HOW TO BETTER ALIGN VETERANS’ MILITARY SKILLS WITH CIVILIAN JOBS

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Opioid Rising
How grapes, greenhouses, and a little orange pill can thwart the world’s growing heroin crisis

Afghan children gather raw opium from a poppy field outside Jalalabad in April 2015. Opium poppies have become enmeshed in the village economies of southern Afghanistan. RAND researchers studying ways to discourage poppy cultivation say it will require a concerted, decades-long effort.

Warriors in the Civilian Workforce
Helping veterans make the transition from public service to private sector

Frontline Civilians
Not everyone who serves in war carries a gun

Research Briefly
The Q&A
Rajeev Ramchand on drug abuse, suicide, and making a difference for society’s most vulnerable

Giving
Terry Lenzner and RAND’s new Challenge Fund for Criminal Justice Research

at RANDom
Making sense of email and emojis—in 1985

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Hazed and Confused

They call it “blood pinning,” and if it sounds painful, well, that’s kind of the point. It’s a hazing ritual in the military, when newly minted team members have their own insignia pins driven into their chests.

The military bans such hazing outright. But each of the service branches tracks hazing reports differently, using different definitions, RAND found in a first-ever review of the military’s prevention efforts. Because of that, no one really knows how prevalent such hazing rituals are.

That’s despite some extreme cases—including a gruesome video of blood pinning—that helped push the topic of military hazing onto network news broadcasts and congressional hearing agendas.

RAND found unintended loopholes in the U.S. Department of Defense definition of hazing; for one thing, it appears to absolve perpetrators if they have the approval of their superiors. The military is now working to tighten that definition with stricter language based in large part on RAND’s findings.

The researchers also concluded that the military should expand its anti-hazing training beyond the usual PowerPoint presentations, and begin tracking hazing reports across all service branches. And they recommended a confidential survey of the entire force to better measure the scope of the problem.
Military Fatigued

The U.S. military faces a silent epidemic, RAND researchers have found, one that aggravates the risk of posttraumatic stress, worsens depression, and gnaws away at physical health and strength: Poor sleep.

Nearly a third of the service members in a recent RAND survey reported getting five hours of sleep or less every night. Compare that with the civilian population, where fewer than 10 percent experience that level of constant sleep deprivation. The service members also were far more likely to report clinically significant sleep problems, such as insomnia or nightmares.

The survey found sleep problems in all branches of the military, among service members who had deployed as well as those who had not. That suggests the problem may be part of a tough-it-out culture that historically has viewed the need for sleep as a sign of weakness, the researchers wrote.

Those who had experienced combat, not just deployment, did report significantly more problems, such as nightmares.

The recommended 7–8 hours of nightly sleep may seem like a luxury in the military. But the researchers found that poor sleep was associated with increased risks of posttraumatic stress disorder, depression, suicide, cardiovascular disease, obesity, accidents, and injuries. Service members with troubled sleep also reported lower unit operational readiness.

And underlying those, they endorsed a single definition of what makes a family resilient drawn from a 2005 paper in The Family Journal: The ability to respond positively to an adverse situation and emerge feeling strengthened, more resourceful, and more confident than before.

“By defining the concept of family resilience, [DoD] can better develop programs to support it,” they wrote, “and help military families best adapt to the challenges of military life.”

MORE AT
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Resilient Military Families

More than a decade of war has divided military families into those who survive a life of deployments, separations, and relocations; and those who don’t. But what makes the difference? What makes a family resilient?

The military has no fewer than two dozen policies meant to foster family resilience, from youth programs to “Returning Warrior” workshops. It turned to RAND to help it develop an overarching definition of what family resilience really means.

That matters, because only with a good definition of what it’s trying to achieve can the military assess whether those programs are doing what they should. And military families need the support: Previous studies have found that spouses and children of deployed service members have elevated rates of depression, anxiety, and other mental-health disorders.

The RAND research team recommended that the U.S. Department of Defense (DoD) designate a single office to take charge of family-resilience efforts, pulling together programs and best practices. The researchers identified several factors that could help families “bounce back” from the stresses of military life, including a positive family identity, shared family time, and an extended family support network.

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“By defining the concept of family resilience, [DoD] can better develop programs to support it,” they wrote, “and help military families best adapt to the challenges of military life.”

