

Community as partner, practitioner, and practice: A Model for Chicago Area Veterans transitioning
From military service to civilian status

**Community as partner, practitioner, and practice: A Model for Chicago Area
Veterans transitioning from military service to civilian status**

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Abstract

The Multi-Faith Veterans Initiative (MVI), MVI works within community to co-create safe spaces where former military service women and men, and their families, come together and support each other as they navigate the ongoing transition from military life to civilian life. Utilizing an asset - based community development (ABCD) collaborative design perspective MVI organizes veteran community hubs that involves veterans as both providers and recipients of services.

The model focuses attention on the identification and utilization of the various talents and skills veterans have acquired that can enhance their ability to transition into civilian status within the context of the communities in which they belong. We introduce the model's collaborative design process from a threefold lens that sees community as partner, practitioner and practice.

Key Words: multi-faith veteran initiative, asset based community development, partner, practitioner, practice, veteran hubs

Introduction

The Multi-faith Veteran Initiative (MVI), originally implemented as the Multi-Faith Veteran Support Project – began in 2014 by DePaul's Egan Office for Urban Education and Community Partnerships (UECP) at the request of the Robert R. McCormick Foundation. The Egan Office is an epicenter of innovative programs and project development at the university's Irwin W. Steans Center for Community-Based Service Learning & Community Service Studies and seeks to reflect the lifelong commitment to social and racial justice in Chicago.

The Initiative's origins was rooted in the emerging recognition of moral injury, defined as the internal conflict when one's moral code has been violated and is believed to

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be a contributing factor of the 22 deaths by suicide per day among veterans, totaling 6,138 annually according to the Department of Veteran Affairs (2018). Many veterans seek assistance for the physical health consequences of their service and/or resources pertaining to the logistics of their return (e.g. employment, housing...etc.), seeking mental health support remains stigmatized. Addressing the most intangible injury, “moral injury”, faith leaders and communities can play a vital role. In bringing together faith-based leaders, mental health practitioners, veteran service providers, pastoral care practitioners and other interested parties. The initiatives goal is to enhance the quality of life for veterans and their families, develop a proven and effective model that can be replicated and have significant policy implications. The initiative takes an asset-based community development (Engagement) approach that seeks to identify and connect the unique gifts that exist within a community. In this case, it is linking the gifts of veterans to faith communities and other key institutional and community resources that seeks to:

- Create a network of recognizably branded "veteran-friendly" faith-based organizations and houses of worship that are equipped with knowledge and skills to understand and address the needs of veterans and their families.
- Integrate houses of worship and faith-based organizations into local networks of social service providers.
- Raise awareness about faith-based resources for veterans.
- Equip, train and support those who are actively involved with faith-based and community-based organizations, to help them broaden the spectrum of local services offered for veterans and their families living in their communities.
- Promote the active role of veterans as valuable community assets.

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- Contribute to maximizing the use of resources and services currently available specifically for veterans
- Increase knowledge on the role of faith-based organizations and houses of worship in veterans' behavioral health and in informing policy.

Existing literature, the Egan Office for UECP own research and first hand reports from veterans that participated in community listening events demonstrates a need to increase access to community resources in addressing the invisible wounds of war and in particular issues related to moral injury among veterans and their families. Veterans and family members are often unaware of the resources, networks, collaborations, partnerships, and social capital that exist in their own communities. On the other hand, existing resources are often poorly coordinated and under publicized to veterans, compounding the realities -- and misperceptions -- of resource-starved communities (American Community Survey, 2012; Spont, et al., 2015; Tsai, et al., 2014. Accessing services is frequently cited as the most critical transition issue confronting veteran and veteran families (Armstrong, McDonough & Savage, 2015).

