



Thursday Memo – December 18, 2014

A Veteran's Story – by Jeff Baxter

For me, this day started as a regular Thursday at work, a walk in admission day at the methadone program. And, as usual, my phone had already gone off at 0700 as I was on my way in to ask how many more admissions I would be willing to try to squeeze in this morning. Even with the capacity built in to admit more than 25 patients per week in Worcester, we still had more people presenting for treatment than our walk in process could accommodate. It was going to be another busy morning; I made sure to stop and get a strong cup of coffee to power up to face the day.

The first admission was waiting already, and didn't look any different than the majority of people I see. Male, early 30's, wearing construction work clothes, sniffing, anxious, shifting positions frequently, obviously in significant opioid withdrawal. But when I called his name, despite being sick, he answered with a prompt, assured "yes, sir," that placed him, in my experience, in a unique category of clientele: likely recent military service. Probably a veteran of US military actions in Iraq and Afghanistan.

If he was here in our civilian, community-based treatment program, then something else had gone wrong in addition to the drug problem. I had worked at the VA in the past. I had seen the systems of care available for vets; systems that had been expanded and enhanced over the last decade to help veterans returning from these active war theaters. We would be happy to treat him, of course, but vets weren't supposed to need our services. The military was supposed to take care of its own.

We got right down to business, and he told me his story. Like so many others I have met, his story was nuanced and complicated. Yes, on the surface, there were the percocets, prescribed after a work injury, which turned into oxy 30's from the street when the prescriptions stopped. That transformed into nasal heroin when friends told him it was cheaper. That sunk to intravenous heroin when things got too expensive.

But, there was also a palpable tension in him. Strength, and pain. Determination, and disappointment. Resilience, and failure. Struggle, and survival.

"Tell me about when you were in the service," I asked.

"It was right after 9/11. It was called service, but we trained like it was revenge. We were so young, 18, 19 years old, over there taking people out." he said.

He enlisted at age 18, and served multiple tours as a medic. After 4 years active duty, he remained on reserve, but drank so heavily he couldn't attend the monthly trainings. His drinking led to a type of discharge that made him ineligible for VA services, and things got worse.

“The very first time I came back, there were protesters at the airfield waiting for us. What was I supposed to think of that? We would look at each other and say, if you aren't going to stand behind us, then go over there and stand in front of us. It all stays with you. When a 20 year old cuts his own throat and dies in your arms to avoid going back, you can't forget that.”

It stayed with him; he couldn't forget. But he didn't let his story end there. A family member told him he had to stop drinking. And he did. He linked with AA, and has not touched alcohol in a decade. He works full time, and owns a house. The work injury led to chronic pain that sent him down this current, destructive path. Yet he is still married, and although they decided to separate right now due to his drug use, he sees his kids every weekend.

“That all tells me something about you,” I told him, “that you aren't afraid to make difficult decisions and stick to them. What made you come in today?”

“I can't do this anymore—I have too much to lose. I need help.”

I am honored. I am instantly reminded why I come to work every day and why I enjoy my work in addiction medicine so much. What a privilege it is to be able to help someone who not only has such great needs, but who has so much to give, and who has given so much.

So, we make a plan. He doesn't want to depend on the methadone, but he'll let it help him get the drugs out of the picture so he can get back on track. I encourage him to set goals, and give himself enough time in treatment to reach them. He accepts a mental health referral, and I encourage him to reapply for VA benefits even though he has been denied in the past. He feels guilty—he is working under the table and so has qualified for state Medicaid insurance. “We are lucky to live in a state that allows young men to qualify for Medicaid,” I tell him.

“Consider this a ‘hand-up’, not a ‘hand-out’,” I say. “You've more than earned it.” But what I think is: this is the least we should do for you - we owe you so much more.