Combat to Community

VETERAN CULTURAL COMPETENCY

INSTITUTE FOR VETERAN POLICY
swords-to-plowshares.org
combattocommunity.org
An Overview of Services

Housing:
- Permanent
- Supportive,
- Transitional & SSVF

Employment & Job Training

Institute for Veteran Policy

Health & Social Services

Women Veterans Program

Legal Services
What am I Going to Learn?

KEY POINTS

⇒ Military experience and military training
⇒ Combat experience
⇒ BATTLEMIND
⇒ Military and combat-related issues
⇒ Services
⇒ De-escalation and grounding techniques
United States Armed Forces

- The Army, Marine Corps, Navy and Air Force fall under the jurisdiction of the Department of Defense (DOD).

- The Coast Guard reports to the Department of Homeland Security during peacetime and to the DOD (by way of the Navy) during wartime.

- All five branches have an Active Duty and Reserve component. Only the Army and Air Force have National Guard components.
WHAT MAKES SERVICE MEMBERS IN THE GUARD DIFFERENT FROM OTHER COMPONENTS?

- Members of the Guard tend to be older and have more responsibilities “outside” military service.
- They do not have the same military support as active duty.
Elements of Military Culture

- **Chain of command** – means following orders.
- **Routine and structure** – what happens when this is gone?
- **Aggression** – faster, harder, louder, meaner.
- **Respect** – for authority and for one’s self.
- **Strength** – not asking for help.
- **Honor** – used to being trusted.
Key Terms and Lingo

CURRENT CONFLICTS

Global War on Terror (GWOT) – Includes Operation New Dawn, Operation Enduring Freedom
   Also Known As Overseas Contingency Operations

Operation Iraqi Freedom (OIF)
   Iraq combat operations from 4/19/2003 to 9/1/2010

Operation New Dawn (OND)
   Refers to U.S. troops remaining in Iraq for non-combat operations

Operation Enduring Freedom (OEF)
   Refers to the conflict primarily in Afghanistan, as well as other theaters of combat operations

Operation Inherent Resolve (OIR)
   Refers to the ongoing operations in Iraq and Syria
### Life Cycle of Military Enlistment

- Visit the recruiter/sign paperwork
- Basic training
- Advanced training: AIT/A-School/Job Related Training
- Assignment to unit
- Deployment
- EAOS: What happens next
- Exit military/re-enlist
Basic Movie
Basic Training: GAS, GAS, GAS!!!
Training
Job-RelatedTraining
Operations
Who is a Veteran

Not everyone who was in the military self-identifies as a VETERAN

STEREOTYPES ABOUT THE VETERAN POPULATION

- All veterans are in crisis.
- All veterans have served in combat.
- All veterans have access to the Department of Veterans Affairs (VA) healthcare.
Identify a Veteran
Identify a Veteran
Identify a Veteran

1/8 Sniper Platoon Fallujah Iraq

VIETNAM 67-68

Gone But Not Forgotten
Identify a Veteran
Identify a Veteran

[Imagery: Various military emblems and insignia representing different branches and ranks, such as airborne, ranger, marine, and navy symbols.]
Identify a Veteran

- Acronyms
- Cursing/swearing
- Military related jargon
- Phonetic alphabet
Identify a Veteran
Who Are They?

HOW MANY IRAQ AND AFGHANISTAN VETERANS ARE THERE?

- Over 2.8 million men and women have been deployed since September, 2001.
- Forty percent have been deployed more than once.
- Almost two million Iraq and Afghanistan veterans are currently separated from the military, and 61%* have obtained VA healthcare.

*Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) Veterans. September 2015.
MILITARY OPERATIONS OTHER THAN WAR (MOOTW) focus on deterring war, resolving conflict, promoting peace, and supporting civil authorities in response to domestic crises.

- 17 different types of MOOTW.
- Since 2000, there have been 30 completed Post-Cold War operations.
- U.S. currently deployed in 134 countries, on every continent.

Segal, 2005; Heritage Foundation, 2000; Bonn & Baker, 2000; GAO, 2000
MOOTW Video
MOOTW Video
The Combat Experience

HOW ARE THE CURRENT CONFLICTS DIFFERENT FROM PRIOR CONFLICTS?