MORE AT
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Opioid Rising

By Doug Irving, Staff Writer
Sixty-seven people will die today in America because of heroin or narcotic painkillers, if recent overdose statistics are any guide.

Heroin alone killed more than 8,000 people in 2013, a death rate nearly triple what it was just three years earlier. Its opioid cousins, prescription painkillers, killed 16,000 more.

A series of recent RAND reports has offered strategies to save those lives and thousands more around the world. One explored ways to combat the flourishing poppy fields in Afghanistan that supply 90 percent of the world’s illicit opium. Another took a close look at a treatment for addicts meant to ease their relentless demand for the drug.

The timing of these reports was grimly appropriate. The Centers for Disease Control and Prevention now considers opioid drug abuse to be a full-fledged epidemic.

“We’re in crisis. We have to do something,” said Michael DeLeon, a New Jersey filmmaker and former addict who has committed himself to documenting the street-level toll of heroin and painkiller abuse.

“We have a big hole full of quicksand,” he said, “and people are drowning in it.”

Buprenorphine, a physician-prescribed tablet, is used to treat opioid addiction.
Buprenorphine: Within and Just out of Reach

Paul Yabor spent enough time with a needle in his arm to shake his head at the simple notion of ever really hitting rock bottom. He prefers to say he had a moment of sanity one afternoon in a Philadelphia flophouse, surrounded by the hollow-eyed faces of fellow heroin addicts.

He was 51 years old, with the beaten body of a lifelong hard-drug user. “When you’re younger, you know you’re going to live forever,” he thought. “I can no longer live with that illusion.”

His salvation came in the form of a little orange tablet that he could hold under his tongue to block the gnawing cravings of withdrawal. It’s called buprenorphine—“bupe” on the street—and when it was approved in 2002 for widespread use against heroin and other opioid drugs, experts predicted it would change the face of addiction medicine.

Instead, its uptake as a recovery drug has often been painstakingly slow, even as the abuse of heroin and prescription painkillers became a national crisis. A recent series of RAND reports found that the number of doctors certified to prescribe the drug still lags far behind the need in large areas of the country. In part, that reflects the double edge of buprenorphine, a wonder addiction drug that can itself become a drug of addiction.

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There’s no such debate for Paul Yabor. His daily dose allows him to keep walking when he hears the heroin touts in his neighborhood whispering, “Samples, samples.” He’s been clean for two years.

Without it, I’d be drug-seeking,” says Yabor, who works now as an overdose-prevention specialist and HIV educator. “It allows me to get up in the morning and have the strength and vitality and support to make it through my days.”

Buprenorphine works by plugging the same receptors in the brain that heroin and opioid painkillers use, sealing them off. It’s similar to methadone, with one crucial difference: It can be taken at home, without the stigma of a daily trip to the methadone clinic. Most doctors can prescribe it after eight hours of special training.

That has “dramatically increased potential access” to treatment in recent years, according to RAND researchers—but not everywhere. Nearly 47 percent of U.S. counties still had a shortage of physicians waivered to prescribe buprenorphine in 2011, the researchers found, mostly in large swaths of the rural Midwest. The numbers were improving, they concluded, but access to the drug still “has not diffused as widely as hoped when the treatment was first introduced.”

One strong factor appears to be state drug policies, the researchers found. Several states leave buprenorphine off their Medicaid payment plans; those states tend to have the lowest numbers of prescribing physicians. Another holdup: Most clinical guidelines for buprenorphine haven’t been updated in more than a decade, leaving doctors with more questions than answers on such basics as proper dosing and length of treatment. RAND recently led an effort to develop new guidelines to remedy that.
A patient recovering from drug addiction creates a list of things he’s grateful for, including Subutex, a brand of buprenorphine.

A growing emergency. Buprenorphine has also made the transition from doctor’s office to street corner. It’s more of a novice’s high; hardcore drug addicts often report little buzz from it, just a release from the cravings, body aches, and sweats of withdrawal. Nonetheless, illicit hits of buprenorphine helped send nearly 21,500 people to the emergency room in 2011, five times more than in 2006.