As a community-anchored, faith-based, veteran and veteran family member initiative MVI works in partnership within four community areas in the greater Chicagoland area: North, Mid-South, West and Far South, comprising a total of 17 local communities, which include eight churches and/or faith-based institutions. Currently three geographic area veteran hubs have been developed in the following communities, Bronzeville situated in Mid-South, Roseland in the Far-South and in the Austin community situated on the Westside of Chicago. Veteran hubs are defined as an organizing entity within the community. Veteran Hubs serve as a base of coordination, planning, and support for programs, activities, and initiatives within local communities and geographically-adjacent areas. A Veteran Hub develops collaborative relationships within a network of direct-service and community based partners which are located and/or serve adjacent communities. The primary goal is supporting and enhancing the transition

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process, from military service into the local community, for veterans and their family members. Applying an asset based community development (ABCD) (Kramer, Amos, Lazarus, & Seedat, 2012) methodology and community based wellness best practices to help address the social, economic, physical, and moral needs presented by community veterans and their family members. The Initiative's focus centers on a bottom up approach, rather than a client centered approach and views community-building through a threefold lens in its early conceptual stage of development, First, as a partner, the community provides companionship for the transition journey. Second, as a practitioner, the community provides access points to particular expertise needed at different points during the transition. Lastly, as a place of practice, the community provides a safe space through which to learn how to achieve goals while also having opportunity to participate in community building opportunities that consistently take place all around each veteran hub. The focus here is engaging community as the lead in 1. Identifying the types of services and/or assistance required by veterans, 2. Serve as the conduit for connecting veterans and veteran family members to resources accessible to them within the community and 3. Providing opportunities for veterans to participate in local community efforts to address a variety of issues impacting the community in which they live.

The Community

MVI defines community as dynamic networks of socially interdependent people linked by social ties, common goals, and actions based on shared discussions, shared decision making, and collaborative practices that are defined and nurtured by the community (Bellah, Madsen, Sullivan, Swidler, & Tipton, 2008). Within this context of-community, a central common goal is to work within geographically based, real-world networks, for the purpose of improving the active duty to civilian life transition experience for United States military service members and their families. Chicago is made up of 77 officially recognized communities as depicted below:

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Figure 1. Chicago's 77 communities ("City of Chicago police districts and community areas," 2016)

These 77 Chicago communities represent a wide range of demographics, social, and economic quality of life experiences. These communities also represent the geographically defined places U.S. military veterans return to once they and their family transition out of active duty service. The following is not taken directly but rather an example of veteran exchanges on facebook entered during the summer of 2018, on a site created for the Chicago veteran community.

Facebook Veteran site exchange (post paraphrased below):

New member: *I'm moving to Chicago – Stationed at Fort _____ right now...anyone have tips / other resources...I would greatly appreciate it. Looking to go back to school.*

Responder 1: *hit me up if you need a place to live.*

New member: *found an apartment in _____ neighborhood.*

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Responder 1: excellent area.

Responder 2: Just beware of all the public events in the area – on event days there will be hell to pay.

Responder 3: best advice is – don't... high cost of living only matched by the crime rate. Consider moving far enough away for better taxes while still being able to hit up the city when wanted.

The Facebook exchange is an account of an active duty service person transitioning to civilian life from military service. In this case the active duty service person had the presence of mind to conduct location specific research by joining a Facebook group for veterans. From our observation, this is a community conceptualized as a virtual group made up of individuals who reside or are connected to physical geographic, social, and economic networks. The new member, in this case, is being integrated into both a virtual and physical community, as evidenced by the friendly advice, cautions, and general displays of open communication among the exchange participants. As a community dynamic it models the type of inclusive, all are welcomed, environment that represents an ABCD approach to community building and collaboration. Each participant in this exchange brought something to the conversation in response to the request and interest of the community's new member. The Facebook veteran exchange also hints at the layered complexities that come with defining community and the working of community within this model. At best there is no one size fits all mindset that can effectively address the many and varied needs of veterans and their families. In Chicago the diversity of needs and interests of veterans and their families is often magnified by the differences in the social and economic realities among the 77 community areas that make up the city. In the above Facebook exchange the interplay between Veteran interest, diverse opinions, and community dynamics can be seen coming to the surface when Responder #3 offers a word of caution regarding the neighborhood choice of the New Member and positive endorsement by Responder #1 to New members neighborhood choice.

