"[Andrea Plate's] on-the-ground perspective, filled with humanity, hope and frustration, gives readers a sense of just what we are up against as we try to respond to the needs of those who put country first, but upon returning home, find that they so often became afterthoughts. This book is important, timely and a wonderful read."

Michael A. Genovese
CNN International Commentator;
President, Global Policy Institute, Loyola Marymount University;
American Political Science Association (APSA) Distinguished Teaching Award 2017

Enter the Kafkaesque world of America's famous but notorious Department of Veterans Affairs (VA), where returning soldiers seek a new start to the rest of their lives. Can they overcome the traumas of war, and military service, if they are also at war with the VA? The answer is both *No*—government bureaucracy can be as formidable a foe as that on any battlefield or in the barracks—and *Yes*, given veterans' willingness to face the demons of Post-Traumatic Stress Disorder (PTSD), drug addiction and other military-related traumas with the help of fiercely committed social workers, psychologists and healthcare experts.

Andrea Plate, author and Licensed Clinical Social Worker, spent 15 years working with America's wounded warriors. From battlefield to bedside to group talk-therapy, she exposes the human face of war, up close and personal, and some of the most remarkably resilient souls who have survived it.

Comments from veterans

Providing care for the hurting segments of society is a tough job. It is the unexpected surprise moments that keep social workers going.

I am so glad I got what I needed at the VA. I am forever in your debt.

You are such an advocate for vets.

You were always good to us. Thank you for all you did.

I'm blessed, sober and clean. God used you and your staff to make it so. Thank you.

I'm doing great, going on ten years sober. Thank you.

visit our website at:
www.marshallcavendish.com/genref

Marshall Cavendish Editions

US$17.99
NON-FICTION/MEMOIR
ISBN 978-981-4841-86-3
9 789814 841863

ANDREA PLATE

MADNESS

Marshall Cavendish Editions

"Andrea Plate, a social worker who worked with veterans for almost fifteen years, has written a distinctive, if not unique, account of her work with thousands of veterans. Her account is alternately heart-rending, sad, humorous, and infuriating. This book should be required reading for concerned citizens, legislators, veterans' activists, and newly incoming VA policymakers and employees."

Dr Dan Caldwell
Chairperson, Pepperdine Committee on Student Veterans;
Distinguished Professor, Pepperdine University,
Malibu, California

MADNESS

IN THE TRENCHES OF AMERICA'S TROUBLED DEPARTMENT OF VETERANS AFFAIRS

ANDREA PLATE
Licensed Clinical Social Worker

INTRODUCTION

I never intended to work with veterans.

I had never met one, in fact; or so I thought. My father served in World War II, but he was not my idea of a veteran. At five feet two inches tall, Sam was no warrior. More brains than brawn, he lacked all aptitude for mechanics and had no taste for physical aggression. But he was a typing whiz, so throughout his tour of duty he was stationed behind a 1940s Remington typewriter. Better for the country and for him.

The other soldiers in my life were actors. A TV child actress of the sixties, my wide-eyed urchin look put me on the frontlines of four episodes of the hit 1960s World War II TV series, "Combat!" In numerous scenes, the late Vic Morrow shielded me from imaginary bomb blasts (silence on the set!) and flying pieces of glass (plastic). I will always remember the acrid smell of artificial smoke and the rush of testosterone from this all-male cast, but I was too young to fully appreciate it and reciprocate.

I was in high school and college during the Vietnam War. Not a single guy I hung out with served. They knew the deal: Stay in school, dodge the draft. Some pleaded economic or financial "hardship." Together, we marched against the Vietnam War and, shamefully, against its warriors. While a student in the 1970s at UC Berkeley, ROTC (the Reserve Officers' Training Corps) was shunned.

I was, then, an odd mix: part Hollywood, part Red Diaper baby. After the Service, during the rise of McCarthyism, my father was blacklisted. He lost his job at City College of New York and moved to LA to find work. He did, as a research librarian at UCLA—and my parents found work for me, too, on TV. Thus, I was weaned on Lenin, Marx, Rod Serling and Alfred Hitchcock.

