

The Reverse Boot Camp White Paper

Empowering Veterans for Life after the Military

18 July 2016

"The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive Veterans of earlier wars were treated and appreciated by our nation."

— *George Washington*

Foreword

Jason Roncoroni is a retired Army Lieutenant Colonel with 21 years of active duty service. A former battalion commander and aviation officer, he served three combat tours (33 months) in Afghanistan. Today, he works with public, private, and non-profit organizations seeking to end the problem of military related suicide.

A Reverse Boot Camp is essential for the military transition to civilian life. This white paper describes how a structured process (“Reverse Boot Camp”) would enhance the wellness of our nation’s Veterans and reduce the suicide rate in the Veteran population. Further, it outlines the rationale for this effort and makes a compelling case for why it must begin now. Lastly, this paper describes how this effort is both a symbolic and substantive change to the current military approach utilized to transition military personnel from service.

Symbolically, the phrase “Reverse Boot Camp” sends a powerful message both within the military and to external audiences. Internally, it demonstrates a commitment to the long-term wellness and success of the most valuable resource in our military – our sons and daughters who volunteer for service. Externally, the implementation of the Reverse Boot Camp will demonstrate the potential of Veterans to become valuable assets across our society. The proposed model will enhance continuity throughout the transition process and will encourage more active communication between the Department of Defense and the Department of Veteran Affairs.

Substantively, the Reverse Boot Camp represents a comprehensive, proactive approach to achieve wellness, optimize career potential, and ease the reintegration of service members into a new societal role. It also eliminates the stigma of mental health support by incorporating assessments, monitoring, and wellness programs as mandatory activities for all service members. As a collaborative initiative, the Reverse Boot Camp leverages institutional, non-profit, and community programs as a coalition of services to help departing service members discover a post-military life of empowerment.

The journey for every new Veteran begins with transition from the military. Optimizing the health, wellness, and condition of the Veteran community demands an improved approach to transition. The Reverse Boot Camp embodies this improved approach and serves as a foundation for future generations of Veterans to excel in a post-military, civilian life.



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The Reverse Boot Camp

“If warriors are returned home having had better psychological and spiritual preparation, they will integrate into civilian life faster and they and their families will suffer less. But the more blurred the boundary is between the world where they are acting in the role of God and the world where they are acting in an ordinary societal role, the more problematical the reintegration becomes.”¹

- Karl Marlantes, Author, USMC Veteran

Executive Summary

The suicide epidemic in our Veteran population is an unacceptable tragedy. Solving this problem requires a proactive process to better prepare service members for life after the military. The military uses the proven model of Basic and Advanced Training, or “Boot Camp,” to transform a high school graduate into a warrior. “The Reverse Boot Camp” program would apply an analogous structure and rigor of the Boot Camp to transform that warrior back to civilian life. This program would optimize mental health, translate military experience into marketable skills, utilize professional career services, and instill confidence through an inherently stressful and unfamiliar period in the life of the service member. The Reverse Boot Camp (RBC) would exploit synergies and optimize programs between the Department of Defense (DoD), the Department of Veteran Affairs (VA), Veteran Service Organizations, and non-profit organizations that serve the Veteran community.

The unprecedented demands on a shrinking, all-volunteer force during this period of global uncertainty emphasize the importance of showcasing the lifelong advantage of military service to attract the very best recruits. To do so, we must change the conversation about our Veterans from one of struggle to one of achievement. The RBC provides that process to connect service members to the programs essential for discovering a post-military path to success and empowerment.

The Problem

The suicide rate among Veterans reveals our failure to support those who swore to protect this nation. The most recent VA report on Veteran suicide estimates that 20 Veterans died by suicide each day in 2014.² “Since 2001, U.S. adult civilian suicides increased 23%, while Veteran suicides increased 32% in the same time period. After controlling for age and gender, this makes the risk of suicide 21% greater for Veterans.”³ Since the beginning of combat operations after 9/11, suicide has surpassed combat as a cause of death among military service members.⁴ Today, suicide is the most lethal threat facing our military, our Veterans, and their families.

