ARLINGTON NATIONAL CEMETARY

This Program is dedicated to my fellow Shipmates and a family member. All gave the last full measure for their country.

1961

LTJG Eward Mills

ACW2 James Kohen

ACW3 Jan Waddingham

AT3 David Turner

AT3 William Long

AT3 Robert Baxter

1966

Ensign Harry Belknap

2017

Police Officer Paul Lazinsky

PTSD RECOVERY FELLOWSHIP

A 12-STEP RECOVERY PROGRAM

Established for Veterans and First Responders

INTRODUCTION

Anyone can develop PTSD (Post-Traumatic Stress Disorder) at any age. This includes combat veterans as well as individuals who have experienced or witnessed physical or sexual assault, abuse, accidents, disasters, or other serious events. People with PTSD may feel stressed or afraid, even when they are not in danger. It's important to note that not everyone with PTSD has gone through a traumatic event; sometimes, just learning about a friend or family member's trauma can trigger PTSD. The populations most at risk for developing PTSD are military personnel and first responders. This program was established to provide these individuals with extended care.

Prevalence & Statistics

Veterans: The rates of PTSD vary based on the conflict and the period of service. Research estimates that between 11% and 20% of veterans who served in Operations Iraqi Freedom and Enduring Freedom (OIF/OEF) experience PTSD in a given year. For Gulf War veterans, the estimated rate is around 12%, while for Vietnam veterans, approximately 15% will experience PTSD at some point in their lives. It's important to note that these figures are estimates, and individual experiences may vary.

First Responders: First responders, such as paramedics, firefighters, and police officers, experience high rates of post-traumatic stress disorder (PTSD). Research indicates that approximately 20% of first responders are affected by PTSD, which is comparable to the rates seen in combat veterans. This increased risk can be attributed to their repeated exposure to traumatic events.

Veterans and First Responders: Both frequently encounter traumatic events such as deadly violence, accidents, natural disasters, and human suffering.

Moral Injury: The chronic stress linked to these professions, such as long hours, sleep deprivation, and the necessity to make rapid, life-or-death decisions, can increase the risk of developing PTSD.

Lack of Support: Stigma surrounding mental health issues can prevent veterans and first responders from seeking help. A lack of adequate support from peers, supervisors, and family members can also hinder recovery.

The Hidden Toll

An analysis of the growing mental health crisis among U.S. military personnel and first responders, highlighting the significant impact of Post-Traumatic Stress Disorder.

Active-Duty Military PTSD

The annual diagnoses of PTSD among active-duty service members increased by 84% from 2019 to 2023. This nearly doubled the rate of new diagnoses, highlighting a significant and growing challenge to the wellness of the force and operational readiness.

A High-Risk Environment

First responders are more likely to develop behavioral health conditions than the general population due to their routine exposure to trauma. First responders show a 30% prevalence, while the general population shows 20%.

Spotlight on the Military

From active service to veteran life, military personnel face unique and significant risks for PTSD, with rates varying dramatically by gender and service era.

Rising Incidence in Active-Duty Personnel

Data from 2019 to 2023 shows a concerning upward trend in the incidence rate of all mental health diagnoses, with PTSD and anxiety experiencing the sharpest increases. This rise, coinciding with the COVID-19 pandemic, suggests that stressors extend beyond just combat.

On the Front Lines at Home

First responders endure a continuous influx of trauma. Their constant exposure, along with inadequate recovery time, leads to alarmingly high rates of PTSD across all departments.

PTSD Prevalence Across First Responders

While specific estimates vary by study, the rates of PTSD among police officers, firefighters, and EMTs significantly exceed those in the general population. This data highlights the substantial psychological impact of their daily responsibilities.

What are 12-Step Programs?

All the different 12-Steps are adaptations of the 12-Steps of Alcoholics Anonymous, which is the original 12-step program.