I guess it was easier to take the kid out of Hollywood, and Hollywood out of the kid, than the left-leaning liberalism out of the daughter of the blacklisted Red. In 2000, I decided to enter the field of social work, and two years later graduated with a Master's degree from the UCLA School of Public Policy/Social Work. A "temp" agency placed me at the VA. There, I earned the mandatory 3200 hours of on-the-job clinical supervision and passed the massive two-part California State licensing exam in 2005. Homeless? Drug addicts? The chronically mentally ill? I hadn't a clue. But I wanted a job, and the VA was close to where I lived.

Friends thought I would find the work there too frustrating, too gritty, too demoralizing. Or, as I was once asked by my friend Dwayne Hickman, best known as 1960s TV icon Dobie Gillis, "Isn't that depressing?" Well, isn't Hollywood? With all the lies? Said he: "You bet!"

It was precisely this gritty realism that attracted me. No artifice. No trick angles. No pretending. I was in the trenches, and I loved it.

This is the sentiment I hope to convey here. I have no desire to indict this leviathan of a government institution; everyone knows the VA is a bureaucratic mess. What people don't know, perhaps, is the underlying story: the zany passion and persistence of social workers serving veterans; the crushing pain but astounding resilience of veterans who come to them for help; and the moments when all the stars are aligned, the supply meets the demand, and something good—maybe even great—comes of it.

I served veterans of many wars and "conflicts": Vietnam; Operation Desert Storm (the Persian Gulf War); Operation Iraqi Freedom; Operation Enduring Freedom (Afghanistan); the Korean War; Somalia; Kuwait; and Yemen. They came in all colors and stripes: Caucasian. African American. Hispanic. Asian. Geographically, almost all of these death traps were in Asia.

In my fourteen-and-a-half years there, I worked with many dedicated people who continue, today, to fight against horrific odds (inadequate funding and staffing, danger in the workplace, shifting political winds and policies). This is the story I want to tell.

What follows is my memory of life as a social worker on the frontlines of the Department of Veterans Affairs.

Chapter One

THE LITTLE SHOP OF HORRORS
2002–2003

The Veterans Health Administration, America's largest integrated healthcare system, consists of 1,250 healthcare facilities—including 172 medical centers and 1,069 outpatient sites of care operating clinics, hospitals, centers for community living and readjustment counseling services. I was once part of that system.

Each year, the VA nationwide serves 9 million enrolled veterans.

The West LA campus is the largest VA facility in the U.S. Stretching across 400 acres, it is like one country with two cultures, divided by Wilshire Boulevard, one of the principal east-west arterial roads in Los Angeles.

To the north is the "mental health side," where veterans are treated for disorders such as schizophrenia, severe depression, post-traumatic stress disorder and addiction. The buildings are old, if not crumbling. My placement there was the Domiciliary, which started as an old soldiers' home in the 1930s but evolved into a residential treatment program, or holding cell, for homeless veterans.

To the south is the Medical Center, a six-floor modern monolith which provides traditional inpatient and outpatient care as well as an array of specialty services, such as the poly-trauma clinic, for veterans with traumatic brain injury (TBI), one of the signature marks of our wars in Afghanistan and Iraq; and the Women's Clinic.

Overall, the West LA VA campus looks like a university in default—a cache of concrete and stucco buildings tucked into Brentwood, a swanky spot on LA's affluent West Side. The main

neighborhood drag is San Vicente, a broad, busy boulevard that virtually glitters with chic clothing boutiques, coffee boutiques, workout establishments (Soul Cycle, Orange Theory) and trendy cafes. Once, after lunching at the famed San Vicente Tavern restaurant (built upon the ruins of a Hamburger Hamlet), President Obama waved to the troops across the street.

This is not Beverly Hills, 90210. This is Brentwood, 90409.