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The MVI network of communities is identified using the following geographic categories:

MVI Veteran Hub name	MVI Chicago Communities	Corresponding areas on map of Chicago
MVI West	Austin, West Garfield, East Garfield, North Lawndale	West Side
MVI Mid-South	Bronzeville, Englewood, West Englewood, Washington Park,	South Side & Southwest Side
MVI North	Rogers Park, Edgewater, Uptown, Evanston	Far Northside
MVI Far-South	Beverly, Morgan Park, Roseland, West Pullman, South Chicago	Far Southwest Side & Far Southeast Side

Figure 2. MVI Chicago communities' network (see figure 1 map)

Employing ABCD as an approach understands community as people, with individual skills and talents connected in various ways and pursuing a multitude of interest that are shared, complimentary, diverse, and unique, all at the same time. The best way to capture and integrate the heart of community in a growth process is to incorporate the people of the community into all aspects of the growth process being identified and implemented. Within this context community is seen as a complex social network where community boundaries are dynamic (Coscia, Giannotti, & Pedreschi, 2011), meaning that they are informed by geography, politics, organizational charters, individual goals, shared interest, technology, and professional standards while also extending beyond the controls of any one of these factors, simultaneously (Shin & Shin, 2016). These dynamic boundaries promote a collective strength that enhances the overall-community networks ability to respond to the interest and needs of veterans and veteran family members while also reflecting the interest, capacity, and goals of the community and the direct-service provider partners whose operations and services are part of the community culture. Many of the communities in which the initiative works are also considered distressed. According to the Economic Innovation Group (*The 2016 Distressed Communities Index, 2016; The 2017 Distressed Communities Index, 2017*) 39.2 % of Chicago's 2.7 million residents live in zip codes identified as being distressed. The deeper the red, the more distressed the area, meaning that these deep red areas have:

- (1) A higher percentage of residents without a high school diploma
- (2) High housing vacancy rates
- (3) A higher percentage of adults not working
- (4) More residents living in poverty than in the surrounding areas

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- (5) A higher percentage of residents earning less than the area's median income
- (6) A higher percentage of job insecurity
- (7) A comparatively unstable or very limited community business base

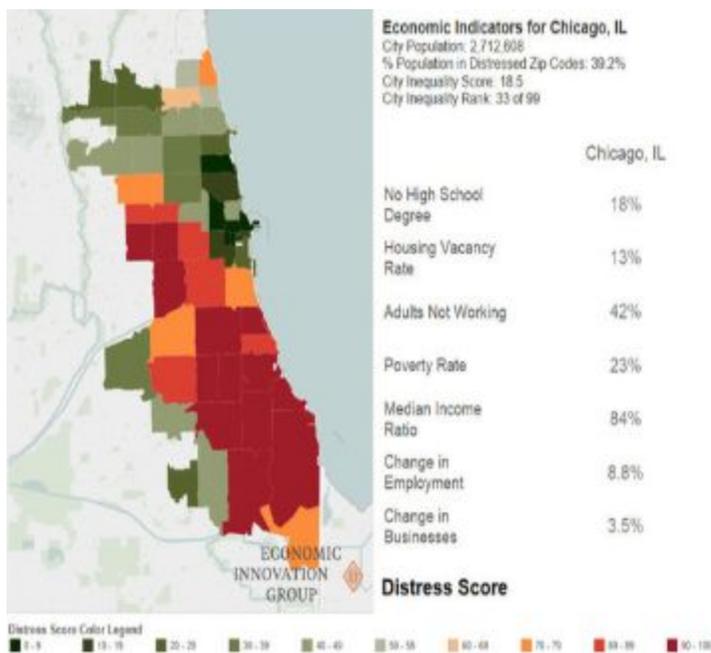


Figure 3. Chicago distressed areas (*The 2016 Distressed Communities Index*, 2016).

