Helping Victims of Terrorism: What Makes Social Work Effective?
Haya Itzhaky and Rachel Dekel

This study examined factors that contribute to effectiveness of social work for victims of terrorism, as reflected by a reduction of mental distress and promotion of personal growth in clients. Participants were 148 pairs of social workers and clients. Social workers completed questionnaires that assessed the intervention characteristics (micro- and macro-intervention effectiveness, supervision effectiveness, and level of directiveness in treatment), as well as personal resources (empowerment and exposure to terrorism). Clients completed mental distress and growth questionnaires. Micro-intervention effectiveness contributed toward explaining the variance in clients’ mental distress, whereas effectiveness of the macro-intervention and the directive nature of the approach contributed toward explaining the variance in clients’ growth. Empowerment contributed toward distress and growth only when it interacted with one of the intervention characteristics. The social workers’ personal exposure to terrorism directly influenced the reduction of clients’ distress and promotion of personal growth.

KEY WORDS: distress; effectiveness; empowerment; growth; terrorism

Terrorism is a worldwide problem. Studies conducted among adults who were exposed to political violence in Bosnia and Croatia (Grgic, Mandic, Koic, & Knezevic, 2002), Palestine and Israel (Baker & Kevorkian, 1995; Shamai, 2001), and the United States (for example, Galea et al., 2002; Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002) reveal that these experiences produce serious personal consequences, such as heightened anxiety, depression, phobias, a reduced sense of safety, and heightened posttraumatic stress symptoms. In addition, experiencing terrorism can lead to increased use of tobacco, alcohol and drugs, and to self-medication. Notwithstanding these negative consequences, consistent efforts have been made in recent years to document ways in which people may benefit from adverse events and undergo some positive life changes. For example, findings from several studies have revealed that victims of traumatic events experienced enhanced intimacy with others, changed life priorities, greater sensitivity to others, and increased spirituality (McMillen & Fisher, 1998; Tedeschi & Calhoun, 1996).

Following terrorist attacks, social workers engage in short- and long-term intervention with victims (Ribner, 1993). The research on the effectiveness of social work interventions in the wake of such events, however, is limited. Moreover, most of the available studies assessed macro-level interventions, such as group work (Miller, 2003) or community interventions (Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003). Only a few studies assessed the effectiveness of an individual, micro-level treatment (Fontana, Ford, & Rosenheck, 2003).

Examination of the factors that contribute to social work effectiveness in response to terrorism is a complex task that involves consideration of intervention characteristics as well as the personal resources of the staff (Cameron, 1986; Itzhaky, 2003; Jenkins, 1987). In the present study, intervention characteristics are represented by effectiveness of the process (including effectiveness at the macro and micro levels, supervision, and the intervention strategy). Bustin (2002) suggested that to assess intervention effectiveness as perceived by clients, it is necessary to examine the effectiveness and abilities...
of the agents of change, as well as the main effects of the therapeutic environment. In this study, we measured the social worker's personal resources as a sense of empowerment and the extent of personal exposure to terrorism. Clients' perceptions regarding the effectiveness of the treatment (Miller, 2003) was measured by the reduction of mental distress and promotion of growth.

SOCIAL WORK EFFECTIVENESS

The definition of effectiveness in social work is based on three main approaches: (1) the goal-attainment approach, according to which success is related to achievement of the organization's goals; (2) the constituencies approach, which maintains that to be effective, a program must be perceived as such by its constituencies (Newstorm & Davis, 1993), and (3) the process approach, which examines the effectiveness of the activities and skills that are used in the intervention (Bustin, 2002; Fitzpatrick, 1988). In the present study, we used a combination of these three approaches, as proposed by Itzhaky and York (1994).

A review of the literature indicates that one way to examine effectiveness of goal attainment is through clients' perceptions of their own personal growth within the intervention process. The effectiveness of the process can be examined on the basis of the workers' perceptions (Bustin, 2002; Fitzpatrick, 1988). In addition, Bustin noted that the contribution of process effectiveness toward goal attainment should be examined to gain a broad view of the effectiveness of social work.