- Multiple deployments.
- Lengthier deployments.
- 360 degrees of fighting (no “front” lines).
- Urban combat with no clear enemy.
The Combat Experience

TRIGGER WARNING: GRAPHIC CONTENT DEPICTING SCENES OF WAR
BATTLEMIND

How to Communicate

Driving

What You do to Survive

Feeling Secure

Acceptable Behavior

Vigilance, Constantly on Alert for Danger
Buddies (Cohesion) vs. Withdrawal

**Combat:** No one understands your experience except your buddies who were there.

**Home:** Re-establishing bonds with family and friends that have changed takes time.
Accountability vs. Control

**Combat:** Maintaining control of weapon and gear is necessary for survival.

**Home:** May become angry when someone moves or messes with your stuff.
Targeted vs. Inappropriate Aggression

**Combat:** Service members make split second decisions that are lethal in a highly ambiguous environment.

**Home:** Over reactions to minor insults, inappropriate aggressiveness, assault, spousal abuse, snapping at kids, buddies or a boss.
Tactical Awareness vs. Hyper-Vigilance

**Combat:** Survival depends on being aware of your surroundings at all times.

**Home:** May feel anxious in large groups or situations where you feel confined.
Emotional Control vs. Anger/Detachment

**Combat:** Controlling emotions is critical for mission success.

**Home:** Flat affect. No emotions. May seem cold, uncaring, detached.
Mission/Operational Security vs. Secretiveness

**Combat:** Talking about the mission only with those who need to know.

**Home:** Avoid sharing their deployment experiences with significant other.
Mission Accomplishment vs. Failure

**Combat:** Taught never to give up; win at all costs.

**Home:** Difficult to accept situations that are out of one’s control and/or defeat.
Individual Responsibility vs. Guilt

**Combat:** Responsibility is to survive and do your best to keep your buddies alive.

**Home:** May feel you have failed your buddies if they were killed or seriously injured.
Lethally Armed vs. Unarmed

**Combat:** Carrying your weapon at all times was mandatory and necessary.

**Home:** Feeling the need to have weapons on you, in your home and/or car at all times.
Non-Defensive vs. Defensive Driving

**Combat:** Unpredictable, fast, rapid lane changes, straddling the middle line, keeping other vehicles at a distance.

**Home:** Aggressive driving leads to speeding tickets, accidents, fatalities.
Combat Driving

TRIGGER WARNING: GRAPHIC CONTENT DEPICTING SCENES OF WAR
Combat Driving

DRIVING:
Through the eyes of a veteran with P.T.S.D

What it looks like

© Swords to Plowshares Combat to Community 2016
Combat Driving

What it feels like
Combat Driving

PARKING: THROUGH THE EYES OF A VETERAN

WHAT IT LOOKS LIKE
Combat Driving

WHAT IT FEELS LIKE

IMPROVISED EXPLOSIVE DEVICE
ROAD BLOCK
CONCEALED ENEMY POSITION
CHOKING POINT

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Military Related Stress and Injuries

- Physical Injuries including musclo/skeletal, paralysis, amputation, burns and blindness
- Post-Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury (TBI)
- Military Sexual Trauma (MST)
- Alcohol and/or Substance Abuse
- Depression/Suicide
BIOLOGICAL EFFECTS ON BRAIN

- Trauma at different stages in life have different effects on brain.
- Studies in this area have been limited.
- Exposure to traumatic experience increases cortisol, norepinephrine, and adrenaline into the brain.
- Long-term exposure to these neurochemical substances causes biological problems.
- Trauma creates new neural pathways.
- These pathways continue to be utilized when PTSD is triggered, because of nature of untreated PTSD there is no USE IT OR LOSE IT.
- Damage to the hippocampus, a brain area involved in learning and memory, with associated memory deficits.
- Broad range of effects on brain function and structure.
Recognizing PTSD

Exposure to a traumatic event
- Experienced, witnessed or was confronted by death or serious injury.
- Experienced intense fear, helplessness or horror.