Newbie

I was a novice, and everyone could tell. I'd seen Hollywood, Berkeley, New York and LA. I'd accompanied my husband on journalistic jaunts across Southeast Asia. But I'd never seen the Veterans Health Administration. The parking lot, an asphalt square encircled by weeds, was a showcase of bumper and window stickers: Proud Marine. Khe Sanh 1964. U.S. Army. MIA. POW. Airborne, followed by a line of numbers. None of it made sense.

The cars themselves told tales, but it took me a year or so to decipher them. There were abandoned jalopies jacked up on wooden planks, like lifeless whales speared and washed ashore. There were cars and trucks permanently parked, no driver in sight and not a wheel moved for days and months. These were signs that the owner had died, was in jail, or had no money for gas or professional repairs. By contrast, there were sleek, new models (green Jaguars, gold Cadillacs) that meant the owner had come into a trove of government money, and spent it at once.

That first day, I was to report to the Opiate Treatment Program (known as OTP), at 7:00 a.m. The first thing within view was a pair of cop cars with flashing lights parked halfway up the lawn, just before the entrance. Inside the building the two cops, each grasping an arm of a pale, skinny, disheveled guy in handcuffs, escorted him down the long hall to their car outside. Someone on the sidelines shouted, "How ya doin', man?" Hands cuffed behind his back, he

attempted a small shrug. It was the first time I saw a man up close in cuffs.

The Opiate Treatment Program, as its name suggests, helps veterans detox from heroin or prescription opiates (Vicodin, Norco, Oxycodone). There, methadone (a prescribed opiate) is dispensed to ease symptoms of heroin withdrawal (joint aches, stomach pains). Some are actually on methadone maintenance—those whose risk for relapse is so high, and their addiction so severe, they might die if detoxed from both heroin and methadone. Instead, they take a daily dose of liquid methadone, dispensed at the clinic (later on there might be "take-homes"), and do so sometimes for years, even decades, while leading productive lives. (Today there are newer, more preferred medications, such as buprenorphine, otherwise known as suboxone). Many of these men (and a few women) had addiction problems prior to their military service that intensified during those years. Others, particularly the younger set, developed substance abuse problems as a result of mental health disorders, such as post-traumatic stress disorder (PTSD), incurred during their periods of service.

That first day in September, 2003, and every day thereafter for six months, I walked through the clinic door and whisked by a line of guys waiting for their methadone hand-outs. Every day, it was the same. One by one, in smooth but rapid succession, each veteran would step up to the window; reach through the small opening to retrieve a Dixie cup filled with methadone; carry it to his lips; toss his head back; and swallow, in one gulp. The pharmacist's face, visible through the window, looked solemn and grim—like a TV actor playing a forensic scientist on "Law & Order." He alone was allowed entry into this treasure trove of opiates, which added to its mystery and allure. How I wanted, sometimes, to line up for a dose—just once! They say if you've never done heroin or methadone, a tiny hit of this liquid opiate will make you high.

My job at OTP was to conduct "biopsychosocial assessments." These are the lifeblood of the VA—formatted questionnaires used to establish a patient's medical, psychological, and social history. For me, they were easy to do. I had authored two books, written many magazine stories, and held a Master's degree in journalism (in addition to social work). I was a speed demon at typing. But as a newcomer to the addiction field, there were some odd job-specific skills to learn. For example: How to conduct an interview while the subject is doubled over in abdominal pain because he's withdrawing from heroin. How to refrain from offering a tissue to a patient with a runny nose (he isn't crying or having an allergy attack; he's withdrawing). How to ask a former warrior if drugs made him impotent or killed his libido. My go-to formulation was, "Are you heterosexual?" (If "yes," we moved along unless he commented further.) My favorite response, from a Vietnam vet who pounded the wall with his fist: "Me?? Rock hard!"