The 12 Steps provide a simple approach to what Bill Wilson describes as "a new way of life" in the Big Book of Alcoholics Anonymous. He later states, "A new life has been given us, or, if you prefer, a design for living that works." This statement emphasizes the opportunity for anyone seeking peace and comfort in their lives. The 12 Steps are not based on a structured or religious belief system; rather, they require individuals to acknowledge that a life without meaning or purpose is unsustainable. The true aim of the 12 Steps is to offer a solution to this challenge, which applies to all human experiences.

A spiritual awakening is an individual's journey marked by their willingness to transform their life through a proven program for spiritual growth; it is an ongoing endeavor. A spiritual experience, on the other hand, is what God does for a person who feels completely helpless to effect change on their own.

Our 12-step program provides a social support system that encourages the sharing and development of interactive and self-regulatory experiences. This approach helps individuals who are struggling to find a sense of purpose and a new way of life. Eleven of the twelve steps focus on spiritual and behavioral methods that aid people in reconnecting both internally and externally. Regular 12-step meetings are organized around specific issues. When combined with other treatments such as therapy and prescribed medication, 12-step programs can be a valuable resource for addressing a range of physical and emotional challenges.

Examples of beneficial 12-step programs include Alcoholics Anonymous, Narcotics Anonymous, Emotions Anonymous, Adult Children of Alcoholics (ACA), and Overeaters Anonymous. While each program addresses different primary issues, all participants are guided towards a higher power. For instance, the only requirement for membership in Narcotics Anonymous is a desire for a healthy, meaningful, and rewarding life free from drugs. Similarly, the sole requirement for joining Co-Dependents Anonymous is a desire for healthy and loving relationships.

Individuals with PTSD frequently encounter related challenges such as substance abuse and alcoholism. Many of them engage in 12-step programs and experience varying degrees of success in overcoming these additional obstacles. While the sense of community and spiritual elements of these programs are beneficial, they often have only a limited impact on addressing PTSD itself. It is within this framework that the 12-Step PTSD Recovery Fellowship was established.

In this non-profit PTSD 12-Step Recovery Program, participants learn to manage their lives in a spiritual—not religious—environment. The program offers support from peers, providing opportunities for personal growth through the practice of the 12 steps. While some individuals may choose to continue with their current recovery methods, including traditional therapy, the benefits of group involvement are significant. Members share their experiences and commitments, creating a collective focus that helps individuals in recovery feel supported. Substantial evidence from self-help groups following the 12-step model has shown that participants often feel more empowered and optimistic as a result of self-disclosure and sharing their feelings.

ASSOCIATED INFORMATION

Six theories on why self-help groups work.

Self-help groups promote personal growth and healing by combining experiential knowledge with interpersonal skills. These groups help members develop self-awareness, overcome feelings of isolation, build resilience, and connect with others who have similar experiences. By emphasizing shared experiences and mutual support, self-help groups empower individuals to take control of their recovery journeys, highlighting the importance of collective wisdom and cooperation.

Emotional and physical support

A vibrant community provides strength and companionship, helping to prevent psychological and physical diseases.

Experiential knowledge

Members gain specialized knowledge and insights from experiences with severe mental illness. Validating their problem-solving methods boosts their self-confidence.

Social learning theory

Individuals learn by observation of others. Experienced members act as dependable role models.

Social Comparison Theory

Theoretical frameworks clarify the mechanisms of self-help groups, emphasizing their significant transformative effects on individuals facing mental health issues. Individuals with similar mental illnesses often come together for a sense of normalcy. Comparing oneself to others can inspire change, whether through upward or downward comparison.

Interpersonal Competence

Helping others enhances self-esteem and interpersonal skills. It fosters personal growth by providing insights, learning from interactions, and gaining social approval.

Continuity of Care

Theoretical frameworks clarify the mechanisms of self-help groups, emphasizing their significant transformative effects on individuals facing mental health issues. Groups can be a significant resource to connect with therapeutic resources for continuity of care.