Symptoms (four groups)
1. Avoidance and numbing
2. Hyper-arousal
3. Re-experiencing
4. Negative changes in beliefs and feelings
Substance Use Disorders (SUD)

- 18% of OIF/OEF/OND veterans seen at VA in 2015 have been diagnosed with a SUD. (VHA, 2015)
- 22% of Vietnam veterans are said to have been drug dependent at some point. (IOM, 2010)
- 16% of veterans have untreated SUDs. (Golub et al, 2013)
- 70% of homeless veterans also experience a SUD. (TEDS Report, 2014)
There is a high co-morbidity of substance use and mental health issues among veterans:

- More than 2 of 10 veterans with PTSD also have SUD, and almost 1 out of every 3 veterans seeking treatment for SUD also has PTSD.

Of Iraq and Afghanistan Veterans diagnosed with AUD, DUD, or both:

- 55-75% concurrently receive PTSD, major, or manic depression diagnosis.
- AUD, DUD diagnosis, or both is 3-4.5 times more likely in veterans with PTSD or depression.

NCPTSD, 2016; Seal et al, 2011
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>303,488</td>
<td>334,130</td>
<td>362,737</td>
</tr>
<tr>
<td>Any drug</td>
<td>182,003</td>
<td>198,989</td>
<td>216,173</td>
</tr>
<tr>
<td>Opioid</td>
<td>35,240</td>
<td>39,020</td>
<td>43,332</td>
</tr>
<tr>
<td>Cocaine</td>
<td>74,995</td>
<td>77,371</td>
<td>80,348</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>9430</td>
<td>10,580</td>
<td>11,972</td>
</tr>
<tr>
<td>Cannabis</td>
<td>53,516</td>
<td>62,294</td>
<td>73,687</td>
</tr>
<tr>
<td>Comorbid SUD and PTSD</td>
<td>77,325 (20%)</td>
<td>91,584 (21.6%)</td>
<td>105,736 (22.9%)</td>
</tr>
</tbody>
</table>

SUD, substance use disorder; PTSD, posttraumatic stress disorder.

Personal communication, Jodie Trafton, PhD, Program Evaluation and Resource Center, VA Palo Alto Health Care System.
Since 2000, over 350,000 service members have been diagnosed with a traumatic brain injury.

Slightly more than half of the injuries in the Iraq and Afghanistan wars are due to blasts.

Difficult to estimate frequency of concussion among combat troops who do not require medical treatment, as they may be only briefly stunned or knocked unconscious.

Symptoms of TBI may mimic alcohol use.

Domestic/Inter-Partner Violence & Incarceration

- Veterans with post-traumatic stress disorder are more likely to commit acts of domestic/inter-partner violence than those without.

- Often learned military tactics such as hyper-vigilance and rapid response to threatening encounters may translate to aggressiveness, impulsivity, and potential for violence in the civilian community.

- Veterans represent 8% of state and federal prisoners, and 7% of jail inmates. Incarcerated veterans are more likely than incarcerated non-veterans to have committed violent crimes.

- The single greatest predictive factor for the incarceration of veterans is substance abuse.

Gerlock, 2015; BJS, 2016; Beckman and Fontana, 2008
Suicide

- The VA has confirmed 20 suicides per day among the entire veteran population and 1,000 suicide attempts per month among all veterans seen at VA medical facilities. Decrease from prior years, but rates are going up.

- Veteran men: 2x as likely to complete suicide than non-veteran men.

- Women veterans: 2 – 3x more likely to complete suicide than non-veteran women.

Military Sexual Trauma

- Military sexual trauma (MST) refers to both sexual harassment and sexual assault that occurs in military settings.

- In FY 2015, there 6,083 reports of sexual assault. It often goes unreported due to stigma and fear of potential loss of military career. Only one in four assaults are actually reported.

- Sexual assault has a larger impact on PTSD symptomatology than any other trauma, including combat exposure.