Proceed with Caution

This was my first hour of the day. Then I would move to the program next door, known as RTC (Recovery Treatment Center). That first day, walking down the long, dark hall, I felt profound disappointment. So quiet! So calm! Where were the patients and staff!? Sure, it was a small program, but was this the wrong place?

Then the silence was broken. I heard a woman shouting: "You lousy, pudgy loser! You used to get girls but they don't want you now! You dragged your whole family in with you, crying, and you don't even care!"—in a mental health care/substance abuse treatment facility??

I continued down the hallway, now with dread, until it ended in a set of double doors shut tight. An oddly narrow, vertical window was built into each door. I soon learned that all of the office doors had these windows, everywhere at the VA, and that they served a

dual purpose: (1) to ensure privacy; and (2) to guarantee that, in the event of patient violence, passersby looking in could come to the rescue. This harkened back to that first day of graduate school, when social work professors urged against wearing tight skirts and high heels, which could hamper fast getaways.

The doors cracked open, and for a moment the profanity-laced screams grew louder, then stopped. This was the "day room," a large, gymnasium-like space with very little furniture and big voices echoing throughout, thanks to great acoustics. A dozen men seated in a semi-circle stared back at me. (Months later, they laughed at how I looked—"Like a deer caught in the headlights.") Well, they were right. The closest I'd come to guys like these were black-and-white photos, on the walls of my parents' post office, marked "WANTED." How I loved to stare at them! (My first fascination with Bad Boys.)

The back of a woman was facing me, as she was turned away, staring hard at the guys—obviously the group facilitator. This was Dr. Isobel Dalali, lovingly called "Dr. D," in one of her renowned group therapy sessions. She was an unlikely program boss: age seventy at least, with a gorgeous face slathered in pancake make-up, eyes ringed by thick black liquid liner, peroxided hair slicked into a severely tight bun, and a leopard-print scarf draped around her neck. She turned and waved me in without a word. A former model (of hats and gloves—too short for the runway), Dr. D held a PhD in psychology from UCLA. But it was years before her move to LA, at the University of Minnesota, that she was inspired by her mentor, famed behavioral scientist B.F. Skinner, to someday launch RTC, one of the first residential substance abuse treatment and rehabilitation programs on the West LA VA campus. Throughout thirty years of government service, she had become a legend: a diminutive dynamo with a big mind, a big mouth, and a big heart; a career government worker with true star power; a woman born into wealth who chose to work with the hardest, toughest, most recalcitrant and

recidivist men at the VA… and who was able to make them cry. To some administrators, she was a liability. To some veterans, a savior. To many, the pain of her harsh ways was worth the price of admission to a sober future.

Attack Therapy

If you came of age in the sixties, you have heard of Synanon, one of America's first community drug treatment programs. It touted an alternative lifestyle as well as instruction on how to live drug-free (e.g., drop out of mainstream society, tune in to the counterculture). Founded in 1958, the core Synanon belief was that in order to become substance-free one must break free of the past; that every addict hides behind a brick wall of defensiveness and denial; and that the wall must be torn down, using blunt instruments. Thus, the "Synanon Game" was born, a therapeutic technique in which a patient sits in the center of a circle of peers who offer sharp criticism, even attacks, so as to tear down, then rebuild his character. This method was billed as truth-telling.

Twenty years later, the program began to decline. In 1978, its founder, Charles E. Dederich, was arrested for drunk driving. Then he pleaded no contest to charges of conspiracy to commit murder (by helping place a four-foot rattlesnake, minus its rattles, in the mailbox of a lawyer who had been litigating against Synanon). Dederich was also arrested for an alleged stock fraud scheme. In 1991, the program finally collapsed under the weight of controversies and criminal charges, including acts of violence (beating juveniles referred there by the California courts) and corruption (the Internal Revenue Service sued for $17 million in back taxes, whereby all Synanon property was confiscated and sold).