Intervention Characteristics

Effectiveness as a Process. To comprehensively assess the efficacy of an intervention, Gorey and colleagues (1998) posited that researchers must use both a microanalytic and macroanalytic approach to their inquiries. Examining effectiveness as a process directs focus on the micro level, as reflected in casework (Meyers & Thyer, 1997) as well as on the macro level, as reflected in community work (Itzhaky & York, 1991). Because the two types of intervention aim to achieve different goals, operational definitions of their effectiveness differ accordingly. Effectiveness of micro-intervention includes performance of clinical tasks, such as diagnosis of the problem, treatment, and assistance in identifying strengths. Effectiveness of macro-intervention includes policy making, planning, and organizing groups (Itzhaky, 2003). In addition, Bustin (2002) argued that the effectiveness of supervision received by social workers should be taken into account.

Most research on effectiveness assumes that an effective process promotes the achievement of goals (Bustin, 2002). However, few empirical studies have examined how the effectiveness of social work contributes to goal achievement. For example, in a study of social work effectiveness on kibbutzim in Israel, Itzhaky (2003) found that the social worker's role in community-based interventions contributed to the clients' satisfaction and to their sense of empowerment.

Directiveness of Intervention. Intervention strategy is a requisite variable when attempting to study the effectiveness of social work. In directive intervention, for example, the social worker determines the clients' needs and what steps need to be taken (York, 1988). In nondirective intervention, by contrast, clients make their own decisions based on their needs and problems in consultation with the social worker (Batten, 1976). With regard to measures of directiveness, York (1988) and Bustin (2002) emphasized enterprise, goal definition, planning, and performance. Thus, as long as social workers initiate, plan, and perform, their work is considered directive.

By contrast, Boehm (2002) suggested that nondirective strategies, in which clients are involved in all phases of intervention, are preferable in times of crisis. York (1988) and Bustin (2002) found that the more they involved their clients, the greater social workers' success in achieving intervention goals. As for clients, Brafman (2002) found that the more they were involved in the intervention process, the higher their levels of satisfaction. In a study of clients with posttraumatic stress disorder (PTSD), Fontana et al. (2003) revealed that participation in and commitment to treatment contributed significantly to clients' satisfaction.

Personal Resources

Empowerment. Frans (1993) proposed five components of social workers' empowerment: (1) a self-concept, which includes self-validation and self-esteem; (2) a critical awareness of one's place in larger systems such as family, agency, or society; (3) possession of knowledge and strength to influence oneself or others; (4) a propensity to act, which involves power to initiate effective action for oneself or others, and (5) a sense of collective identity,
which entails sharing the goals, resources, and aspirations of an identified social system. The more workers feel empowered, the higher their level of cooperation with clients, and the greater their contribution to clients’ empowerment (Dodd & Gutierrez, 1990). Notably, empowerment enables social workers to feel professionally secure, and therefore enhances their willingness and ability to cooperate with clients, to focus on clients’ strong points, and to create an effective therapeutic environment (Breton, 1999; Goldstein, 1990; Guterman & Bargal, 1996; Saleebey, 1996; Shera & Page, 1995). Thus, empowerment contributes directly to effectiveness of goal achievement (Bustin, 2002).

Itzhaky (2003) and Makaros (2003) found that the contribution of empowerment to effectiveness becomes significant only in interaction with role behavior at the macro level. Notably, these studies focused on the relationship between workers’ sense of empowerment and the extent of goal achievement as evaluated by the social worker. To the best of our knowledge, no studies have examined the link between social workers’ empowerment and goal achievement from the client’s perspective.

**Exposure to Terrorism.** In light of the escalation of terrorism in Israel over the past three years, the impact of therapists’ personal experience with terrorism on their work with victims of terrorist attacks cannot be ignored. There is ample evidence that therapists who have been exposed to traumatic events in the past experience greater distress than their unexposed counterparts in the process of treating trauma victims (Follette, Polusny, & Milbeck, 1994; Pearlman & Maclan, 1995). There is a dearth of research evidence, however, regarding the impact of social workers’ exposure to terrorism on their achievement of therapeutic goals. Therefore, the present study examined the unique contribution of intervention characteristics and therapists’ personal resources (as reported by the worker) toward reducing mental distress and promoting growth (as reported by the client).