The goal is to create, in collaboration with community members, a safe welcoming space for Veterans and their families to pursue their goals within the civilian community. The initiative works with the reality that 100% of the Veteran Hubs are located within high distressed and underserved communities. Thus the role of existing community members and community institutions is vital to creating these safe welcoming spaces where veterans and their family members can feel supported, nurtured, and even challenged to pursue their interest after active duty military life. As a collative and in partnership the community is working to better understand the impact on veterans and their families living in a distressed community after separating from active duty. We are continually working on improving the capacity of

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civilian-veteran partnership and friendships to help veterans and veteran family members create community networks of support as a resiliency tool during the various stages of transition experienced after active military service. MVI veteran hubs have engaged approximately 300 veterans since its inception in 2014. Veterans are between 50 – 65 years, African American males and many do not receive VA benefits. These numbers also reflect the challenges in connecting with and/or identifying veterans within communities that have significant numbers as reflected in *Figure 4 below*

MVI SITES AT A GLANCE				
MVI NORTH			MVI MID SOUTH	
Neighborhood	Estimated Veteran Population		Neighborhood	Estimated Veteran Population
Rogers Park	1763		Bronzeville	1,639.00
Edgewater	1144		Englewood	981.00
Uptown	2,024.66		Washington Park	569.34
Evanston	2,029.00		Grand Total	3,189.34
Grand Total	6960.66			
MVI WEST			MVI FAR SOUTH	
Neighborhood	Estimated Veteran Population		Neighborhood	Estimated Veteran Population
Austin	3,255.50		Beverly	1,261.00
West Garfield Park	352.33		Morgan Park	1,373.00
East Garfield Park	655.00		Roseland	2,091.00
North Lawndale	577.60		West Pullman	2,029.00
Humboldt Park	1,197.25		South Chicago	1521
Grand Total	6,037.68		Grand Total	8,275.00

Using a consortium model of diverse constituent components, the Initiative presents a robust approach to creating and sustaining community that starts with, empowerment, and a commitment to the development of people/veterans as the primary asset and beneficiary. Figure 5 is an illustration depicting the standard community veteran hub setup in three existing community areas. The network of these hubs creates a

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synergy of services and support that grow into a type of ‘safety-net’ for transitioning Veterans and their family members.