The Recovery Treatment Center was highly derivative of Synanon. Also known as "attack therapy," this interrogative style suited some vets, especially those with long histories of relapse and long rap

sheets to match. RTC was their last resort; one more mess-up would lead to death, jail or both. Accordingly, the program capitalized on tough love and strict discipline, and had many prohibitions, such as: No talking to anyone not in the program. No venturing outside the VA gates alone, or without permission. No talking to women. No talking back to authority. And more. There were multiple mandates: Walk in group formation. Sit up straight. Make your bed, military-style (so that a coin can be bounced off the corners). Follow all directions, unquestioningly.

To achieve compliance, she used techniques to foster humiliation: Walk like a duck. Sit in the corner on a stool, wearing a dunce cap (I only heard about these—by the time I got there, she'd grown softer, with commands like: Sit on the group sidelines. Write the same apologetic statement 100 times). It all seemed unduly harsh, maybe even abusive; but in 2003, there were few widely used and accepted treatment alternatives. Alcoholics Anonymous was already more than fifty years old, and in 1958 alcoholism had been labeled by the American Medical Association a "brain disease." But the stigma of weak moral character, rather than genetic and environmental influences, lived on. I still remember my parents' reaction when a distant cousin, a hard-luck, would-be actress-model ten years older than I, mailed notices of her upcoming appearance in a play performed at Synanon. The enlightened Marxist and his dedicated wife snickered—and did not see the play.

Dr. D was brilliant. She could take the most seemingly trivial behavioral detail—leaving a light on, forgetting to make the bed—and concoct it into a tale of impending relapse. For example: Ken R failed to turn off the lights in his room. "Why?" she said, hectoring him in group until he admitted his wrong. He explained that he "lost focus" when his wife called, begging him to quit programming and come home. If you were sloppy enough to forget the rules, she said, if you didn't know right from wrong, or didn't care which was

which, you were likely to slip into relapse mode and wind up right back where you started… or dead.

For a long time, I thought this was madness, but after a few months I came to understand her technique. Imagine finding yourself parked in the driveway at home. You're there! You barely remember driving, and yet you didn't run lights or cause a crash. You were subliminally aware—so sure of the rules, so used to following them for so long—that safe driving protocol was embedded in your brain. Now apply this line of thinking to addiction: You practice sober behaviors so many times, so often, that you don't have to think about saying "no" to the drink or the drug. Just as your knee bounces back when the doctor tests your reflexes, so does the sober mind.

The end justified the means. No practice was considered too harsh if it led to sobriety. There were many confrontational groups. One was called "logging." All day every day, patients were mandated to observe others' behaviors, note "slips" or rule violations, and record them in the big, thick, odious "log book." Then in group, each veteran who wrote a citation had to read it aloud to the accused, in an odd kind of spectator sport, with patients like ringside spectators to a gladiatorial contest. Logging was supposedly aimed at helping vets abandon bad habits cultivated on the street and in prison—"snitching" was transformed into truthfulness.

Such was Dr. D's version of Skinner's radical behaviorism, based on the core belief that behavior is a consequence of environment and reinforcement. Accordingly, she believed that a changed environment would induce and reinforce behavioral change. But did that changed environment justify maintaining a police state?

For less stable veterans, her extreme punitive style could be traumatic. When you throw a vase to the floor, will it shatter into tiny fragments? Or can it be pieced back as a whole? You could never tell, in advance. Suddenly, a veteran might begin to wither under

verbal siege—neck veins bulging, eyes misting, knees bobbing from nerves. Suddenly he would rise from his chair, rip his cardboard name tag to shreds, and walk off, never to return.

John C was one such case. The trouble began when he cut a corner of the crosswalk and fell out of formation. The men had been marching to a Thursday night meeting of AA, as they did every week, three miles down San Vicente Boulevard to the Brentwood Presbyterian Church. The meetings were one of the high points of each week. There would be lots of women with high-end cars, high fashion clothes and breast implants that bounced like basketballs when they sobbed. The vets dubbed it "Silicone Valley."