**Method**

**Participants**

The sample of participants included 148 social workers who treated victims of terrorism in different locations throughout Israel. Of the social workers, 89.2 percent were women. Nearly half (44.4 percent) of them were younger than 40, and the majority of them (56.7 percent) were age 40 or older. Most were married (79 percent) and had children (68 percent). The majority of the social workers had social work degrees: 58 percent had a BSW; 42 percent had an MSW. About 30 percent of the social workers had more than 16 years of professional experience in the field; 26 percent, less than five years experience; and the rest (44 percent), between five and 15 years of professional experience.

For each social worker participating in the study, we chose to examine one client who had been involved in a terrorist attack (a total of 148 client participants). Of those clients, 10.14 percent had lost a family member in an attack, 12.16 percent had been injured, and the rest had been exposed to a terrorist attack but had not been physically injured. Sixty percent of the client population was women, 40 percent of whom were age 40 or older. Most of them (approximately 84 percent) were married, with about three children on the average. Ten percent had graduated high school only, about 54 percent had a bachelor’s degree, and 36 percent had a master’s degree.

**Measures**

**Dependent Variables.** Client’s emotional distress was captured by the Brief Symptom Inventory-53 (BSI-53), a psychological screening questionnaire (Derogatis, 1977). This instrument examines the appearance of 53 different symptoms during the two weeks preceding the assessment. We used the Global Severity Index, which identifies the overall acuteness of psychiatric symptomatology (Derogatis). Clients were asked to indicate how frequently they had experienced each symptom over the preceding two weeks, on a five-point scale, ranging from 0 = not at all to 4 = often. The BSI-53 scales correlated highly with similar scales in the Minnesota Multiphasic Personality Inventory (Derogatis, Rickels, & Rock, 1976).

To tap into personal growth, we administered the Posttraumatic Growth Inventory, a self-report measure that assesses positive outcomes reported by people who have experienced traumatic events (Tedeschi & Calhoun, 1996). The inventory contains 21 items, loaded on five factors: (1) new possibilities, (2) relating to others, (3) personal strength, (4) mental change, and (5) appreciation of life. For each item, clients were asked to indicate the extent to which change had occurred as a result of their traumatic experience on a four-point scale.
ranging from 1 = no change to 4 = major change. The scale has good internal consistency and acceptable test-retest reliability (Tedeschi & Calhoun). Cronbach’s alpha in the current study was .86.

**Independent Variables.** Itzhaky (2003) developed a multipronged questionnaire, defined by eight skills, to assess effectiveness at the micro and macro level, which we used in the present study. The macro-level skills include policymaking, program planning, implementation of community programs, and organizing groups, and the micro-level skills involve diagnosing the problem, treatment, mediating between the client and formal systems, and helping identify strengths. Social worker participants were asked to indicate the extent to which they felt effective in each of the skills on a five-point scale, ranging from 1 = a very low extent to 5 = a very great extent. The Cronbach’s alpha reliability value for effectiveness at the micro level was .82, and the value for effectiveness at the macro level was .86.

The Supervision Effectiveness Questionnaire, developed by Itzhaky and Lazar (1997), is a self-report questionnaire comprising six items that relate to attainment of supervision goals. Three of the items refer to the attainment of client’s treatment goals—that is, the effectiveness of supervision in therapy. The other three items refer to the supervisee’s development in the course of the supervision process. The Cronbach’s alpha reliability value for this questionnaire was .79.

Social worker participants also took the Directive Approach Questionnaire (York, 1988), which is designed to examine the extent to which the social worker is directive toward the client. The questionnaire asks about encouraging the client’s enterprise, defining intervention goals, planning, and implementing intervention programs. Items are ranked on a five-point scale, ranging from 1 = very low to 5 = very high. The Cronbach’s alpha value for the questionnaire was .80.

The scale for measuring social worker empowerment, developed by Frans (1993), contains 34 items that measure five components: (1) perception of personal and professional power (that is, belief in one’s capacity to change events in a client’s life); (2) collective identity (that is, sense of sharing goals, resources, and aspirations of creating a meaningful social system); (3) critical awareness (that is, the ability to recognize one’s place in the world in relation to larger systems); (4) self-concept (that is, self-appraisal and self-esteem); and (5) propensity to act (that is, perceived strength to initiate effective action on behalf of one’s self or others). Responses were based on a five-point Likert scale, ranging from 1 = strongly agree to 5 = strongly disagree. In the present research, the Cronbach’s alpha reliability values for all of the factors were .83.