Our service members today should represent the very finest civilian leaders across our nation tomorrow. Setting the conditions for a successful life beyond the military begins with the

transition process. Building the right transition program is the most significant investment we can make to improve the welfare in the Veteran community and address the pervasive issue of military-related suicide.

The DoD has improved the transition requirements over the past decade. However, these efforts are insufficient to meet the needs of our service members and families.

Lack of Continuity. The transition process begins in the DoD but ends in the VA. Service members leave the familiar processes of the military and enter the unfamiliar protocols and procedures of the VA. The lack of continuity contributes to the relatively low active enrollment (about 40%) for Veteran health benefits.⁵ Ending support from the DoD while navigating new procedures and constraints for entitlements from the VA increases the risk of interruption or disconnection of benefits.

Incoherent Focus. The current transition program is largely a self-paced collection of general tasks and group briefings as opposed to a structured process tailored to assist Veteran adjustment to a civilian life. Also, certain military jobs inhibit the service member's ability to properly complete the random array of tasks. Lack of a thorough, structured program of transition increases anxiety and the potential for overlooking latent mental, emotional, or other adjustment-related issues, which impact the health and wellness of Veterans after leaving the military.

Mental Health Stigma. According to an April 2016 report from the Government Accountability Office, the DoD perpetuates a stigma to mental health counseling.⁶ This bias discourages members from seeking the assistance they need while serving in the military, and too many service members recognize the need for assistance only after leaving the insulated culture of the military, if they recognize these conditions at all. Although some new initiatives provide continuity in behavioral health services, those programs are limited to ongoing mental health treatment.⁷ For transitioning service members not currently enrolled in a program of treatment, inadequate assessment and documentation complicates and extends the process to secure benefits through the VA.

Insufficient Stewardship. The current process lacks accountability from the DoD for the lifelong success of its members. By comparison, most colleges and universities offer professional career services for alumni that extends well beyond the student's graduation date. Alumni success becomes a direct reflection of the quality of the program and ultimately attracts more, competitive applicants and support for the institution. All Veterans are alumni of the DoD, but the military lacks a commensurate program of professional career counseling services. For this reason, too many Veterans enter the civilian labor force frustrated and dissatisfied. Nearly two-thirds of transitioning service members change jobs within the first two-years after departing the military.⁸ Increasing DoD accountability for the long-term success of their service members would improve the quality of career transition.

Why the Military Needs a Reverse Boot Camp Program

The United States has an outstanding military because of the exceptional quality of young men and women who volunteer for service. Consequently, Veterans should represent the very best citizens and leaders in our communities after their departure from service. The military experience should be one of growth. Instead of becoming an asset, Figure 1 reveals how our Veteran community has become a liability to our nation.

Social Issue	Non Veteran Rate	Veteran Rate	Rate Difference	Economic Cost Per Event	Incremental Total Cost in Veteran Population
Suicide Data (2014) ⁹	0.015%	0.035%	0.020%	\$ 1,164,449	\$ 5,123,367,862
Substance Abuse (2008) ¹⁰	4.4%	11.7%	7.30%	\$ 1,583	\$ 2,588,521,600
Dissolution of the Family (Male Divorce Rate 2014) ¹¹	3.6%	9.9%	6.3%	\$ 22,500	\$ 25,218,707,063
Mental Health Treatment (2013) ¹²	10.9%	32.5%	21.6%	\$ 3,702	\$ 17,831,273,839
Estimate of Veteran Incremental Liability - The cost deferred to society					\$ 50,761,870,364
The estimated economic impact is determined by translating the rate difference to the number of Veterans affected and multiplying that value by the economic cost per event.					

Figure 1: Estimate of Veteran Incremental Liability (EVIL)

The Estimate of Veteran Incremental Liability (EVIL) represents the incremental burden from Veterans on our nation. The estimate of more than \$50 billion represents a cost attributed specifically to the Veteran, and it is limited to the issues of suicide, mental health support, substance abuse, and dissolution of the family. This factor does not include other issues such as unemployment, homelessness, or collateral damage – the emotional hardship and associated struggle of family and friends. The excessive cost deferred to society suggests the need to re-examine how the military ushers its warriors back into society.