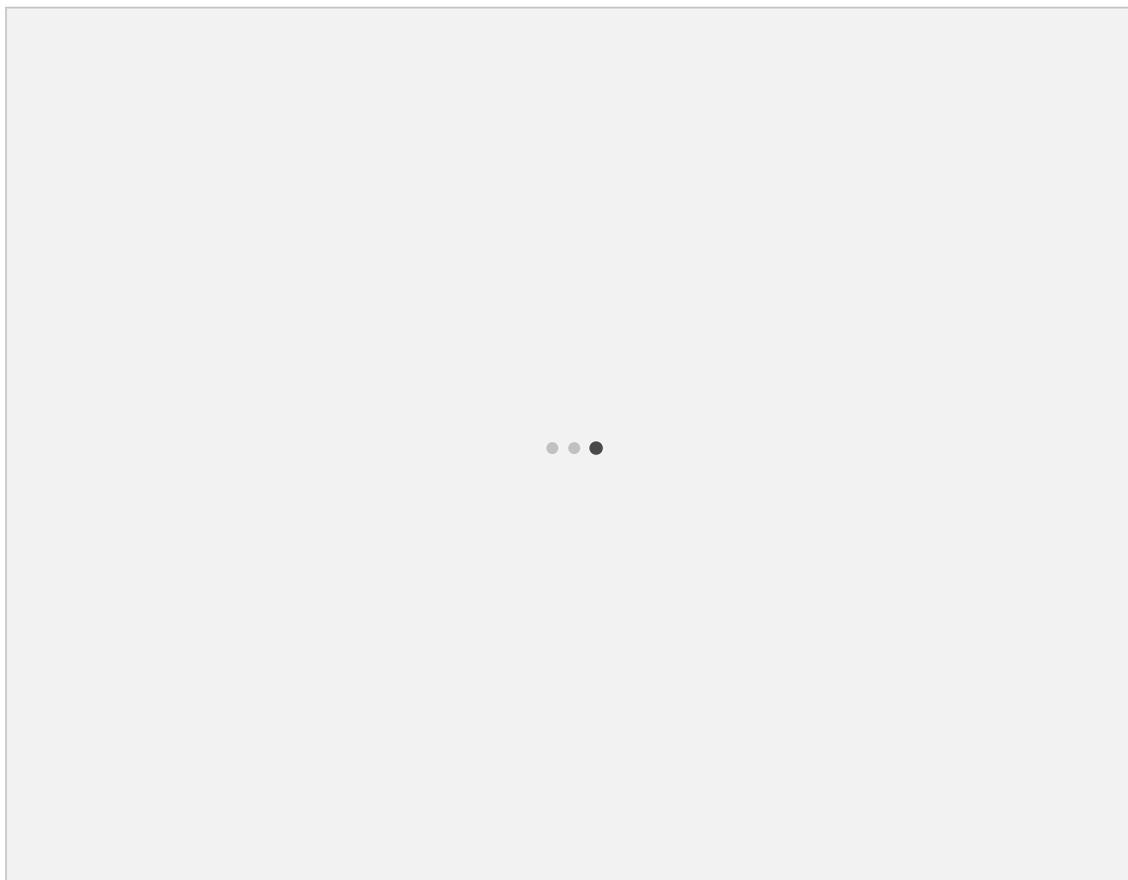
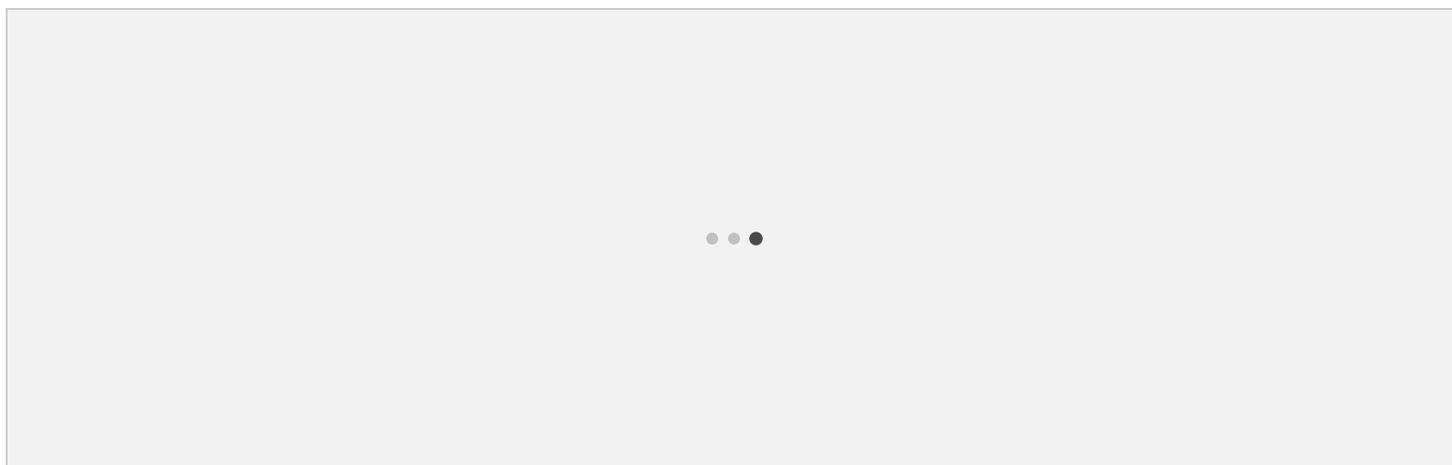


Figure 5. **MVI Consortium Model component descriptors**



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This multi-dimensional view of community, frames the three-layered perspective, community as partner, community as practitioner, and community as practice to the initiative work. Additional research is

needed to fully expand the foci perspective to provide a more in-depth understanding of its concept and applicability within the model.