The questionnaire on exposure to terrorism was developed for the purpose of the present study, and on the basis of an instrument used in an earlier study (Solomon & Laufer, 2004). The social workers participating in the study were presented with a list of 11 types of terrorist attacks and asked whether they had been exposed to such an incident. Among the events included were shooting in a settlement, shooting at a car, a car bomb, stone throwing, a Molotov cocktail, or a mortar bomb. The mean number of events was 4.23 (SD = 0.61).

**Procedure**

After receiving clearance from the Ministry of Welfare, questionnaires were distributed in summer 2002 to social workers during staff meetings and in-service training sessions at five social services departments throughout the country. All of the social workers participating in the study had been exposed to terrorist attacks. During the meeting or the training session, a general explanation was given about the study, and the social workers completed the questionnaires on-site. All of the questionnaires were collected at the end of the meeting. In addition, each social worker provided a list of four clients who had been exposed to terrorist attacks and would be willing to complete the questionnaire. Questionnaires were sent to the third client on every list. Although all of the clients had agreed to complete questionnaires, 38 percent failed to do so. Therefore, in the second stage, if the third client on a social worker’s list failed to respond, we sent questionnaires to the second client on the list. In the third stage, questionnaires were sent to the fourth client on the lists from which no response was received. At the end of the process, client questionnaires were attached to each of the questionnaires completed by social workers.

**RESULTS**

To examine the unique contribution of the research variables toward the effectiveness in achieving the two main goals (reducing distress and promoting
growth), we performed a hierarchical stepwise regression for each dependent variable. The resulting coefficient of determination ($R^2$) indicates how well the set of variables in each step explains the dependent variable. The regression results indicate the direction and size of the contribution of each variable to the dependent variable in each step. The contribution to the dependent variable is measured by a standardized regression coefficient or beta ($\beta$).

In the first step, all of the independent variables were entered. In the second step, the interactions between empowerment and effectiveness variables (micro and macro effectiveness, supervision effectiveness) and the directiveness of the intervention were entered.

As illustrated, 22 percent of the variance in the clients' mental distress and 29 percent of their growth were explained by the independent variables (Table 1).

In the first step, the clients' mental distress was explained by the social workers' exposure to terrorist attacks and by the effectiveness of micro-intervention. The greater the social worker's exposure to terrorist attacks and the greater the effectiveness of the micro-intervention, the lower the level of mental distress reported by the client. Social workers' exposure to terrorist attacks, the social work approach, and supervision effectiveness explained the variance in clients' growth. That is, the greater the social worker's exposure to terrorist attacks, the more collaborative the social work approach, and the more effective the supervision, the higher the client's reported personal growth.

The social workers' sense of empowerment did not contribute directly (first step) to changes in either client mental distress or client growth. Rather, social workers' sense of empowerment contributed to clients' adjustment only in interaction with one of the effectiveness variables. Empowerment x macro-intervention effectiveness and empowerment x supervision effectiveness reduced the client's mental distress. Empowerment x micro-intervention effectiveness positively promoted the client's growth.

To understand these interactions, we divided social worker's empowerment into three levels: low,
medium, and high. Next, for each level of empowerment, we examined correlations with macro-intervention effectiveness and clients' mental distress. When the social workers' levels of empowerment were low (r = -.01, p > .05) and medium (r = -.09, p > .05), no significant correlation was found between macro-intervention effectiveness and the clients' mental distress. When the social worker had a high level of empowerment, high macro-intervention effectiveness correlated with low levels of client's distress (r = -.22, p < .05).

The interaction effect was also noticeable when it came to examining supervision (empowerment X supervision effectiveness). In cases of high social worker empowerment, higher supervision effectiveness correlated with low levels of client mental distress (r = -.41, p < .01). No significant correlation was found between supervision effectiveness and clients' distress when the social worker's empowerment was low (r = -.12, p > .05) or medium (r = .09, p > .05).