The difference in funding for transition programs compared to recruiting and entry training is disproportional to the point of neglect. During the peak of combat operations in Iraq and Afghanistan, the DoD spent approximately \$7.7 billion in recruiting and retention.¹³ For new officers and enlistees, the cost of initial and specialty training could exceed several hundred thousand dollars depending on the particular operating specialty.¹⁴ Clearly, the DoD makes a tremendous investment to attract and mold new service members to succeed in the most professional military in the world.

The lack of a similar investment for a service member’s transition back into society exposes a critical vulnerability across the entire military lifecycle. For FY 2017, the DoD requested \$1.5 billion for “Warfighter and Family Services,” a program that shares transition funding with four other programs.¹⁵ Even if all of the \$1.5 billion directly supported the transition of 250,000 service members, the DoD would still spend a *minimum* of 12 times more on inducting civilians into military service than it does on preparing these warriors to rejoin civilian society.¹⁶ The

lack of investment for a comprehensive program of transition defers the cost to our families and communities across our nation. By incorporating the RBC into the military lifecycle, we apply the same rigor used to create the best military in the world to then transform them into the best post-military citizens for our nation.

Why Now?

There are two reasons that we must act now.

First, military service has become increasingly demanding on the overall welfare of the member and his or her family. Our nation has been engaged in combat operations for more than a decade. The frequency, duration, and intensity of exposure to combat and related conditions caused from multiple deployments, combined with the normal compression of military service, creates an unprecedented burden on the total wellness of the service member and his or her family. As we continue to blur the distinction between the garrison force and wartime service, we require a deliberate program of transition for the Veteran as they begin a new life beyond the military.

Second, reliance on a shrinking, all-volunteer force in a rapidly changing global security environment requires our best-qualified citizens for military service. The military competes with universities and employers in the market for the most intellectually capable, physically fit, and patriotic candidates for military service. The constant media coverage on issues like suicide combined with the subsequent cost to society discourages enlistment in an increasingly competitive marketplace. To attract the best recruits, we need to change the conversation. A program that enables transitioning service members to excel in the civilian sector provides the testimonials to showcase the rewarding, lifelong benefits of military service. Achievement, optimum health, and opportunity post-military will attract recruits with the highest potential for the all-volunteer force.

Theoretical Model

The theory underpinning the model for the RBC is neither new nor unprecedented. Carl Jung characterized the military journey as a series of conscious and unconscious conflicts, and also outlined the process to enter a new life beyond the military.¹⁷ Joseph Campbell further developed this concept into the monomyth, a universal model of the warrior's journey across time, culture, and religion. This model provides the framework for mitigating the mental, emotional, and spiritual tension inherent throughout military service.

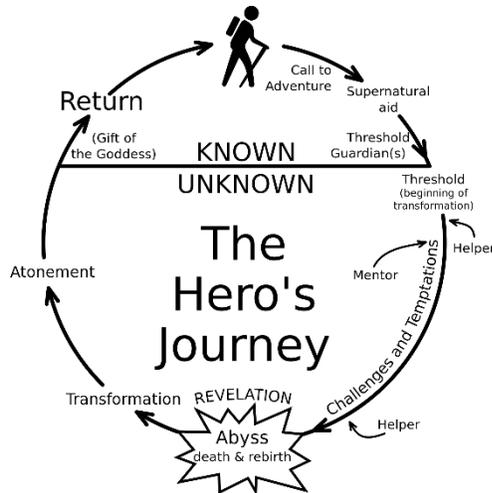


Figure 2. The Monomyth: A Model of the Military Lifecycle¹⁸

Applying the monomyth to frame the military journey presents a unique approach because it focuses on process. As shown in Figure 2, young men and women answer the call to service and volunteer to join the military. We initiate, indoctrinate, and train our warriors in the military culture. We condition them for war and deploy them to combat. We send them into “the abyss.” However, at the conclusion of their service, the warrior too often remains in the abyss – unable to reconcile trauma, guilt, shame, memories, or cultural differences. Only through a deliberate process of renewal can the warrior successfully integrate back into society. The RBC transition program provides our service members the opportunity for renewal and discovery of a post-military path to empowerment.