"What were you thinking?" Dr. D roared when John's violation was reported in group. "What took away your attention?" Withering under her prosecution, John confessed: It was the sight of a woman's "hot, tight ass." He admitted to "reckless eyeballing"—this was VA-speak for the way men leer at women as sex objects. And so, Dr. D devised a punishment befitting the crime: John was to walk inside the therapy circle, stop closely before each seated individual (staff too) and wait for each to guess whether he placed his genitals to the left or the right of his zipper. Her point, obviously, was: See how it feels to be sexually humiliated and harassed!

This was one of the rare moments I was truly shocked. What would people outside the program say if they found out? Or social work professors? Or family? I panicked, and when John got to me, I turned my head aside, refusing to look. He proceeded to the next person and went on until completing the round.

The next morning, Dr. D confronted me: "You're a prude! So prissy!" I did not object. I did not say that this former Berkeley girl had seen a crotch or two—or more. I did not say that it was ethical judgment, rather than squeamishness, which made me look away. I let her vent. She was *not* a force to be reckoned with—not at age seventy, after decades of clinical practice.

A few days later, John C left the program. A year or two after that, we met up, by chance, in the hospital cafeteria, where he was working as a food server. The past did not come up, but he looked like he was doing well.

I confess: At other times, I was complicit in the humiliation. Could I have objected more, and sooner? Sure. But I was new to the field. For all my life experience, it would take time to develop a sound therapeutic style and learn to balance program rules with humaneness.

Attack therapy is pretty much maligned now. RTC was dissolved just a few years after Dr. Dalali's death in 2012. Serious efforts have been made to ensure more appropriate, careful referrals that better suit prospective patients' needs. In 2017 the NIAAA (National Institute on Alcohol Abuse and Alcoholism), for example, launched its "Alcohol Treatment Navigator," a series of questions and quality indicators that would, effectively, help people steer clear of such treatment protocols. Even the mass media caught on. In June of 2018, *The Washington Post*, writing about the Alcohol Treatment Navigator, referred to how "in low quality treatment programs, individual and group counseling is composed largely of unstructured, unproductive chat or *aggressive confrontations designed to shame patients.* Fortunately, there are structured, evidenced-based psychotherapies with higher levels of effectiveness." Down with tough love!

This is a good thing, and it's global. In 2001—just before I started at the VA—therapists from twelve treatment centers in Thailand jetted off to Santa Monica, California, then headquarters of the Matrix Institute for substance abuse recovery, to get state-of-the-art training. The country's drug epidemic had been worsening. Methamphetamine had replaced heroin as the drug of choice. It was time for a new approach.

Fourteen years later, the trend continued. In February 2015,

a report of the *International Journal of Drug Policy* reported that: "Over the last three decades in response to a rise in substance use in the region, many countries in East and Southeast Asia responded by establishing laws and policies that allowed for compulsory detention in the name of treatment for people who use drugs. These centers have recently come under international scrutiny with a call for their closure in a Joint Statement from United Nations entities in March 2012." It highlighted that "A change to an evidence-based approach is taking place in several countries in Asia."

Other treatment trends today are traditional Eastern practices aimed at stress-relief: meditation, yoga, tai-chi. Veterans love tai-chi. Not so much yoga—too girlish!—but tai-chi is both calming… and a martial art.

Cease and Desist

Things were less combative in "Goals and Directions." This was a group focused on public speaking skills—kind of like Toastmasters, but for veterans. Dr. D assigned me to facilitate. It was a good fit. A former child actress, I knew a few things about speaking clearly and projecting personality.

Each morning I guided the guys through their individual routine: step up to the dayroom podium; state your name and drug of choice; then state your goal for the day (being honest, not using drugs or alcohol, making amends). I prodded them to speak clearly and with conviction, but they had a tough time. Public speaking takes confidence, which most of them lacked due to years of drug abuse, childhood abuse, abandonment and violence. But they tried, admirably, and took enormous pride in their progress. Lloyd, a fifty-six-year-old crack addict, actually cried when he completed the program. "You don't know what it meant to me to be able to speak like that!" he said. "I could never do it in school." It is a common adage that addicts cease to develop emotionally, psychologically and

socially from the moment they start abusing drugs. This is because, rather than learning from life experience, they hide behind a high. The joy of emerging into the light, center-stage and sober, thrilled both them and me.