County jails have found papery strips of dissolvable buprenorphine tucked into love letters mailed to inmates; one Ohio jail had to start issuing its own underwear after discovering buprenorphine sewn into the seams of inmate t-shirts. The gunman who opened fire inside a historically black Charleston church earlier this year had recently been arrested after police found strips of illicit buprenorphine in his jacket pocket; the FBI says that should have disqualified him from buying the gun.

“Clearly, it can be used by an addict to get high,” said Dr. Bradley D. Stein, a senior scientist at RAND with clinical experience treating addiction, who has led the research effort on buprenorphine. “But that doesn’t mean we throw out the baby with the bath water. A tremendous number of medications have pros and cons.”

“For people who need it, for whom it’s prescribed and used properly, it is an incredibly effective medication,” he added. “It can be a life changer.”

The future of buprenorphine treatment. Surveys have found that as many as half of the roughly 30,000 U.S. physicians who have the federal waiver to prescribe buprenorphine never use it. Those who do are limited to treating up to 100 patients at a time; a congressional bill to lift that restriction in the hope of improving access to buprenorphine has been stalled in committee since last year.

The debate over the future of buprenorphine treatment has Congressman Tim Murphy, a psychologist by training, at one end: “I do not call this ‘treatment.’ It is addiction maintenance.” And at the other, Dr. Daniel Bennett in Arkansas, whose family practice has a waiting list for buprenorphine treatment with more than 100 names on it: “I’ve seen people’s lives saved, careers saved, marriages saved.” And in the middle, people like Jamie H. She lives in small-town Maine, speaks with a voice as soft-edged as a whisper, and once spent a frenzied week smoking crystal meth. She asked that her full name not be used because of the stigma of addiction, which for her always orbited around prescription painkillers like Vicodin. She first found buprenorphine on the street; now, she pays $400 out of pocket for her monthly dose from a doctor who counts pills and tests urine to guard against abuse.

“It’s made a world of difference, it really has,” she said. “Before, I would make sure that I had money for drugs before I had money for food. It’s like I just dropped out of that world—which is wonderful.”

A patient recovering from drug addiction creates a list of things he’s grateful for, including Subutex, a brand of buprenorphine.
The Cash Crop

The poppies bloom in fields of brilliant red, pink, and white, giving the dusty badlands of southern Afghanistan their nickname: dasht-e-taryak. Desert of opium.

At least 90 percent of the world’s opium comes from Afghanistan, where village economies can rise and fall with the sticky resin that farmers scrape from the poppy pods. In places scarred by a generation of war and grinding poverty, good poppy harvests are remembered as festival years.

Conventional wisdom says the international effort to stem the flow of Afghan opium faces impossible odds. Indeed, despite billions of dollars in global aid programs and eradication efforts, this past year saw more acres under poppy cultivation than ever before.

But a recent RAND report offers a glimpse at what may work. It surveyed years of international programs aimed not just at eradicating poppies, but also at strengthening the rural economy and improving the lives of Afghan farmers. The successes it found—programs that encourage more-traditional cash crops, for example, or make use of simple technologies—may hint at a way forward, given time. “Decades,” said Victoria A. Greenfield, a senior economist at RAND and the report’s lead author. “The economy has to look much better, in the long term, than it does today,” she added.

A catch-22. The opium from Afghan poppies seeps across well-traveled trade routes to feed the thriving drug markets of the Middle East, Europe, and Asia. The United States, however, gets most of its heroin from Mexico and Colombia.

As many as half of the families in rural parts of southern Afghanistan depend on the cash they make from poppies for at least some of their income. The opium they produce is compact and easy to store, and traders often come straight to their doors to collect it.

Opium poppies are so entwined with local economies in southern Afghanistan that shopkeepers, doctors, even barbers report seeing business boom when the crops come in. “Life improved with poppy,” one farmer told an Afghanistan-based survey team. In some places, the poppies—officially forbidden by Afghan law—are planted right up to the roadside like Midwest corn.

Efforts to combat those poppies face a catch-22, the RAND researchers concluded as they delved into the range of factors that pushed farmers to plant opium—and what might convince them to choose something else. Programs that made poppies less attractive for some farmers could make them more attractive for other farmers. A new road, for example, might make it easier for farmers to get alternative crops like grapes and pomegranates to market, but it also makes it that much easier for an opium middleman to make house calls at remote farms.

Even giving impoverished farmers better wheat seed could induce them to plant more poppy, the researchers found. More wheat means they may be less likely to go hungry, and can spare a little land for a cash crop like opium poppy.