Relationship with Mental Health Professionals

Self-help groups play a pivotal role in fostering both personal and communal transformation. Rooted in empathy and shared experiences, these groups provide a unique platform for individuals to exchange insights, navigate challenges, and cultivate resilience. By engaging in these communities, members often experience a renewed sense of identity and belonging, which complements traditional mental health services. Moreover, these groups emphasize The value of lived experiences as a cornerstone of healing, acknowledging that those who have walked similar paths are uniquely to offer guidance and understanding.

A 1978 survey of U.S. mental health professionals revealed a supportive attitude towards self-help groups in the mental health care system. Self-help groups offer hope, aid coping strategies, and enhance members' quality of life, even in the medical community.

The 1987 Surgeon General Workshop emphasized equal partnerships with self-help groups. at the workshop, Surgeon General C. Everett Koop called for relationships based on respect and equality rather than a hierarchical dynamic. Research on self-help groups shows minimal evidence of hostility towards mental health professionals. In the United States, the guiding principle of self-help groups is that "Doctors know more about treating sickness. We know more about treating sick individuals as human beings.

Referrals

Self-help groups have gained recognition for their grassroots approach and their ability to empower individuals through shared accountability and collective wisdom. These groups typically operate on principles of equality, avoiding hierarchical structures in favor of collaboration and mutual respect. They provide an inclusive space where participants can share their struggles and successes, fostering an environment of trust and validation. By focusing on peer-led guidance, self-help groups complement professional mental health services, bridging gaps in care and offering accessible support to those in need.

Thus, professional referrals to self-help groups can be a cost-effective method of continuing mental health services, and the two can coexist within their fields. While twelve-step groups, such as Alcoholics Anonymous, make an indispensable contribution to the cognitive and substance use (M/SU) professional services system, a vast number of non-twelve-step groups remain underutilized within that system. While twelve-step groups, like Alcoholics Anonymous, play a crucial role in the mental health and substance use (M/SU) professional services system, many non-twelve-step groups are still underutilized within this framework.

The combination of professional mental health care and self-help groups fosters collaborative healing. By integrating structured therapy with grassroots support, individuals can access a comprehensive continuum of care. This approach enhances traditional services and empowers participants through shared experiences and mutual accountability, making recovery a collective success. One survey revealed that 54% of members learned about their self-help group through the media, 40% found out from friends or relatives, while relatively few were referred by professionals..

Peer/Mutual Support and Self-help

Peer support is a process in which people voluntarily come together to help one another address common problems. Social, emotional, or instrumental support is mutually offered or provided by individuals with similar mental health conditions, where there is some mutual agreement on what is helpful.

Mutual support may include many other mental health consumer non-profits and social groups. These groups are classified as either Individual Therapy (focused on personal growth) or Social Reform (focused on societal change). The former involves individuals aiming for personal improvement, while the latter includes advocacy groups

Self-help groups are subsets of mutual support and peer support groups. They have a specific purpose of mutual aid in satisfying a common need, overcoming a shared handicap, or overcoming a life-disrupting problem. Self-help groups are less bureaucratic and work on a more grassroots level. Self-help organizations are national affiliates of local self-help groups or mental health consumer groups that support research, manage public relations, or advocate for legislation to assist affected individuals.

Summary

When attending PTSD Recovery Meetings, attendees hear how the program is working for those who have been in recovery for an extended time. This is reassuring and leads to an understanding that these same principles can be applied to their recovery from PTSD, regardless of its causation. Meetings also provide a supportive environment for one another. Initially, some people may struggle to connect with others, but this often improves over time. Socialization influences attendance at 12-step meetings. Sharing thoughts with other non-judgmental people provides a sense of safety in exploring feelings and re-establishing intimacy.

Through self-reflection, members begin to gain insight into their core problems. Introspection often encourages the release of blocked emotions through insight. Also, discovering our strengths and weaknesses as we come about in meetings allows people to learn to accept themselves. The result of incorporating the 12 steps into day-to-day living tends to encourage an individual's desire to pay it forward to others. This adds to building self-esteem and a feeling of purpose.