Strategic Vision

The post-military, civilian journey begins with the transition process for all Veterans. This process should therefore prepare the Veteran for an empowering life beyond the military. The structured process of the RBC would address health and wellness issues, translate military skills and experience for new career opportunities, and build confidence through continuity for entry into a successful post-military life. This initiative would mobilize the community of public, private, and non-profit entities to expand the current program of transition assistance. This program would begin several months before the service member departs the military and end sometime after the Veteran begins his or her civilian life. By building a process to help our service members discover a post-military path to empowerment, we set them on the trail opposite from the desolation and despair that currently encumbers our Veteran community.

Program Structure

As shown in Figure 3, the RBC would imitate the model of initial entry and follow-on specialty training for new recruits. Additionally, the program would include counselors – labeled “transition mentors” – to create and sustain a connection with Veterans through the entire process. Transition mentors serve as the conduit to mobilize all resources across the

community to support the transition process for the service member and his or her family.

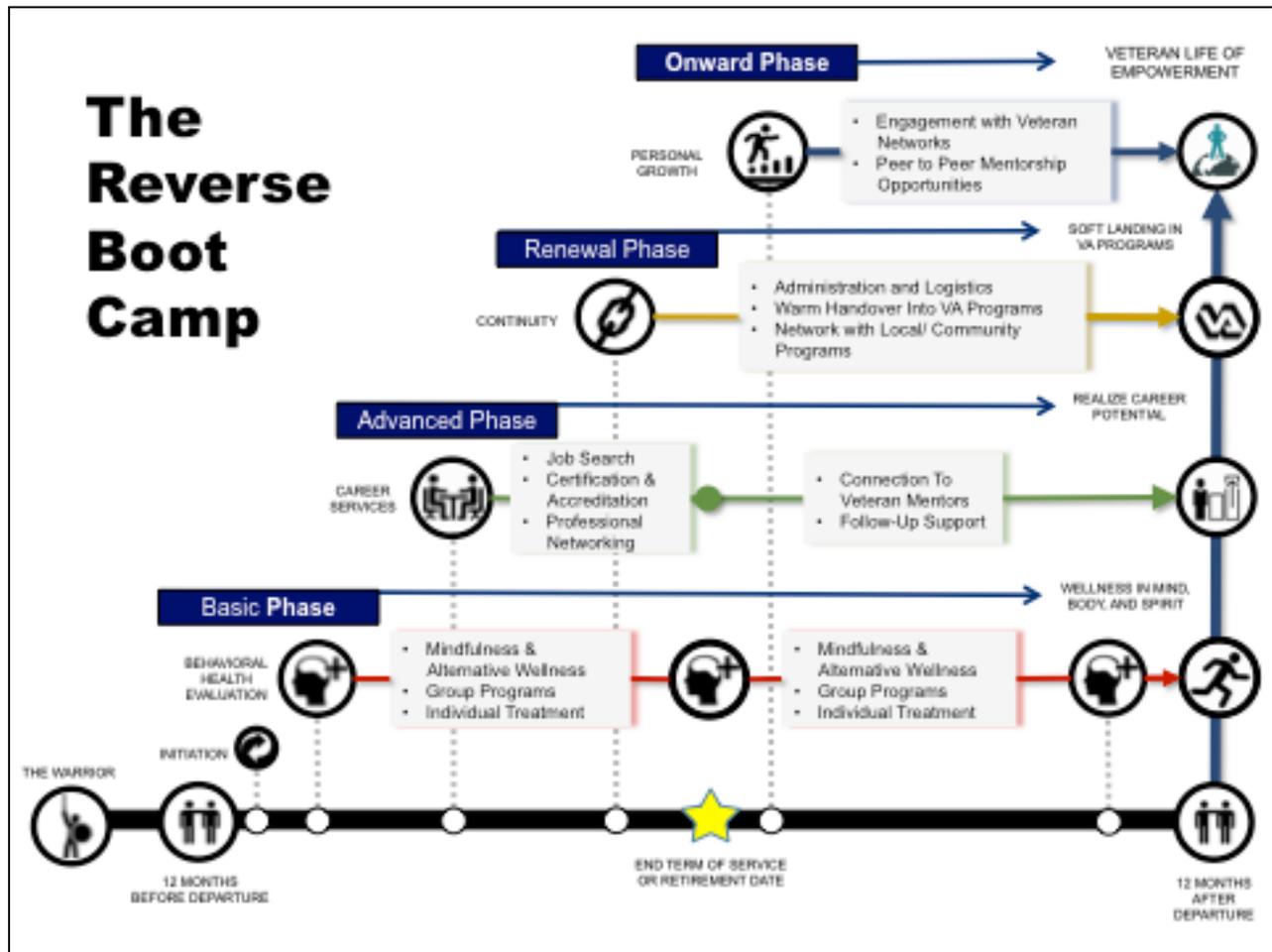


Figure 3: Reverse Boot Camp Model

Basic Phase. The Basic Phase addresses overall wellness. This phase prepares the service member for the civilian culture analogous to how Initial Entry Training introduces a new recruit to the military culture. Because the nature of war impacts the mental wellness of our service members, every service member would undergo an assessment and evaluation at the beginning of the transition process. The objectives of the Basic Phase include (1) evaluation and documentation of the mental health condition of the Service member, (2) participation in a proven program like Save A Warrior™, a weeklong initiation to prepare for the transition process, and (3) participation in both individual and group treatment and therapy programs to improve physical, mental, and emotional wellness. Initial entry training establishes the physical and behavioral foundation to begin military service, and the Basic Phase of the RBC would focus on the psychological and emotional wellness of the future Veteran as the foundation for a post-military life.

Advanced Phase. The Advanced Phase focuses on career transition. In the military, recruits attend schooling for specialty training after Initial Entry Training, and likewise, in the Advanced Phase of the RBC, service members would prepare for a new career by obtaining the certifications