“Few factors tilt in only one direction,” the researchers wrote. “That so many of the factors have indeterminate effects speaks to the challenges of designing successful counter narcotics programs.”
A close-up of an opium poppy in Afghanistan.

A battle of time. That underscores the central finding of the RAND report: It will take decades, not years, to elicit lasting reductions in opium poppy, and it will require changes far more fundamental than simply substituting crops.

Rural wages will need to increase several times over—through education, investment, and better job opportunities—to draw sharecroppers and field workers out of the opium business. Better education and opportunities for women would deprive labor-intensive poppy farms a vital source of unpaid labor. And any alternative crops will need access to stronger markets.

There are steps that can help along the way, the researchers found. One program doubled the yield of grapes—a traditional, high-value crop that can compete with opium poppy—just by teaching farmers to grow their vines on trellises, rather than leave them in the dirt. Another introduced simple hoop greenhouses, no electricity required, to allow farmers to grow winter vegetables for urban markets when they would otherwise plant poppies.

Such programs can help “shift the weight” against poppies, Greenfield said. But they’re only a start.

“This is a very long-term process, and you can’t expect change tomorrow,” she said. “But if you don’t do anything, you can’t expect change tomorrow, either.”

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“You can’t really try to force someone’s opinion. You’ve just got to be yourself, put on a good attitude, hope for the best.”

DAMONE MOORE, 22, RECENTLY SEPARATED FROM THE MARINE CORPS
The Marines taught Damone Moore to hit a target at 500 yards, hold his breath underwater for a minute and a half, and drive a 9-ton armored truck under fire—none of which helped much on a recent morning, as he prepared for his first civilian job interview.

“Underwater egress training—when am I ever going to use that?” asked Moore, 22, as he gave his resume a final look. It was one page of service medals, certifications, and weapons qualifications. The objective at the top? Something in the medical field. Moore wants to become a nurse.

“And literally, I can’t use any of it,” he said of his military experience. “It’s just to show them I haven’t been doing nothing. I know they’re going to look at it and be like, I can’t use any of this; but at least he’s trying. That’s what I hope.”

The plight of unemployed veterans like Moore doesn’t get as much headline coverage as it did during the darkest days of the recession. Yet those who served during the wars in Afghanistan and Iraq continue to face stubbornly higher jobless rates than their nonveteran counterparts. Around 182,000 were out of work last year.
A growing body of RAND research has sought to identify what works—and what needs work—to get more veterans back on the job. RAND researchers even produced a guidebook for private-sector employers that translates common military experiences like boot camp into civilian job skills like “handles work stress.”

Tens of thousands of service members are about to enter the civilian labor force as the military contracts following more than a decade of war. There are challenges still, for them and for the employers who hire them, the RAND researchers found—despite the hard-earned “intangibles” that veterans bring to the corporate world like teamwork, leadership, and staying cool under pressure.

“That’s what really sets veterans apart,” said Anthony Odierno, executive director of military and veterans affairs at JPMorgan Chase & Co. An Army captain, he was wounded in an ambush during a nighttime patrol in Baghdad in 2004.

“My soldiers, despite everything going on, knew exactly what to do,” Odierno said. “When you think about having to lead under such circumstances, make decisions under the most strenuous and stressful conditions, be able to react—these are all things that translate; these are all skills we’re looking for as a company.”

JPMorgan and ten other corporate heavy-weights came together in 2011 and pledged themselves to what seemed an ambitious goal: Hire 100,000 veterans before the year 2020. They called their campaign the 100,000 Jobs Mission, but that soon became a misnomer. At last count, the fast-growing coalition had placed more than 267,000 veterans in jobs.

As the effort grew, JPMorgan brought in RAND to assess the lessons learned and the challenges that remained. RAND found that, in many ways, the 100,000 Jobs Mission had become a model of success for putting veterans to work.

Companies more accustomed to fighting each other for top talent were suddenly cooperating to match veteran applicants to jobs, swapping tips and resumes. In interviews with RAND researchers, company officials were universally positive about the program and the veterans they had hired. Fewer than a quarter cited any downside—mostly an occasional veteran who couldn’t acclimate to their corporate culture.