Founder

Orville Keith Thomas

Las Vegas, Nevada — June 20, 2024

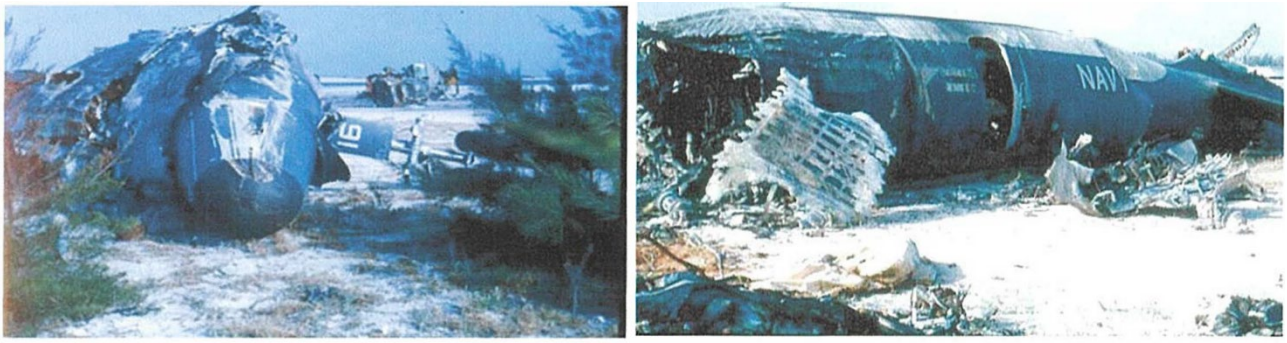
I was born in 1940, the youngest of six children to Willy and Bernice Thomas. I grew up on a farm in a typical rural family: poor, hard-working, disciplined, but most importantly, in a loving and supportive environment. Attending school was a top priority for me, as was participating in sports. My father was a daily drinker, but he never missed a day's work. He was also highly respected in the community, and I thoroughly enjoyed every minute I spent with him. I did well enough in high school in the first three years to meet the state requirements for a diploma, so I skipped my senior year and joined the Navy at 17. I started drinking in high school at 15 and quickly joined the drinking fraternity with my Navy buddies after Boot Camp.

Since my father drank most of his life, the DNA odds were sufficient enough to be a possible cause for my alcoholism. My older brother exhibited the same symptoms throughout his life as my father. But drinking more than socially acceptable amounts never occurred in my four sisters. If it could be speculated that my alcoholism had progressed in the same manner as it did with my father and brother, I may have continued my life as a functional alcoholic. Unfortunately, a significant existential difference separated me from them. As a result of a Navy plane crash, PTSD joined with my inherited alcoholism ... and created a Dr. Jekyll and Mr. Hyde.

I was trained as an aircrewman in the Navy and assigned to a reconnaissance squadron based at Naval Air Station Barber's Point, Hawaii. By necessity, we flew our secret reconnaissance missions out of Midway Island and operated in the North Pacific off the coast of Russia. We had a crew of 22. At only 20 years old, I was the senior enlisted Petty Officer supervising a ten-member technical team. Our Team's job consisted of operating top-secret devices capable of detecting and intercepting all electronic radio and radar communications operated by our adversaries, primarily North Korea, North Vietnam, China, and Russia. Unfortunately, they considered us spies. Even though at the time, it was called the "Cold War," our specific presence in their waters was sufficient for them to shoot us down when possible. Due to the nature of our missions, the Navy accepted any plane losses as unavoidable and warranted no disclosure if we were shot down. So, when a plane was lost, it was reported as lost at sea, and there were no survivors.

On January 22, 1961, we had a mechanical problem on a mission and had to return to Midway. We were relieved to make it home. It was 1:30 am. Our plane had to make a low approach over the water to accommodate our need to use the entire runway. However, we were too low; our left main landing gear struck the seawall, severing the main landing gear of the 70-ton aircraft. The wing then struck the runway, and the wingtip fuel tank exploded. The plane continued careening down the runway on fire before hitting a standby firetruck, killing the three men operating it. The crash broke the aircraft into three separate sections. The forward section continued skidding forward; the center section rolled over twice before ending upside down on the opposite side of the runway, and the back section slid on its side until it stopped. Eight of the forward crew manage to escape from the burning plane with one fatality.