and accreditations for the experience, skills, and competencies gained from their service. The objectives of this second phase would be to (1) obtain professional accreditations for technical skills and experience, (2) connect service members with career counselors to align expertise with personal and professional goals, (3) complete the essential career search tasks such as resume preparation, networking, and interview preparation. The Advanced Phase optimizes and expands the potential for the member to discover a rewarding and satisfying post-military career.

Renewal Phase. The Renewal Phase addresses final preparation for departure from service. In this phase, transition mentors would assist in completing out-processing requirements, provide individual life and transition coaching, and enable handover and enrollment into programs in the VA. The value of this phase is sustaining a trusted connection with the service member through the entire transition process. The continuity of support through the Renewal Phase will instill confidence during one of the most stressful periods of the service member's life.

Onward Phase. The Onward Phase is the final step to ensure any unknown, unmet, or newly discovered challenges are addressed through organizations in the local community or the VA. This final phase extends coaching support and connects newly-employed service members with Veteran support and mentorship programs from their employer and their community. This is the final conditions check across the domains of health, employment, enrollment into qualified programs, and social connection with Veteran organizations.

The Value Proposition

The creation of the RBC is both a substantive and symbolic change in the current process for military transition. The statistics from Figure 1 suggest the current, reactive approach has proven both inefficient and ineffective to meet the complex needs of the Veteran population. Engaging service members at the common point of entry for all future Veterans improves the likelihood of connecting Veterans to programs and services in the VA and their community. By making a commensurate investment for leaving the military as is made for entering the military, it represents an enduring commitment from the DoD to the lifelong welfare of its members. As a proactive engagement, the VA can better anticipate requirements to more effectively meet demands and help regain the trust and confidence from the Veteran population. As a preventative initiative to improve the wellness and potential of the Veteran population, the RBC program will achieve results at a far lower cost.