The Community as Partner

Many Chicago area veterans and veteran families come back to communities that do not always know how to fully embrace or support their needs, wants, and experiences in positive affirming ways (MacLean, 2017; Thomas & Bowie, 2016). Community as partner approach starts by valuing the cultural nuances and shared wisdom of veterans, veteran families and host communities. This valuing process incorporates training and immersive learning experiences in military cultural competency, ABCD, life-skills, peer-support, social determinants of health, and moral injury (Ahern et al., 2015; Kranke et al., 2017; Smith, Vilhauer, & Chafos, 2017; Vick & Fontanella, 2017; Wisco et al., 2017). This basic combination of shared training and immersive experiences helps create opportunities to anchor collective community experiences in a shared awareness that helps foster trust and mutual respect during the varying stages of relationship building and community formation.

The community as partner perspective helps address one of the key concerns for the veteran and veteran family member seeking to find their place in a civilian community or non-military defined space. Community as partner helps address a concern that is often repeated by those transitioning from military to civilian life the loss of their sense of community(Thomas & Bowie, 2016). The loss of a shared sense of belonging to a common group with shared values, practices, and goals produces challenges for returning veterans. In the civilian community, behaviors completely normative and even required in military service are often seen as negative to those who have not served in the military(Danish &

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Antonides, 2013). The former service member and their family are suddenly thrust into an adaptive learning process behaviorally while also having to learn how to navigate civilian institutional systems and practices that operate differently from the way the military service member lived and thrived within military social structure. For some it may mean the adoption and assimilation of a new or renewed value system that is one more appropriate to positive living experiences as a civilian versus what achieved positive outcomes as a military service member (Danish & Antonides, 2013). This military to civilian transition is often more stressful for female veterans (Strong, Crowe, & Lawson, 2018), Female veterans are more often single, have challenges connecting with civilian women and difficulties accessing services that effectively address the myriad of physical concerns including lack of social supports (Crompvoets, 2011). The shift in values and norms can create health-enhancing behaviors or health-compromising behaviors (Danish & Antonides, 2013). Much more is needed to understand the specific needs of this population to improve service delivery and engagement in this regard. However members of the community network(s) seek to empower veterans and their family members to experience broader connections with those that have not served and more health-enhancing behaviors.

The model is designed to collaboratively create community spaces that invite veterans, veteran family members, and other community stakeholders to form partnership relationships as a foundational building block. It is the interpersonal relationship, at the most basic level, that helps create a sense of community and belonging (Thomas & Bowie, 2016). An example of this is reflected in the Austin community, veterans in the community come together every third Friday engaging in what is called a Stand Up. Stand Ups are social gatherings where veterans can connect with one another, engage in dialogue around topics of their choosing and build community. Veterans are recruited through the cultural drum beat of the community. This veteran hub has evolved since its inception in 2017 from four to five veterans monthly to a core group of 150 attending consistently. This space has become a trusted space

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within the community and in some ways reflect the basic peer-to-peer model of coffee collectives (Gorman, 2018). It is within this community space, where veterans and non-military community members learn from one another. A focus on shared cultural and interpersonal competency is fostered through formal and informal community network experiences. Over time these experiences at the community level, created a new or renewed sense of community (Thomas & Bowie, 2016). This sense of community incorporates understanding and connection with elements of the military culture and civilian culture simultaneously. The veteran has an opportunity to partner with others in ways that embrace a spectrum of lifestyles and experiences within community spaces that they the veterans and veteran family members have a voice and role in establishing and co-managing (Montesanti, Abelson, Lavis, & Dunn, 2015). The veteran and their family are seen as assets (Hastings, 2016), not simply clients in their journey and are partners in the community's development. It is the goal to provide formal convening's no less than 12 to 15 times per year at an agreed upon location. The purpose of these convening's is to serve as a known, safe, and welcoming gathering place that promotes connecting, sharing, and positive help seeking opportunities. These convening's offer help navigating the many stages of the transition from military to civilian life while also promoting community organizing and network building.