All seven crew members in the back section evacuated safely. In the center section, where I was stationed, there were six of us arranged in an irregular circle. We were within arm's reach of one another. I was the only survivor. The other five burned to death.



AIRBORNE EARLY WARNING BARRIER SQUADRON PACIFIC

U.S. Naval Station Midway Island - January 22, 1961

16 Checkpool - Flight Crew 35

We had two flights remaining on our deployment assignment, but we had to stand down from flying the additional missions until the Accident Investigation Board completed its work. Since we weren't scheduled for any flights, we didn't have to follow the usual drinking restrictions. Naturally, we spent all our free time drinking and playing pinochle. The Board took ten days to conclude its investigation, and then we were allowed to return to Barbers Point, Hawaii.

A few days after getting back home to Hawaii, I began experiencing nightmares. They were occurring frequently enough that I struggled to fall asleep. My wife, who was only 21 and pregnant with our first child, became very worried about my outbursts during the night when I would wake up shouting and sweating profusely. She urged me to see a doctor, but I insisted that my reactions to the crash were normal and would eventually pass. I reminded her that my reenlistment was coming up in a couple of months, and I feared that if I consulted a Navy doctor about what I was going through, they might not allow me to stay in the Navy.

I re-enlisted in the Navy for a six-year term, spending the first year in an advanced aviation electronics school at the Naval Air Training Command in Millington, Tennessee. During this time, I continued to experience nightmares. Signs of alcoholism began to emerge around the age of 22. One night, while returning home from the Enlisted Club, I crashed into a power pole. Although the incident occurred off base, a passing sailor took me to the Naval Hospital, where a blood test revealed I had a .08 blood alcohol level, indicating intoxication. I faced a non-judicial military hearing and had my rank reduced.

One evening, I realized that I didn't have nightmares while I was still stationed on Midway Island. The only explanation I could come up with was that we drank every night before going to bed. So, I began drinking at the base club after work and bringing home a six-pack of beer each evening, which seemed to help. Little did I know that I would continue to rely on even more alcohol and other mood-altering substances to cope with my nightly demons for the next 18 years, regardless of the consequences. These consequences left scars not only on me but also on many friends and family members.

After my training in Millington, I received orders to Quonset Point Naval Air Station in North Kingston, Rhode Island. There, I became the supervisor of an evening shift of aviation electronics technicians. They also enjoyed drinking, and we would often finish scheduled repairs a couple of hours early so we could go to the Base Club. It typically closed at midnight, but we usually moved on to local late-night bars, staggering home when they closed around 4:30 a.m. I was still married and had two children, but our home felt like a war zone. When my drinking reached unsustainable levels one night, I attempted suicide. My wife called the Shore Patrol, and I was strapped onto a gurney and taken to Newport Naval Hospital, where I spent eight weeks in the mental health ward.

I had never spoken to my wife or anyone else about feeling responsible for the deaths of my crew in the center section. Nor would I tell a therapist; they would want to know how all five of them could be killed while I survived without a scratch. After all, I was their Senior Petty Officer, yet I emerged unscathed while they burned to death within arm's reach of me. I would be labeled a coward and discharged from the Navy. They wouldn't understand what I had experienced. They wouldn't believe me when I said I couldn't stop reliving the smoke and fire, or the moment I found myself trapped upside down, struggling to release my seatbelt and falling onto the plane overhead.

I remember crawling through the upside-down airplane, amidst the stored parachutes. Disoriented, the parachutes appeared to resemble bodies, yet I could neither see nor hear anyone around me. Confused, I crawled in the opposite direction from what I had been trained to do in an emergency. As I struggled to avoid inhaling the acrid smoke, my eyes burned, and the darkness obscured any possible exit. Suddenly, a calm voice said, "This way, Keith." In a flash of fire, I spotted a rip in the fuselage. I dived through it, hit the ground, and began running away from the burning, exploding plane. No, they would never know about this; I would take the secret to my grave.