Implementation Strategy. Achieving this goal will require collaboration from stakeholders in government, private organizations, and non-profit entities. Further development requires the creation of a Task Force among institutional and non-profit partners to share best practices, develop the programs, allocate the resources, and implement the metrics for a pilot program to begin in as early as FY18. At the conclusion of a two-year pilot program, the DoD could begin a phased implementation strategy that could culminate before FY22. Through incremental implementation, collaboration, and accountability, this strategy provides a deliberate approach for experiential learning while providing much needed support for transitioning Service members.

Promoting Real Change in Military Transition

The RBC is more than just a cliché. This proposal applies process, structure, and support in one of the most challenging periods of a service member's life.

New Paradigm for Mental Health. The frequency, intensity, and duration of stressful events – like those experienced by members of the military – alter the physiology of the brain as part of the normal, neurological adaptive process.¹⁹ By acknowledging the expected consequences of repeated combat exposure, we fundamentally shift the burden for addressing behavioral health issues from the individual to the institution. The mental health culture will evolve from one of perceived weakness to one of acceptance and proactive intervention. Mandating all service members receive a comprehensive mental health evaluation at selected points throughout the transition process will (1) document and monitor mental and behavioral wellness, (2) relieve the stigma by transferring the burden from the individual to the institution, and (3) help anticipate health and wellness service demand in the future Veteran population.

Transition Cohort Group. Transitioning service members would be temporarily assigned on official orders to a cohort group similar to the process currently used in many installation training programs. This designation would remove any job-related conflicts that would ordinarily hinder the execution of the transition requirements. Transition is unique to each service member based on type of discharge, medical requirements, and accreditation support. Given these considerations, service members would be assigned a cohort to ensure sufficient time is afforded to accomplish all requirements of the basic and advanced transition program aligned with the service member's approved discharge date.

Transition Mentor. The transition mentor in the RBC fills the role analogous to the drill instructor from traditional boot camp. This mentor provides the bridge between the DoD and the VA. Service members would connect with a transition mentor at the beginning of the transition process who would stay connected with the service member for a period of up to 1 year after official departure from the military. As a coach and guide, this mentor provides a personal, trusted connection to alleviate the inherent and potentially overwhelming stress in the transition process.

Individual and Group Sessions. All transitioning service members would complete an initiation program to prepare and establish the foundation for the mental and emotional challenges to transition and subsequent integration into a post-military life. Also, service members would actively participate in a combination of individual and group programs to combine the benefits of peer support while providing service members the opportunity to participate in a wide variety of counseling, mindfulness, and therapy interventions. Some examples of group programs include REBOOT Combat Recovery for healing, Connected Warriors for mindfulness, and Operation Warrior Shield for transcendental meditation.

Professional Career Services. The DoD should provide career services of the quality and reputation of the most prestigious educational institutions across our nation. Transition mentors

would connect service members to career counselors from a wide variety of professions. These counselors would assist in the process of resume preparation, networking, and education for the desired career field. These career coaches would help prepare service members for adjustment into the civilian employment environment and corporate culture.

Accreditation. One of the most exciting benefits of the RBC is professional accreditation for experience, skills, and technical expertise acquired through military service. This program expands on current initiatives for technical skills and job certifications to include managerial and leadership accreditations such as project management, human resources management, professional coaching, etc. One example of such a program is Vets2PM which provides the training and support for Project Management certifications for military members. These certifications would more accurately communicate the capabilities of the Veteran and enhance his or her hiring potential in an increasingly competitive job market.

Lasting Community Engagement. The role of the transition mentor is not only to assist with the process of leaving the military but also to guide the service member into programs to support and enable their wellness and growth beyond the military. This includes facilitating a proactive engagement and enrollment into programs at the VA, but it also extends to helping the Veteran connect with programs, service organizations, and non-profits specific to their community.