A second level of partnership within the community encompasses the creation and collective management of a network of service providers, community supporters, faith-based organizations, community serving institutions and veteran and/or veteran family members. Each community /veteran hub identifies veterans, community and direct-service partners, who have an interest in collaborating with and serving veterans and veteran families. These networks meet monthly within the community to identify key issues impacting veterans and to develop strategies for addressing key issues that have been identified. Additionally, opportunities are provided for the veteran to engage in a variety of community services programs. Service providers are added to a referral list of community direct-service providers

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used to help veterans address their quality of life needs. A tool in promoting health-enhancing transition experiences for the veteran and their family (Danish & Antonides, 2013). Community Veteran Coordinators work to facilitate the core building block “community as partner” that fosters interpersonal relationships, builds trust, and sets the stage for veterans and their families to actively participate in community where a sense of belonging, shared support, and successful systems navigation practices can be shared through readily accessible and meaningful partnerships in the community.

The Community as Practitioner

The community as practitioner speaks to the need for specific expertise and specific moments to support the successful transition from the active military service community to a civilian community. These include having in place a growing network of service, support, and resource providers committed to working with veterans and veteran family members. A unique factor in this approach is the way in which the veteran and veteran family member are the primary recipient of these services while also having opportunities to be or become, through training and community encouragement, resource and service providers themselves. One example of this training that helps veterans become support resources is the Veteran Peer Support Programs offered by Volunteers of America (VOA) (<https://www.voa-gny.org/veteran-peer-support>). The VOA program is an example of a formal program, offered within the community network that models the many ways veteran in communities become practitioners in the midst of everyday interpersonal interactions. An additional unique quality of this program is the focus on the exchange of services and support taking place within a community that are designed to be managed and developed by that same community. As a network of community-practitioners who are closer to where things happen thus able to respond readily when needed. Three situations occurred in 2018 in which veterans and veteran hub participants responded to a veteran in crisis providing the support and companionship needed in connecting the veteran to the

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appropriate intervention services within the community. This increased capacity to respond helps create community spaces constantly improving their ability to address risk behaviors and identify early signs of suicidal ideation as these behaviors present themselves in everyday community life.

As a network of communities that seek to promote the well-being of veterans and veteran families who have and/or are at risk of experiencing extreme transitional stress community as practitioner works toward enhancing and strengthening the flow of resources and support within community. We have found this to be of critical importance particularly as approximately 60% of veterans opt not to utilize VA services and/or cannot access VA services due to discharge status ("2012-2016 American Community Survey 5-year Estimates," 2016). One way to build a community of practitioners is through the many faith-based institutions within Chicago's distressed communities. Church's and faith based institutions are valuable assets within communities and in distressed communities are often the most stable institution. As is the case in Austin located on the Westside of Chicago and the longest operating space. Austin is a marginalized community within the greater Chicago Metropolitan area. The veteran population in the area is approximately 6,500, residents confront high rates of poverty, violence, unemployment and homeless among the general and the veteran population ("2012-2016 American Community Survey 5-year Estimates," 2016). In this socioeconomic context this community veteran hub has emerged as a trusted space for veterans and engages up to 150 veterans monthly who gather to fellowship with one another and to participate in a variety of life enhancing activities and other support services that they have identified. Additionally, they instituted a boots on the ground program, veterans participating in this space volunteer monthly to follow-up with fellow veteran members who miss the monthly Stand Up gatherings. This resulted in connecting two veterans to housing options, one to mental health resources within the community and accompanying one veteran in a court appearance providing moral support. This is a clear

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example of community functioning as practitioner outside of the traditional role and

understanding of practitioner.