SAPRO, 2016; Wolfe et al, 1998
39,471 veterans have experienced homelessness in 2016. Accounts for just over 9% of all homeless adults. 47% decline since 2010. 1 in 3 homeless veterans are in California and Florida.
# MILITARY DISCHARGES BY TYPE

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>VA Benefits Eligibility</th>
<th>Number Discharged fiscal 2000-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honorable</td>
<td>Service member met the standards of acceptable conduct and performance.</td>
<td>Yes</td>
<td>1,983,893</td>
</tr>
<tr>
<td>General</td>
<td>Service record is satisfactory but not sufficiently meritorious to warrant an honorable discharge.</td>
<td>Yes, except GI Bill</td>
<td>172,125</td>
</tr>
<tr>
<td>Uncharacterized</td>
<td>Applies to those who leave the military within 180 days.</td>
<td>Yes</td>
<td>288,568</td>
</tr>
<tr>
<td>Other than Honorable</td>
<td>Service record shows some misconduct, but not with a court-martial conviction.</td>
<td>Maybe</td>
<td>125,204</td>
</tr>
<tr>
<td>Bad Conduct</td>
<td>Equivalent to a civilian criminal conviction. Requires conviction by court-martial.</td>
<td>Maybe</td>
<td>19,054</td>
</tr>
<tr>
<td>Dishonorable</td>
<td>Often compared to committing a felony.</td>
<td>No</td>
<td>1,467</td>
</tr>
</tbody>
</table>

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WHY MIGHT A VETERAN RECEIVE BAD PAPER?

- Where there is any misconduct involved in a service member’s military service, the service member may receive a less than honorable discharge.
- This may happen for many reasons, from less serious to more serious infractions:
  - *Minor disciplinary infractions*
    - For being late to formation a couple times
    - Having an argument with a superior
  - *A pattern of misconduct*
    - A minimum of two (2) incidents occurring within one enlistment is required. May be minor or more serious. Incidents do not have to be of the same nature.
  - *Commission of a serious offense*
    - May include drug use
  - *Civilian conviction*
Women Veterans

WOMEN VETERANS share many of the short- and long-term physical and emotional consequences and needs that their male counterparts face as a result of serving their country. In addition, as women veterans they have unique experiences and needs.
Women in the Military

BY THE NUMBERS

- **15%**: Active duty force.
- **19%**: National Guard and Reserves.
- **20%**: New recruits.
- **10%**: Veterans (projected to nearly double over next 20 years while the population of men is projected to decrease).
- **12%** of active duty women and **16%** of women Guard and Reserves are single mothers, compared to **4%** who are single fathers.
LGBTQ VETERANS AND SERVICE MEMBERS BY THE NUMBERS

→ There are an estimated 70,000 LGB personnel currently serving with an additional 15,000 trans personnel serving.

→ More than one million veterans are estimated to be LGBT with 134,000 of those being trans.

→ The U.S. military is the world’s largest employer of trans individuals.
LGBT veterans may receive all-care (to include sexual healthcare and PrEP) at the VA just like straight service members although it may be difficult to find culturally competent care.

- It is important as advocates that we push VAMCs to have cultural competency trainings for staff.

Trans veterans can get all-care except for gender confirmation surgery through VA.

- This includes post-operative care for GCS and all hormone treatments.
Aging Veterans

- Veterans aged 55+ represent 66% (13.9 million) of the veteran population in the U.S. 22% are over 75 years old. (Vetpop 2016)
- Veterans are older than their chronological age.
- Older veterans (age 51 or older) represent 50% of all homeless veterans. (HUD PIT Count 2016)
- PTSD is one of the most common sequelae in older veterans. Older veterans with PTSD symptoms significantly more likely to report:
  - Poor general health: cardiovascular disease, diabetes, gastrointestinal disease, fibromyalgia, chronic fatigue syndrome, musculoskeletal disorders, autoimmune disease. (Dohrenwend et al, 2007; Chatterjee, et al., 2009)
- Older veterans are at an increased risk of suicide:
  - Two-thirds who commit suicide are age 50 or older. (VA Office of Suicide Prevention, 2016)
DE-ESCALATE

Def: Whenever possible, REDUCE the intensity of a conflict

PTSD = Intensity of Emotions

Fear • Anger • Sadness • Helplessness
Conflict Resolution

CONFLICT RESOLUTION TECHNIQUE: VOMP

Vent
Ownership
Moccasins
Plan/Prevention

CONFLICT RESOLUTION TECHNIQUE: INTENTIONAL DIALOGUE

ENCOURAGE USE OF WORDS: Mindfulness...Mirroring...Validation...Empathy

...Engage your brain before you engage your weapon.