I was in the mental ward for eight weeks. At six weeks, I was released to spend Thanksgiving Day with my wife and children. On that day, President Kennedy was assassinated. The hospital is on Newport Island, and I had to take a ferry to meet my family on the other side. I didn't make it to the ferry. I was so upset about the assassination that I stopped in a bar to have a few drinks while I waited for the ferry. The next thing I remember was waking up on a couch, and Kennedy's funeral procession was on TV. I had left the bar and somehow wound up in Boston, 120 miles away. I woke up in an apartment belonging to a Mohawk Indian and his wife. He was a steelworker who said we met in a bar, and he took me to his house after we were both thrown out of the bar. He bought me a bus ticket so I could return to the hospital. Luckily, I was able to return to the hospital on Monday morning. I had missed the entire Thanksgiving weekend away from my wife and kids.

Three weeks later, I was released as fit for duty. Because of my tour of duty at Quonset Point. was nearly completed, I was reassigned to the Naval Training Station, Millington, Tennessee, again for more advanced electronics training. A few months into classes, I attempted suicide again and was hospitalized. Three days later, I went AWOL and hid out at an old Navy buddy's home in Texas. Discovering what was going on with me, he called one of my sisters, who flew me to Phoenix, where I reported to the Litchfield Naval Station and began a four-month hospital stay at Naval Hospitals in San Diego and Oakland. At Oakland, I was given an honorable Discharge for Aggravated Depression.

From my discharge in May 1964 until June 1969, I was a traveling drunk, taking my family from town to town each time I got fired. The loss of my flight crew friends and another very close pal who was killed flying in Vietnam in 1964 was overwhelming. My nightmares and drinking continued to get worse, and my emotional availability to support my family was practically non-existent. We would not have made it without my wife working as a waitress. Finally, we went to live with my brother in Seattle, Washington. He and I became instant drinking partners. This time, my wife, who had been my high school sweetheart and married me when we were 18, took the kids and moved back with her parents in Colorado and filed for divorce. From then on, my life spiraled out of control, and I spent a lot of time homeless and living on the street. On June 20, 1979, in a bar, at about 10:30 at night, I took what turned out to be my last alcoholic drink.

The next day, my probation officer caught up with me. He presented me with the choice of entering a 28-day detox recovery program or being sent to a two-year prison term for violation. I opted for recovery.

The program was housed in a cabin-style motel built in 1924. Empty, it was awaiting demolition by the State to make way for a new freeway. At the time, five AA members were using a tiny house as a drying-out place for drunks. Discovering the lag between the motel's abandonment and eventual destruction, they saw an opportunity to increase their ability to meet the growing number of those seeking help from AA. They petitioned the City to let them use the property. In their proposal to operate the motel as a non-profit recovery program, the AA Members added the facility would also provide a recovery process for drunks living on the streets.

The city allowed them to use the property at no cost. It even waived the usual requirement for each "program provider" to be certified as a Drug and Alcohol Counselor and allowed them to have one Board Certified Counselor to meet State regulations. With no affiliation to Alcoholics Anonymous, the team opened the motel as The Maverick House and used the Big Book of AA as the curriculum for the required recovery classes. The team successfully operated the House for several years before its inevitable destruction. I understand that a new Maverick House was built and is still in operation.

At about 10 pm, on my third night at Maverick House, I was lying in my bunk, staring at the ceiling and trying to figure out what to do after completing the program. As lights-out happened, I whispered, "God, please help me." In seconds, strangely, I was no longer thinking about what I would do when released and simply fell asleep. Although I had pronounced myself an Agnostic for many years, I intuitively became aware the next day that I had not experienced a conscious thought of taking a drink since that prayer; the compulsion to drink had been removed. I knew the causation of that event had to come from some source other than me.