Overall, this RTC stint was a fabulous foray into social work. Every day, a rush of uncensored, unadulterated emotions coursed through my veins: Guilt. Shame. Anger. Desperation. Sincerity. Fellowship. Healing. Empathy. Triumph. It was life on the edge, exhausting and exhilarating. Like a soldier in combat, I was addicted to the high.

Lessons Learned

What I learned those first six months stayed with me for the next fourteen-and-a-half years.

I learned that to feel complacent could be dangerous, if not fatal. The men of RTC were, if anything, overly compliant. They emptied trash cans. They cleaned sinks. And they never complained. Criminals? These guys? Said a supervising social worker: "You're seeing them clean!" He reminded me that drug abuse leads to crime, and that these sweet men were capable of great violence in their desperation for drugs. Then when he saw my social work license, framed and propped on top of my desk, he grabbed it: "Are you crazy? Don't display your home address! Do you want to lose your furniture—or your life?"

I learned to take no credit for patients' successes or failures. I learned that at best I could be their guide, but the hard work of getting sober was on them. And I learned never to predict outcomes. One day I might enjoy a great therapeutic rapport with a patient, only to learn the next morning that an hour or two later he had gotten drunk and taken off. As they say in Alanon, the AA sister program for friends and families of alcoholics: "You didn't cause it; you can't control it; and you can't cure it." You can only try to help.

I learned, up close and personal, that relapse is part of recovery. Very few patients stay clean on their first try. It could take months, years, and innumerable programs to, as the saying goes, "hit rock bottom." I learned to think that he who relapses after twenty years is: (1) someone who enjoyed considerable success, and (2) someone currently in trouble. I learned, too, never to convey disappointment or disapproval to someone struggling with addiction; it would further discourage the patient by lowering his self-esteem.

I learned that my veteran patients were not my friends. I learned to maintain boundaries, and that while self-disclosure serves a therapeutic purpose—you reveal a little, the patient tells a lot—it can morph into "too much of a good thing." Share an intimacy, like a fight with your spouse, and a veteran will make good use of it, playing mind games and manipulating you for personal gain.

I learned not to add too many personal touches to my office. Lewis, a middle-aged truck driver with diagnoses of crack abuse and bipolar disorder, seemed oddly fidgety his first time in my office. "I used to kill cats," he said. "I would drown them sometimes in the bathtub and watch them die. It gave me a sense of power, I guess." Surrounded by my cat mugs, cat calendar, and Asian art works featuring cats, Lewis was unnerved. He probably felt ashamed (amazing that he confessed his crimes to an obvious lover of fabulous felines!). Nevertheless, we still had to work together, which was hard for us both. I got rid of every object and artwork in feline form.

I also learned some very important VA lingo, including:

- *normie*: someone who doesn't ruin their lives by abusing alcohol or drugs. Someone who has a car, a job, and a mortgage. Me. You.

- *hoochie mama*: a hooker. A woman who is NOT a normie. She wears sky-high stilettos and micro-minis.

- *classy woman*: opposite of the above. A woman who dresses like a professional, gets manicures, and never, ever sits like a "crack whore," legs wide open to invite men in.

- *drug of choice* or *DOC*: whichever mind-altering substance the patient loves most; therefore, the one that does him greatest harm, whether crack, alcohol, heroin… whatever. Many patients abuse multiple drugs simultaneously (crack for the excitation, alcohol to calm down; marijuana for the calm, meth to perk up). Others have no preference. Ask, "What's your drug of choice?" and they say, "What you got?"