The Community as Practice

Community as practice provides a space and framework (Danish & Antonides, 2013; Glynn, 2013; Matthieu, Gardiner, Ziegemeier, & Buxton, 2014; Montesanti et al., 2015) through which community members can explore, learn, test, and share tools, tips, opportunities, successes, and failures experienced during the transition journey from military to civilian life. Such sharing is of particular importance when looking at the challenges some of our female and male veterans face transitioning out of military service into civilian life. Among the many challenges faced by Veterans, their family members, and those who are part of the veteran serving community is helping community members overcome barriers to seeking and receiving the help and support needed. Working extensively with faith-based community partners the heart of these partnerships is anchored in the practice of creating community for veterans and their families as a collaborative exercise (Rogers, 2009). Faith-based partners agree to help create a safe welcoming space for all veterans and their family members that is also reflective of the inclusive principles and practices of ABCD (Hastings, 2016; Mathie, Cameron, & Gibson, 2017). Their participation agreement calls for affiliated faith-based leaders, community leaders, and collaborating community members to stay in a state of becoming in order to hear, partner-with and serve their fellow community members who are veterans and veteran family members. This agreement also calls for community members to evolve in their ability to see everyone and everyplace as an asset participating in the overall initiative's mission.

The dynamic nature of the community network challenges community leaders to continually grow and evolve in how to map and manage growth of the Community network (Coscia et al., 2011; Shin & Shin, 2016) while fostering multidimensional friendships (Hinojosa & Hinojosa, 2011) and partnerships. The diversity of input member participation and transition experiences cause community network leaders to

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regularly find themselves in a state of learning and adapting to what is present in the community setting from a veteran centric point of view (Crocker, Powell-Cope, Brown, & Besterman-Dahan, 2014; Thomas & Bowie, 2016). Although there has been some questioning of the use of “faith” within the model’s identification over the four year period of operation there has been no reluctance on from veterans to engage in the veteran hubs at faith institutions. What has been demonstrated is the power of developing a welcoming and nonjudgmental place free of religious proselytizing and are safe spaces for veterans to engage with one another. Faith institutions often serve as a crucial support for veterans as they can provide a refuge from the stigmatization often associated with veteran issues (Werber, 2015). The latter is critical to ongoing and successful veteran engagement.

We see this threefold model particularly beneficial in systems navigation which is viewed as an everyday exercise for-community consortium members. This also makes systems navigation an everyday practice focused on improving the community’s capacity to maneuver through healthcare and other bureaucratic systems while achieving a goal like receiving good medical care, employment, or affordable housing (Andrews, Darnell, McBride, & Gehlert, 2013; Ford et al., 2013). Expands the understanding of systems navigation as a community practice to include helping veterans and their family members maneuver through personal challenges and opportunities while simultaneously maneuvering through the many choices in how they want to live and participate in community.

Conclusion

Servicemen and women transitioning from military service to civilian status confront a multitude of challenges. The communities these service members return to are often challenged with addressing long standing social and economic disparities. This combination of challenges impacts the transition experience the majority of MVI’s veteran’s encounter. Increasing our understanding and capacity to promote community as a partner, practitioner and place of practice is one approach to addressing the

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broad range of needs and interest represented by our military service members and families who are transitioning to civilian life. The partner, practitioner, and practice model challenges us to grow in our capacity to create and hold open safe welcoming spaces that enhance the military to civilian transition experience for the veteran and their family. The model also provides an opportunity to increase the number of veterans and veteran family members who experience positive life outcomes, who overcome self-destructive behaviors where they exist, and who become agents of transformation in the communities where they choose to reside and serve.

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