I purposely discounted considerable factual information about excessive drinking being a disease. Finally, reluctantly convinced, I accepted I had a physical inability to metabolize alcohol normally. By experience, I had proven to myself that this imbalance in my body's chemistry had brought about a mental obsession to drink, which over time developed into a consistent compulsion, and that I was incapable of modifying or reversing it. I had ignored all those messages and warnings because I wanted to drink more than I wanted to get sober. I finally wanted to be sober more than I wanted to drink. Unaware at that moment, I had taken my First Step in the process of returning to Alcoholics Anonymous.

From that point forward, I made AA my foundation for living a sober life. After two years of sobriety, my relationship with my family members and my former wife began to mend. My children followed suit, and as time passed, a loving relationship with my kids and later grandkids was phenomenal. It remains so to this day. The VA has been my health provider since 1970. For years, I had a restless sleep pattern, even without bad dreams.

In 2014, I was talking to my Primary physician and mentioned my sleeping difficulties. She suggested I see a Sleep Apnea specialist and make an appointment. I met him a few weeks later, and he ordered a sleep test. The following week, I did the sleep test, and it came back that I indeed had a severe case of Sleep Apnea. At my next appointment with the Doctor, he had several other vets in his office. They, too, had tested positive for Sleep Apnea, and he was giving us a presentation on the use of a CPAP machine. During the presentation, he covered the four sleep cycles. He referred to level four as the dream state, stating that it was the ideal level to achieve. I told him I would not be interested in the CPAP if the goal were to reach level four. He asked why, and I told him I had tried to avoid dreaming for years and mumbled a reason why. I can't recall what I used as the reason.

He said he would make an appointment with mental health and see if they could help with my sleep problem. I was a little hesitant because of my previous experiences with the VA, resulting from several suicide attempts. Once, in the Phoenix VA, I was confined in a secure lockdown for a couple of months and kept in a zombie state with medications. However, I kept the appointment. My first mental health appointment in Las Vegas was with a psychiatrist who interviewed me and then sent me to a psychologist. She administered a series of unusual tests.

I was then referred to another psychiatrist. He also administered a couple of written tests. The following day, after a few sessions, he said I had PTSD and that it resulted from the plane crash. I said that couldn't be because the crash was in 1961, but it was now 2014. He said Delayed PTSD, occurring much later in life, can often be as debilitating as the incident that caused it. Two private psychologists later confirmed the VA diagnosis.

I meet with this psychiatrist every week for six months. I soon discovered some answers to many emotional problems that had persisted over the years! The most important one was my guilt over not helping any of my buddies out of the plane when we crashed. I secretly felt like a coward. The doctor said those thoughts were the primary reason for my suicide attempts and sleepless nights. Coupling the new information from the VA therapy, I was able to utilize my AA 12-step program in bringing closure to my debilitating secret life and finally identifying the truth and accepting the outcomes. I still have an occasional flashback back but it's usually fleeting.

Of far more interest, I finally read the accident investigator's conclusion that all crewmen who perished were killed during the collision before it came to rest. There was nothing I could have done to save any of them. That was an amazing wake-up moment. It suddenly occurred to me that when I was trying to crawl out of that inferno during the crash, and heard the quiet voice of a crewman say, “This way, Keith,” that was impossible! First, there was no one alive to say it. Second, in the military, enlisted personnel are always addressed by their last name, which would have been Thomas. Only God knew me as Keith, and I’m convinced he provided me with directions that night and saved my life.

At age 85 and 46 years sober, including ten good, reasonably solid years of freedom from the mental and emotional effects of PTSD, I believe a needed service can be accomplished by establishing and promoting a Continuity of Care program that focuses specifically on PTSD. I still find it challenging to share my PTSD experiences occasionally in an AA meeting. While AA certainly gave me the path to developing a sober, peaceful, loving, spiritual life, it was the work I put into addressing my lingering PTSD problem itself that helped me reach closure with the past and find forgiveness for myself and others. I know there are people in AA who used alcohol to deal with their undiagnosed PTSD; hopefully, this particular program would help them recognize their PTSD by obtaining professional help while keeping the continuity of the 12-step program. I know from personal experience that this combination can work for many people living with PTSD.