- *three hots and a cot*: three warm meals and a bed to sleep in, which constitutes a homeless person's bottom-line. Sometimes this phrase is used disparagingly, to describe the veteran who doesn't give a hoot about recovery and "just" wants a hand-out.

- *stinkin' thinkin'*: disturbed, unhealthful, circuitous cognitive patterns unique to addicts and alcoholics, usually resulting in relapse. For example: "I've already blown my sobriety, so why stop now?" "I can quit. I've done it many times." "I only binge on weekends." These phrases travel, even to the Betty Ford Center.

In 2005, Dr. Dalali was given a Congressional Medal in honor of thirty years of VA service. A year later, she retired from the VA. Granted emeritus status, she continued to teach one or two groups a week until 2012, when she died of pancreatic cancer while working on her memoirs. This woman, a pioneer in the recovery field, remained dedicated to the cause to the end. For that, I admired her.

End of an Era: The Funeral of Dr. D

I squinted on the way to the chapel. It was an exceptionally sunny, bright, crisp December day. The sun's glare cast an almost psychedelic sheen on the manicured expanse of emerald lawn. Guys huddled on the chapel steps, hugging and asking, "Are we gonna make it?"

I felt sorry for them. They had lost their Higher Power. Their Divine Leader. Their Chairman Mao and Ho Chi Minh.

Suited up and sober, they filed down the aisle to their seats, a few high-fiving me while passing by.

The back pews were Relapse Row. Here sat the gaunt, the unshaven, and the obviously unwell. They stared at the floor and did not mingle. I knew why, of course. Many a vet boasts about never going to church drunk or high. So they skip church. But as this was a special, one-time event, they came as they were.

As I stood by my seat before the ceremony started, someone tapped my shoulder. It was a middle-aged white guy in a suit. I didn't recognize him, until he said his name. His full name. Then I remembered him: Ron R, the lone Jewish vet I had encountered at RTC—one of the very few Jewish veterans anywhere at the VA, in fact. Ten years earlier, in group, he had talked about stealing his parents' TV, pushing it in a shopping cart to a pawn shop and selling it for drug money. The vets listened and laughed. "We've all been there," one explained. "It's a kind of nervous laugh." Then another voice rang out: "At least he didn't take his kids' Christmas presents from under the tree!"

Ron R said he was doing well. He had the looks and bearing to match. He claimed to be ten years sober. He had a job and a wife. When he introduced us, she smiled, eyes cast downward, a silent worshiper in the recovery world. Said Ron R, with deep intensity in his voice and eyes, "I have a life. And I owe it all to Dr. D."

Lift-Off

After six months as a contract worker, I accepted an offer to become a full-time VA staff social worker. My new placement would be the Domiciliary, building 217. Known as "the Dom," this was actually a two-building (217 and 214), 280-bed residential program for veterans who were homeless, addicted to drugs and alcohol, and chronically mentally ill.

I had misgivings about leaving RTC. I'd grown attached to the small, dysfunctional, family-style program. It was at once claustrophobic and protective. By contrast, the Domiciliary was the hub of the VA, with spokes radiating to every program, clinic and ward on campus. But the VA wheel moves slowly, in circles, over a time-worn, rutted road. From the start, I feared being crushed beneath its bureaucratic weight.

I'd heard stories about the dangers that lurked beyond, like the one about the ultra-confident psychologist who insisted she could singlehandedly manage a wildly erratic veteran with an extensive history of violence. One day, during a one-on-one closed-door session, the patient beat her up. She survived, and even stayed on at the VA, but transferred to the women's clinic.

In addition, I didn't want to leave the field of substance abuse.

My RTC supervisor, a young upstart social worker destined to go on to bigger and better things at other VAs across the country, set me straight with this simple proviso: Where there is homelessness, there is substance abuse. Think about it: Did homelessness lead to mental illness and drug abuse? Or did drug abuse lead to homelessness? Wherever it starts, what follows is a downward spiral.

"You'll see plenty of drugs there," he said, "just like everywhere else at the VA."

You can say that again.