General James Mattis, USMC. 03/2003
LISTENING SKILLS: *SLANT*
- Sit Up
- Listen
- Ask questions
- Nod
- Track speaker with eyes

EFFECTIVE SKILLS IN SESSION
- Reflective Listening
- Supportive/Empathic
- Complimentary, not punitive
- Reassurance
- Acknowledge trauma/stress/disjointed experience of military culture/life
- Adjust to resistance
- Create mutual relationships
- Specifically related to Grief: *Be Present and Say Nothing*

TWO OF THE BEST THERAPEUTIC TOOLS
1. Silence
2. Creating the relationship
Skill Sets

MOTIVATIONAL INTERVIEWING TECHNIQUE: OARS

- Open-ended questions
- Affirmations (believable)
- Reflections
- Summary statements

MOTIVATIONAL TECHNIQUE: TRIPLE R

- Reflections
- Rolling with resistance
- Reframing
Motivational Interviewing

Directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Focused and goal-directed.

EXAMPLES OF MOTIVATIONAL INTERVIEWING QUESTIONS

Do you mind if we talk about [insert behavior]?  
Can we talk a bit about your [insert behavior]?  
I noticed on your medical history that you have hypertension, do mind if we talk about how different lifestyles affect hypertension?  
(Specific lifestyle concerns such as diet, exercise, and alcohol use can be substituted for the word “lifestyles” in this sentence.)
IF A VETERAN IS NON-COMPLIANT, preoccupied and agitated, a grounding technique can keep them paying attention to you.
Helping Veterans

**build rapport**
- “Welcome home”
- “How can I help you?”

**ask factual, logical questions**
- How long have you been home?
- What did you do in the military?

**connect to resources**

**avoid “judging” statements & questions**
- How many people did you kill?
- What do you think of the war?
- Thank you for your service
Founded in 1995, the **California Association of Veteran Service Agencies (CAVSA)** is a consortium of six nonprofit veteran service providers working in partnership to address the needs of California’s veterans. CAVSA’s geographic diversity facilitates the delivery of direct services in both urban and rural regions throughout the state, stretching from Eureka to San Diego.

CAVSA is dedicated to ensuring that veterans of all eras have the understanding, tools, and support from their communities to provide for a successful transition back home. We advocate for reform at the local, state, and national level to increase access to care, and improve services for all veterans and their families.
Swords to Plowshares
San Francisco and Oakland
1060 Howard Street
San Francisco, CA 94103
(415) 252-4788
www.swords-to-plowshares.org/

SERVICES PROVIDED:

- Health and Social Services
- Emergency, Transitional, Permanent Housing
- Legal Services
- Employment and Training Services
- Supportive Services for Veterans and Families (SSVF)
- Women Veterans Program
- Institute on Veteran Policy
- Income Support Services
VA Hotlines

VETERANS CRISIS LINE
800-273-8255
800-273-TALK

COMBAT CALL CENTER
877-927-8387
877-WAR-VETS

WOMEN VETERANS CALL CENTER
855-829-6636
855-VA-WOMEN
VA Resources

**Department of Veterans Affairs Medical Centers (VAMCs):** These are commonly called VA Hospitals. VAMCs are where the most comprehensive care for veterans are located.

**Vet Centers:** Vet Centers across the country provide a broad range of counseling, outreach and referral services to combat veterans and their families. Services for a veteran may include individual and group counseling in areas such as post-traumatic stress disorder (PTSD), alcohol and drug assessment and suicide prevention referrals. All services are free of cost and are strictly confidential.

**County VSOs:** VSOs are accredited and certified professionals who are experts in veteran law. Each county in CA has at least one county VSO in addition to the independent veteran service organizations.

**OPCs:** Out Patient Clinics offer primary care, laboratory, physical rehabilitation, nutrition and food service and radiology services to the veterans it serves. Specialty clinics include dental, ENT, gastroenterology, optometry, prosthetics, pulmonary rheumatology and spinal cord.