But even here, with company officials and resources fully devoted to the cause, the RAND researchers still found room for improvement.

“These are all companies that are wholeheartedly committed to veteran-employment efforts,” said Kimberly C. Hall, a policy analyst at RAND and lead author of *Veteran Employment: Lessons from the 100,000 Jobs Mission*. “And even these companies that are trying so hard are still having challenges.”

For one thing, almost none of the companies tracked veteran employees after they were hired. Only two of the 26 companies that RAND surveyed kept any kind of numbers on the job performance of the veterans they hired; both said veterans generally scored higher than their civilian colleagues in performance reviews and promotions.

The rest of the companies relied on anecdotes to say their veterans had been good hires, RAND found—a crucial weakness when making the business case to hire more of them. Following RAND’s recommendations, several of the companies have started to look for ways to better measure veteran performance.

The RAND study also found that veteran applicants still sometimes have trouble translating their military skills into civilian job requirements. All of the companies it surveyed had recruiters who knew how to read a veteran’s resume—but that resume might later land on the desk of a middle manager who couldn’t tell a captain from a corporal, and then in the wastebasket.
That was what worried Blanca Flores. She served more than a decade in the Army and then spent months trying to put that experience into the right words on her resume. She had been a staff sergeant—would that be a shift supervisor? Team leader? With years of administrative experience, all of it military, she was applying for entry-level office jobs just to get a foot in the civilian door.

“You know what they say, sometimes you have to take a few steps back to take a few steps forward,” Flores, 29, said as she waited for the doors to open at a veterans job fair near Los Angeles earlier this year. But she was quick to add: “There’s so much out there, and so many people willing to help and hire vets.”

What should give veterans like Flores a leg up, a separate RAND report released this year concluded, are their “soft” skills—things like decision-making, persistence, attention to detail. Yet those are the very skills that can get lost in translation between base and boardroom.

To remedy that, RAND researchers created a prototype guidebook to introduce hiring managers to the skills taught—sometimes with live-fire intensity—in common military courses. Applicants who’ve been through basic training, for example, have been trained to handle stress, work as a team, and pay attention to details as small as the sheet corners on their beds, the guide notes. Midlevel sergeants have trained, in the classroom and in the field, to be decisive and manage the work of others.

The employment gap between veterans and nonveterans narrows with age, a 2014 RAND study found. That suggests veterans need more time to find a job—maybe because they hit the job market cold, straight out of the service—but are not inherently disadvantaged once they do, the report noted.

In interviews, the company officials recruiting veterans through the 100,000 Jobs Mission kept coming back to the same theme. As Sheri Ryan, the senior director of talent acquisition at founding member Broadridge Financial Solutions, put it, “I just think it makes sense.”

The companies are optimistic. Earlier this year, they increased their goal—to 300,000 jobs.

And Moore, the young veteran with dreams of becoming a nurse? Like any good Marine, he had a plan: Work a few years in security while he goes to school to learn nursing. If the Marines had taught him anything, he said, it was to find a way.

“They call us 03-everything,” he said, a play on the job code for infantry in the Marines. “I hope [employers] see that I can adapt. That’s the greatest skill I got in the Marine Corps. I did everything.”

The Zwick Impact Fund

Charles Zwick was a researcher at RAND from 1956 to 1965 and director of the U.S. Office of Management and Budget under President Lyndon B. Johnson. Later, he served as a RAND trustee; today, he remains an advisory trustee. His generous $1 million donation to RAND enabled RAND president and CEO Michael D. Rich to create the Zwick Impact Fund, which helps our researchers’ efforts to extend the impact of their policy research.

The 100,000 Jobs Mission—a private coalition of more than 200 companies from almost every industry in the U.S. economy—has already exceeded its goal to hire 100,000 veterans by 2020: As of August 2015, more than 267,000 had been hired. RAND was engaged by one of the coalition’s cofounders to capture the lessons and experiences of coalition efforts to provide veteran employment opportunities—what went right, and what could be improved.

