said. “We see a metamorphosis in these men and women when they come through. On Day 1, a lot of them have a tough time keeping eye contact. They are very withdrawn, and then, as the week is building, they have been creating a new band of brothers. Aside from the clinical staff, they have another nine folks they can call, email if they are having a bad day, if they need some advice, they just need somebody to talk to. By Day 14, graduation, they are laughing, joking and teasing each other.”



Retired Army Brig. Gen. Jack Hammond, (left) executive director of the Home Base Program, and Sgt. Maj. Bill Davidson, director of peer outreach and support, discuss the transformation they see in veterans who have been treated by the program. “If you give [veterans] that hope, hope is half of the battle,” Hammond says. (Photo by Martha C. Koester / NCO Journal)

Home Base acknowledges the effects that multiple deployments have had on Soldiers and their families, Hammond said. In an era of more than 15 years of combat, treatment has entered uncharted territory, he said.

“We now have 18-year-old Soldiers who were 3 years old when the war in Afghanistan started, and they grew up in families knowing nothing but deployments of mom or dad or mom and dad,” Hammond said. “They could very well be serving right now, and their dad or mom is on that deployment with them. ... We have no idea the impact on an 18-year-old Soldier who grew up with three deployments on the family side and then two deployments on their own ... what that does to them mentally and what it does to their families. We are just starting to

recognize the impact of combat on families, especially kids. Nobody ever looked at the impact of deployment on a child.”

However, the transformation in veterans after treatment is extraordinary, Davidson said.

“[At graduation,] the veterans say a few words about where they started to where they are at graduation,” he said. “I have heard Gen. Hammond say this before, too: It’s easy being an advocate for this program when you sit at this ceremony and hear how powerful it is. What Home Base has done with these veterans is incredible.”

The suicide rate among veterans has increased 35 percent since 2001, according to statistics released in July by the Department of Veterans Affairs. Young veterans accounted for the most suicides. The suicide rate for veterans ages 18 to 29 was 86 deaths per 100,000 for men and 33 deaths per 100,000 for women. The civilian suicide rate is about 14 deaths per 100,000. The study reviewed the death records of more than 55 million veterans from 1979 to 2014 from every state.

To understand these veterans is to put yourself in their shoes, Hammond said.

“[Let’s just say] you’re 30, and you have been home for four or five years and nothing seems to go right,” Hammond said. “You have these transition issues that you can’t shake, but the impact of them is you lost your significant other, you have lost your job, you are living back with your family on the couch, or worse, homeless. Do you want to live like this for 50 years? A lot of them just say, ‘This is not a life and I’m checking out.’ So when they come here, at a minimum, they have hope that they can have a life, that they can be happy. Our goal is to get them to a point where they can have a functional life — where they can maintain a relationship, they can maintain employment so they can have a purpose and income, and they can be happy. If they have hope for all three of those things coming together, then you have broken that cycle of despair that will take them to suicide.

“If you give them that hope, hope is half of the battle,” Hammond said. “Then, you give them a group of folks they can lean on and they know they can always call back. They build these incredible relationships with Davidson’s team because these veterans travel with them every day, they sleep at the hotel, one of these guys or gals is with them first thing in the morning and then they walk over to the clinic with them. They build these incredible relationships with our doctors and clinical staff, and our social workers help them with some of life.”

Based on exit surveys, the reviews have been stellar.

“I think it’s a 95-percent success rate,” Hammond said. “That’s great, but the reality is we’re in the business of giving hope. A lot of folks have lost hope, and I would say a high percentage of folks coming into this two-week program either contemplated suicide or attempted it because they lost hope.”

Lessons learned

Home Base reunited Hammond and Davidson, who have a military history together. When he returned from his final deployment, Hammond had seen what 12 to 15 years of war had done to Soldiers.

“Davidson and I were in the same battalion in 2002,” Hammond said. “We deployed to Afghanistan, then Iraq. That was when the war started and the whole country was behind it. A lot of Soldiers were young or mid-career Soldiers. Fast forward to 2011-2012, Davidson and I finished up together in a command. We were overseeing U.S. forces in Regional Command Capital, Kabul Province. Davidson and I were at the most senior-end of our careers, and so we got to see the impact of a decade of war on a lot of Soldiers that had gone to three deployments, as well as the impact on ourselves and our families. Looking back, out of a headquarters of about 200, we had about eight or 10 divorces overseas. These weren’t 18-year-olds getting

married, divorced in three months. These were established marriages where two, three deployments broke the bank. We got to see the impact on the military kids.”

Davidson worked as director of resilience, risk reduction and suicide prevention for the Massachusetts Guard before he came to Home Base.

“The Mass. Guard wasn’t immune to suicide, and our community group at the time looked to partner with outside resources such as Home Base,” Davidson said. “We utilized Home Base services a lot through a tough period when we had about eight suicides in 14 months. Home Base came in and helped us assess, and also helped us with the counseling of our Soldiers. It was just a huge asset for us, and I know a lot of our Soldiers utilized Home Base services. So when the director of outreach position opened up, it seemed like a good fit for me.

“Gen. Hammond made us go through combat stress [control training] before we left theater, so he has been a huge advocate,” Davidson said. “Knowing what Home Base does and that Gen. Hammond was at the helm, it was just an easy transition for me.”

Hammond said having a noncommissioned officer serve in Davidson’s role was critical to getting the job done at Home Base.

“NCOs are the most closely connected people in the Army to our Soldiers, and they see all the problems: the good, the bad and the ugly, and most of the time they have to solve it,” Hammond said. “That’s what the NCO Corps does in the Army — they solve problems for Soldiers and their families. Davidson did that in combat as a first sergeant. He had done that in combat as a brigade task force command sergeant major. So, he was a natural fit. As an Army officer, a big part of my life is mission and Soldiers, but you see there are times when mission becomes more important. That NCO wingman you have is the one who keeps you grounded on what’s going on. What was missing at Home Base was having a senior NCO in the oversight of taking care of people.”

Hammond doesn't see his part in Home Base as work. It's just taking care of the men and women who took care of us in combat, he said.

"I have lost more Soldiers to suicide than I did in combat in multiple deployments because they are having so many challenges," Hammond said. "I have lost some people who worked with me overseas. I know a lot of people were injured. I know a lot of people carry the scars doing what I asked them to do in combat. I owe a debt, and this is repaying a debt. They supported the missions that I was leading, and now I have to support them so I can transition."

Davidson is rewarded when he sees that his work, both at the Massachusetts National Guard and Home Base, has helped veterans stamp out the stigma on seeking mental health assistance.

"It's great to see Soldiers coming in and getting the help they need," he said. "I know when they leave, they are going to talk to other Soldiers and say, 'Hey, this is a great program.' They are going to get other Soldiers in here and hopefully everyone will know that it's OK to get help and that it's treatable.

To get help

For questions about clinical care for post-9/11 veterans, service members or their families, contact Home Base by calling the clinic at 617-724-5202 or through the Connect with Care email, which may be accessed at homebase.org.

However, if a Soldier is in crisis, please do not use the Connect with Care email. Go to the nearest emergency room or call the Veterans Crisis Line at 800-273-8255.