Projecting Support Requirements. A structured program of data collection and analysis for the transition process could better inform health and wellness programs throughout the DoD and the VA. The analysis could help anticipate requirements across different Veteran cohorts to more proactively address the needs of the Veteran population.

Conclusion

Every year, approximately 250,000 Service members join the ranks of our Veterans. For every Veteran, the post-military journey begins with the transition process. The suicide epidemic and overwhelming cost burden on our society provide evidence for the failure of the current process. Implementing a new program of transition may seem daunting. The benefits of doing so, however, are far too significant to ignore. Improving the condition of the Veteran population requires proactive engagement that provides a structured process tailored to meet the personal needs of each transitioning service member. By reversing the proven transition model currently used to field the best military in the world, we can improve the condition of our Veteran population. Every service member will eventually become a Veteran. It is time to create a process-oriented program to enable our service members to discover a post-military path to empowerment and end the epidemic of Veteran suicide.

Notes

¹ Karl Marlantes, *What It is Like to Go To War*, (New York: Atlantic Monthly Press, 2011), 1.

² “VA Conducts Nation’s Largest Analysis of Veterans Suicide,” Department of Veteran Affairs, July 7, 2016, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2801>.

³ “VA Conducts Nation’s Largest Analysis of Veterans Suicide.”

⁴ William P. Corr, "Suicides and Suicide Attempts Among Active Component Members of the U.S. Armed Forces, 2010-2012: Methods of Self-Harm Vary by Major Geographic Region of Assignment," *Medical Surveillance Monthly Report*, October (2014): 2-5, accessed July 9, 2016, https://www.afhsc.mil/documents/pubs/msmrs/2014/v21_n10.pdf#Page=14.

⁵ Erin Bagalman, *The Number of Veterans That Use VA Health Care Services: A Fact Sheet* (CRS Report No. R43579) (Washington, DC: Congressional Research Service, 2014), 2, <https://www.fas.org/sgp/crs/misc/R43579.pdf>.

⁶ Brenda Farrell, *Additional Actions Needed to Enhance DOD's Efforts to Address Mental Health Care Stigma* (GAO-16-404) (Washington, DC: U.S. Government Accountability Office, 2016), 19-33, <http://www.gao.gov/products/GAO-16-404>.

⁷ “inTransition Program: FAQ for Service members,” Defense Health Agency, last modified January 13, 2015, <http://intransition.dcoe.mil/service-member-faqs#7>.

⁸ Derek Turner, “Vets Facing Difficult Transition to Civilian Jobs,” *Stars and Stripes*, n.d., <http://www.military.com/Veteran-jobs/career-advice/job-hunting/vets-facing-difficult-transition-to-civilian-jobs.html>.

⁹ The difference in suicide rate for Veteran and non-Veteran was obtained from print version of “VA Conducts Nation’s Largest Analysis of Veterans Suicide,” (<http://www.va.gov/opa/pressrel/includes/viewPDF.cfm?id=2801>). The cost to society for suicide was taken from the Center of Disease Control Website (<http://www.cdc.gov/violenceprevention/suicide/consequences.html>). The Veteran Population was taken from the National Center for Veterans Analysis and Statistics for the date of 9/30/2014 (http://www.va.gov/vetdata/Veteran_population.asp). The calculation is the difference in rate (0.020%) times the Veteran population for that year (21,999,108) multiplied by the cost factor from the CDC.

¹⁰ The difference in substance abuse statistics was provided from the National Council on Alcoholism and Drug Dependence, Inc (NCADD) on the following website: <https://www.ncadd.org/about-addiction/drugs/Veterans-and-drugs>. The cost factor was obtained from Office of National Drug Control Policy (https://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/investing_in_treatment_5-23-12.pdf) page 2. The population of Veterans used for 2008 is 22.4 million as taken from this report http://www.bls.gov/news.release/archives/vet_03202009.pdf.