Using Zwick Impact Funds, the project team at RAND is sharing these insights with a broader array of government and other stakeholders, including the U.S. Department of Labor, the U.S. Department of Defense, and the private sector. The funding allowed RAND to host a workshop in May 2015 that brought together representatives of the military and the private sector for roundtable discussions on the challenges still facing veterans in the civilian workforce, and possible solutions.
**Translating veterans’ training into civilian job skills**

During their military careers, veterans receive extensive, full-time training not only in technical specialties but in valuable nontechnical (or soft) skills, such as leadership, decisionmaking, persistence, and communication. These skills are vital to success in the civilian workforce, but translating military terminology into civilian workplace parlance can be challenging. Here are two examples of how training can translate.

**MILITARY TRAINING RECEIVED**

**Army Basic Combat Training**
(10-week course)
- Participating in dangerous, demanding exercises
- Completing tasks quickly to support team success
- Mastering tasks that require extensive practice
- Following exacting standards with precision
- Working collaboratively with others around the clock
- Cooperating with peers from diverse cultural backgrounds

**SKILLS EMPLOYERS WANT**

**Entry-level civilian job skills**
- Handling work stress
- Being dependable and reliable
- Persistence
- Conscientiousness and attention to detail
- Teamwork and team-building
- Interpersonal skills

**MILITARY TRAINING RECEIVED**

**Marine Corps Sergeants Course**
(7-week course)
- Giving extemporaneous speeches
- Developing a plan of action despite uncertainty
- Gaining buy-in from peers
- Debating, considering, and reconsidering positions
- Writing and revising analytical essays
- Learning how to create long-range, annual, and quarterly training plans

**SKILLS EMPLOYERS WANT**

**Mid- to senior-level civilian job skills**
- Oral communication
- Decisionmaking/decisiveness
- Leading, motivating, and inspiring others
- Critical thinking
- Written communication
- Training others

Rajeev Ramchand is a senior behavioral and social scientist at the RAND Corporation whose research has focused on adolescent substance abuse, racial disparities in the criminal justice system, HIV risk behaviors among gay men, and the hardships facing military caregivers. His most recent work has sought to improve suicide prevention efforts, especially within the military.

Helping the Most Vulnerable

Q Is there a single thread that runs through your research?
A I like to say that I’m very interested in mental health and in minority populations. These are populations that the majority of Americans, for the most part, are not part of, whether that’s a military population, whether that’s sexual minorities, whether that’s people who are in the criminal justice system.

Why is that? What possibilities do you see there?
They’re often the communities in most need, to be honest. I’m really interested in finding these subgroups at increased risk and getting some real interventions, some policy changes, that can directly affect their lives and ensure that they have the best opportunities and the best options available to them.

What was it about these topics—suicide, drug abuse—that drew you in?
There’s this choice, ultimately. We can be predisposed to make certain choices; but at the end of the day, when you choose to take your life, when you choose to use a substance, there’s a choice. So how can we make the opposite choice more attractive? How can we make the choice not to use a substance more attractive than using? How can we promote the choice to live to somebody who’s in suicidal distress?

Your military health research has had a policy impact.
Yes. We came up with a set of recommendations for the U.S. Department of Defense that called for a suicide prevention program that was holistic. It promoted the role and responsibility of behavioral health care in ensuring that the people they see get high-quality care, but it also required that the programs that exist be evaluated. That sounds really simple, but it’s a very important message for quality of care: We need to ensure that the programs that are being funded by taxpayer dollars are getting the outcomes that we expect.

How have philanthropic dollars supported your research?
Well, right now, for instance, we’re doing a study in New Orleans where, three months after suicides occur, we’re interviewing family, next of kin. We’re asking, Did the deceased have mental health problems? Did they own firearms? Did they have access to pills? It’s risky. We have no idea when we reach out to these families that they’ll be willing to talk to us. Our focus is on firearms ownership and means restriction, potentially, and that’s a very controversial research topic that federal agencies generally do not fund. But RAND saw the value in pursuing this question. And that’s precisely the kind of RAND-initiated research that donor dollars can support— independent research for which urgently needed funding sources are scarce.
A Frontline Civilian’s Invisible Wounds of War

BY S. Rebecca Zimmerman
“In mid-2007 I sat at the pre-deployment training center at Fort Benning in Georgia, feeling like Goldie Hawn’s clueless character at Army boot camp in the movie Private Benjamin. I was on my way to Afghanistan.”
As the needle inched up toward 65 miles an hour, my breathing slowed almost to a halt and I started to see stars. It was early 2013, and I was having a panic attack on the New York State Thruway. I had them almost daily then, ever since a child I befriended had been blown up on the streets of Kabul, just around the corner from me the year before. Since I had failed to save her, I believed I would fail at most everything else too: career, doctorate, relationship.