**CBOCs:** The VA currently has over 800 Community-Based Outpatient Clinics (CBOC). VHA implemented these clinics to make access to healthcare easier. These clinics provide the most common outpatient services, including health and wellness visits, without the hassle of visiting a larger medical center.

www.va.gov/directory/guide/home.asp?isflash=1

Or Google “VA facilities” and this will pop up first
San Francisco Resources

- **Oakland Vet Center**
  2221 Martin Luther King Jr. Way
  Oakland, CA 94612
  Phone: 510-763-3904 or 877-927-8387

- **County Veteran Service Office**
  6955 Foothill BLVD Suit 100
  Oakland, CA 94605
  Phone: 510-577-3547

- **San Francisco Division of VA Health Care System**
  4150 Clement St
  San Francisco, CA 94121
  415-221-4810

www.va.gov/directory/guide/home.asp?isflash=1
or Google “VA facilities”
San Francisco Resources

San Francisco Vet Center
505 Polk Street
San Francisco, CA 94102
(415) 441-5051 or (877) 927-8387

County Veteran Service Office
2 Gough ST.
San Francisco, CA 94102
(415) 934-4200

San Francisco Division of VA Healthcare System
4150 Clement Street
San Francisco, CA 94121
(415) 221-4810 or (877) 487-2838

www.va.gov/directory/guide/home.asp?isflash=1
or Google “VA facilities”
Family Resources

- **Sesame Street talk, listen, connect**
  http://www.sesamestreet.org/parents/topicsandactivities/toolkits/tlc

- **National Military Family Association**
  http://www.militaryfamily.org

- **Supportive Services for Veteran Families Program**
  http://www.va.gov/homeless/ssvf.asp

- **Vet Centers**

- **VA Caregivers Program**
  http://www.caregiver.va.gov
Research and Publications

SWORDS TO PLOWSHARES WEBSITE:
swords-to-plowshares.org/advocacy-and-policy/research-publications

- Reference Guide: Facts and Figures on Veterans and their Families (February 2016)
- Right to Care: Voices of the Swords to Plowshares Veteran Community (2016)
- Findings of the Aging Veteran Population (2016)
- Military Sexual Trauma: Understanding Prevalence, Resources and Considerations to Care (2015)
- Veterans and Criminal Justice: A Review of the Literature (August 2012)
- Bay Area Domestic Violence Screening Guide
- Women Veterans Screening Guide
Documentaries

- **War Torn 1961-2010** (Directed by Jon Alpert, Ellen Goosenberg Kent) Chronicles the lingering effects of combat stress and post-traumatic stress on military personnel and their families throughout American history.

- **Hell and Back Again** (Directed by Danfung Dennis) Is an intimate, visceral portrait of one man’s personal struggle at home in North Carolina, where he confronts the physical and emotional difficulties of re-adjusting to civilian life with the love and support of his wife.

- **Lioness** (Directed by Meg McLagan and Daria Sommers) The untold story of the first women in U.S. history to be sent into direct ground combat.

- **Invisible War** (Directed by Kirby Dick) An investigative documentary about the epidemic of rape within the U.S. military.

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Social Media

GIVING IS GREAT, BUT THERE ARE MANY WAYS TO SUPPORT OUR ORGANIZATION. We invite you like our Facebook page and post photos. Follow us on Twitter and Instagram. Check out our Flickr albums and YouTube videos. Keep up with our job opportunities on LinkedIn. Help share and promote our good work to the world. Because it does make a difference.

WHERE TO FIND US:

flickr.com/vetshelpingvets
twitter.com/vetshelpingvets
instagram@vetshelpingvets
youtube.com/vetshelpingvets
facebook.com/vetshelpingvets
linkedin.com/company/swords-to-plowshares

And don’t forget you can sign up our for newsletter!
Register at: www.swords-to-plowshares.org/contact
What Did I Learn?

KEY POINTS

- Military experience and military training
- Combat experience
- BATTLEMIND
- Military and combat-related issues
- Services
- De-escalation and grounding techniques
Thank Your For Your Attendance

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