¹¹ The dissolution of family calculation is based on the comparison of Veteran to non-Veteran divorce rates for males from 2014 (http://www.va.gov/vetdata/docs/specialReports/profile_of_Veterans_2014.pdf), slide 7. The estimate for cost of the divorce is the median value between the average cost of a contested divorce as published by legal zoom (<http://info.legalzoom.com/average-cost-divorce-20103.html>). The number of Veterans used was taken for the male population in 2014 from the same report: 17,790,975.

¹² The calculation for mental health treatment is based on 2014 data of VA Healthcare from <http://www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2014-qtr1.pdf>. The percentage of Veterans seeking mental health was derived from the percentage of Veterans in this report with mental health disorders (572,569 Veterans with mental health disorders from a population of 1,759,433 OEF, OIF, OND Veterans). The cost factor comes from the 2014 Mental Health Transparency Report (http://www.mentalhealth.va.gov/docs/Mental_Health_Transparency_Report_11-24-14.pdf) page 7. The percentage from post 9/11 combat Veterans was used across the entire Veteran population to get the economic cost difference for Veterans. The estimate of mental health illness for the non-Veteran community was taken from

<http://www.samhsa.gov/data/sites/default/files/NSDUH-SR200-RecoveryMonth-2014/NSDUH-SR200-RecoveryMonth-2014.htm>. The calculation of 10.9% was derived from the 34.6 million who received treatment divided by the population for that year 316,500,000.

¹³ Steve Vogel, “White House Proposes Cuts in Military Recruiting Budget,” *Washington Post*, May 11, 2009, <http://www.washingtonpost.com/wp-dyn/content/article/2009/05/10/AR2009051002172.html>.

¹⁴ Figure is based on an assessment of the combined cost of initial entry training (<http://wrair-www.army.mil/documents/pdf%20one%20paggers/epidemiology.pdf>) which is \$75,000 for a new recruit but considers the estimated cost of high end specialties such as special forces training (\$350,000-\$500,000 per trainee <http://www.nydailynews.com/news/world/navy-seals-freed-capt-phillips-pirates-simultaneous-shots-100-feet-article-1.360392>) and aviation training (could exceed \$1 million per trainee <http://www.gao.gov/archive/1999/ns99211.pdf>).

¹⁵ Office of the Undersecretary of Defense (Comptroller), *Defense Budget Overview: United States Department of Defense Fiscal Year 2017 Budget Request*, (Washington, DC: Defense Printing Office, 2016), pg 6-17, accessed July 1, 2016, http://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2017/FY2017_Budget_Request_Overview_Book.pdf.

¹⁶ The figure of 250,000 was derived from: <http://www.economist.com/blogs/democracyinamerica/2014/11/Veterans-day>. The comparative calculation divided the total for Warfighter and Family Services (\$1.5B) by the number of transitions (250,000). The value, \$6000 was compared to the Walter Reed estimate of recruiting, screening, and training Soldiers (<http://wrair-www.army.mil/documents/pdf%20one%20paggers/epidemiology.pdf>) which is \$75,000. Therefore, the ratio for investment is 12.5:1.

¹⁷ References to the hero’s journey from Carl Jung spans multiple essays including “The Psychology of the Child Archetype” and “The Conjunction”. As a combined reference for this paper, the following source was used from the New York Association of Analytical Psychology, <http://www.nyaap.org/jung-lexicon/h/>, accessed July 1, 2016.

¹⁸ Joseph Campbell, *The Hero With a Thousand Faces*, (Princeton: Princeton University Press, 1968), 210. The actual picture was taken from this website https://en.wikipedia.org/wiki/Hero%27s_journey, but is based upon the model in Campbell’s book on page 210. The picture included in this document is a simplified version originally used as part of a memo from Christopher Vogler who is the author of *The Writer’s Journey: Mythic Structure for Writers*.

¹⁹ S. Deppermanna, H. Storchaka, A.J. Fallgattera, C. Ehliisa, “Stress-induced Neuroplasticity: (Mal)adaptation to Adverse Events in Patients with PTSD- A Critical Overview,” *Neuroscience*, Vol 283 (26 December, 2014): 166.