In the last decade, Americans have grown increasingly familiar with the struggles of post-traumatic stress among combat veterans. But I’m not a veteran. I’m one of an untold number of federal workers, contractors, aid workers, and journalists who have returned home from a conflict zone with our own invisible wounds. We often refer to ourselves as frontline civilians.

In mid-2007 I sat at the pre-deployment training center at Fort Benning in Georgia, feeling like Goldie Hawn’s clueless character at Army boot camp in the movie Private Benjamin. I was on my way to Afghanistan. It wouldn’t be my first war zone, but it would be my first time living with the military and working in an area of large-scale active combat. As a social science researcher, I would see some six deployments to Afghanistan over the next eight years. My years living through war would fundamentally reshape me, making me tougher and more vulnerable than I ever expected to be.

Most Americans don’t understand what frontline civilians do. People tend to assume we’re safely typing memos inside an organization’s headquarters, especially if we’re government workers, their contractors, or grantees. That’s not true for those of us in the field. Daily life built around war often involves waking up on a remote base and working side by side with soldiers and civilians in hazardous places.

The surge of 2010 was a difficult time for the war. I heard little hope expressed by our forces, many of whom felt nothing had improved over their many rotations. One unit in Kandahar reportedly kept a tally of the number of limbs its soldiers lost each day. An Afghan police chief I met was known to our forces as a rapist, murderer, and extortionist, but they could not get him removed from his post. Locals shared stories about demeaning shakedowns by Afghan policemen and spoke of an international presence that handed out so much money it had twisted the local economy and social hierarchy.

Taking my findings back to Kabul felt like shouting in the wind—it seemed like nobody
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I wanted to hear these disheartening tales if they thwarted a narrative of progress. When two of my military colleagues were killed—one in an ambush and the other taken hostage and executed—everything suddenly felt incredibly futile. I had arrived in Afghanistan with a sense of purpose that was soon accompanied by the feeling that I was bearing witness to the best and worst of humanity.

It made my time there one of the most profound experiences of my life. War is, of course, complex and morally confusing, but the mental toll it takes year after year is exhausting and debilitating. And yet it is the work that I love—trying to understand how conflicts evolve, in the hope that I can play a small role in bringing the war to the quickest, most humane end possible. I have yet to feel a commensurate sense of purpose back home.

The war zone experiences of frontline civilians are heightened by a cowboy culture, where the biggest risks, the toughest tours, earn respect—and can lead to posttraumatic stress disorder (PTSD). Yet there are powerful taboos against frontline civilians seeking help, mirroring what it was like for the military in the early days of the wars in Iraq and Afghanistan. Many, myself included, feel that to admit to trauma is to inappropriately equate our experiences with those of veterans who’ve known the darkness of combat. But the day before I left on yet another trip to Afghanistan, a Marine friend sat me down at a Fourth of July barbecue in 2013—and assured me that it was OK for me to need help.

It wasn’t easy to find a therapist comfortable talking about rockets, guns, and war guilt. A volunteer organization that provides therapy for combat veterans and families agreed to take me on because I was the domestic partner of a soldier. When that therapist couldn’t relate to my experiences, she told me to find a specialist in combat-related mental health issues. Friends in the local veterans community got me into a nonprofit program that usually provides state-of-the-art PTSD therapy to military veterans. I mainly engaged in talk therapy but also underwent eye movement desensitization and reprocessing, a treatment that mimics deep sleep as it tries to help patients process trauma. It helped me come to terms with the most searing of my experiences.

I’ve been far luckier than many of my friends. Frontline civilians often don’t get the care and support that they need, whether in an area of crisis and instability, or when they return home. A 2013 RAND study of more than 600 frontline military contractors found that 25 percent had symptoms of PTSD, a rate higher than that experienced by military service members, which ranges from 8 to 20 percent. There’s no system in place to provide care for frontline civilians who have separated from service.

It’s hard to know how many frontline civilians with PTSD are out there, but in my social circle it feels like an epidemic. Tens of thousands of frontline civilians have served in Afghanistan and Iraq. The lines we draw between the various groups—federal, private sector, nonprofit humanitarian organizations, media—help keep us apart when we come home.

In large part, combat veterans owe the improvements in mental health services of the last decade to the American public, who demanded better care for those who fought for our country. This cultural shift has yet to happen for the frontline civilian community. Not everyone who serves in war carries a gun, but every American who bears the burden of war deserves care and support back home.

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In 1964, Terry Lenzner, who had just graduated from Harvard Law School, traveled to Philadelphia, Mississippi, to work with John Doar, then the assistant attorney general for civil rights in the U.S. Department of Justice, to investigate the murders of three civil rights advocates. It was “Freedom Summer” in Mississippi, a campaign to increase the number of African-Americans registered to vote in the state. Michael Schwerner, Andrew Goodman, and James Chaney had been civil rights workers engaged with the campaign. Their efforts were important, but also risky. The Ku Klux Klan was extremely active in Mississippi. On June 21, they went missing. Two days later, their car was found on fire.

Lenzner, in his capacity as a federal attorney, investigated their murders, ultimately helping to convict seven of the white suspects in the “Mississippi Burning” trial, including Cecil Ray Price, the town’s deputy sheriff and a member of the Ku Klux Klan’s White Knights.

Over the course of his fifty-year career as a lawyer and investigator, Lenzner has played key roles investigating the 1965 “Bloody Sunday” case in Selma, Alabama; prosecuting organized crime as a member of the U.S. Attorney’s Office for the Southern District of New York; investigating the Watergate burglary and cover-up; and much more.

Today, Lenzner, the chairman of Investigative Group International, is a member of the advisory board for RAND Justice, Infrastructure, and Environment. He is launching the Lenzner Challenge Fund for Criminal Justice Research because, as he explains, “The numerous events in the last 18 months throughout the country—from Ferguson, to Baltimore, New York, and Texas—point to a pressing need for improvement in police-community relations. Having worked on such issues over the course of my career, I see great value in creating a program at RAND designed specifically to lay out solutions based on unbiased research.”

Framed as a multiyear initiative, the goal of the Lenzner Challenge Fund is to inform public debate on police-community relations. RAND will undertake research to better understand the conditions that give rise to tension between police departments and the affected communities, the effectiveness of police practices, and the efficacy of approaches to address the root causes of police-community tensions. Researchers will share their findings through media and community outreach in order to further the two-way dialogue between law enforcement and the communities they serve, and to inform public policy so that it can more effectively address public safety and community well-being.
More than a decade before the film *You’ve Got Mail*, RAND was already writing rules of the road for a medium many researchers had been using since the 1970s. Though scientists aren’t known for their social skills—or perhaps *because* they aren’t known for their social skills—RAND’s Norman Shapiro and Robert Anderson wrote *Toward an Ethics and Etiquette for Electronic Email* in 1985.

While email has revolutionized the way we communicate, this sometimes pithy guide shows that the more things change, the more they stay the same. Take inbox overload, for example. Though email was in its infancy, the authors were already complaining of junk mail about “cheese-buying clubs” and the injudicious use of Reply All. And then as now, picking up the phone and/or walking down the hall were seen as better alternatives: “Consider reaching out and really touching someone.”

Even a list of network interest groups the authors provided portends how the platform would evolve. Sure, discussion groups about computer languages, software, and models (Commodore 64, anyone?) were legion. But fans of romance (net.singles and, for members of the same sex, net.motss) and Romulans (net.startrek) were also using the groups. Meanwhile, net.flame for miscellaneous rants could be any comment section on the Internet today. Unfortunately, net.crypt wasn’t as macabre as it sounded: The group was about data encryption.

The guide also suggests that virtual road rage is as old as the information highway. “Meanings are misunderstood. Tempers flare,” the authors say. “Perhaps the technology that spawned electronic mail will go further to help with the misunderstandings it creates. One can imagine message systems in which the boldness of the characters displayed is a function of the force with which the keys are hit” (though it’s unclear how that would lower the temperature of a heated exchange).

To avoid misunderstanding, the authors recommended “labeling emotions.” They helpfully provided examples of smiley faces and encouraged the reader to “turn the page a quarter-turn clockwise for maximum effect.” As prescient as they were, however, the authors failed to mention a future where conversations consist entirely of emojis.

Here’s 2 the future of communication! 😊