Regarding the interaction of empowerment * micro-intervention effectiveness and growth, the findings revealed that at low levels of empowerment, the correlation between micro-intervention effectiveness and the client's level of growth was not significant (r = 0.12, p > .05). When the social workers' empowerment was medium (r = .39 p < .001) or high (r = .35 p < .001), a higher level of micro-intervention effectiveness correlated with high client growth.

**DISCUSSION**

The study examined the distinctive and relative contribution of intervention characteristics and social workers' personal resources in reducing mental distress and promoting growth among clients. The findings indicate that of the intervention characteristics, the effectiveness of micro-intervention contributed to the explained variance in clients' mental distress. Similarly, the effectiveness of macro intervention and the directive nature of the social worker's approach contributed to the explained variance in clients' growth. As a personal resource, empowerment, contributed toward both reducing mental distress and promoting positive growth, but only in interaction with one of the intervention characteristics. The social worker's personal exposure to terrorism contributed directly to the clients' levels of distress and growth. Consistent with earlier research (McMillen & Fisher, 1998; Tedeschi & Calhoun, 1996), the results of the present study confirm that exposure to traumatic events leads to both distress and growth. Thus, people who report growth are also aware of their distress (Tedeschi & Calhoun).

Some studies claim that reports of growth represent a general positive bias (Tedeschi & Calhoun, 1996), whereas others suggest that such reports reflect a human aspiration for growth and positive change after difficult events (McMillen & Fisher, 1998), but are not indicative of genuine changes. Nevertheless, the consistent reports of growth after traumatic events, based on evidence from a broad range of cases and using a variety of tools (McMillen & Fisher) demonstrate that beyond a desire for positive change, reported growth attests to the positive change that has occurred. The findings of the present study show that the variance in each of the measures of clients' goal attainment—mental distress and growth—are explained by different variables related to the social worker, which lends support to the argument that growth takes place after traumatic events.

We found no studies that examined the association between social workers' exposure to trauma and their clients' distress or growth. Earlier findings pointed to the positive relationship between social workers' exposure to personal trauma and their own distress when treating trauma clients (Follette et al., 1994; Kassam-Adams, 1994; Pearlman & McLanahan, 1995). On the basis of these reports, we expected that the workers' personal exposure to terrorism would correlate positively with their clients' distress. We thought that workers who are concerned with their own distress would probably be less emotionally available to treat the distress of clients. Our findings, however, contradict these expectations. We found a negative association: The greater the extent of the worker's exposure to terrorism, the less distress and the more growth reported by the client. Several possible explanations for these findings are proposed from both the social work and the client perspectives. First, social workers' exposure to terrorism may enhance their understanding of the clients' difficulties and improve their ability to provide effective treatment to victims of trauma. Trauma victims often assert, "if you didn't experience it, you can't understand it." It is also possible that the coping methods used by the social workers to deal with their own experience of trauma can serve as a model to promote clients' growth.
and reduce their distress. It should be noted, however, that even though the present study considered the social workers' exposure to terrorism in the context of their intervention with trauma victims, it did not examine their responses to their own experience with trauma. Exposure in itself may strengthen the social workers and help them realize the unique contribution of their efforts, but the findings may have been different if the social workers' responses to their own experience with terrorism had been taken into account, as in other studies. Qualitative research might help identify the coping mechanisms that social workers use in their own experience with terrorism and determine how those mechanisms enhanced the effectiveness of their work with clients.

An analysis of intervention characteristics revealed that only micro-intervention contributed toward reducing mental distress. One goal of micro intervention, reduction of the client's mental distress (Tantam, 2002), was validated by the present findings. The sense that the social worker's micro intervention is effective is "transferred" to clients and reduces their mental distress. This highlights the uniqueness and importance of the therapeutic relationship at the micro level for reducing mental distress after a terrorist attack. In light of the expansion of terrorism throughout the world and particularly in Israel over the past few years, diverse therapeutic methods have been applied in clinical work with victims of terrorist attacks (Miller, 2002; Nutman-Shwartz, Lauer-Karneil, & Offir, 2002; Shalif & Leibler, 2002). The present findings reinforce the importance of the personal therapeutic relationship in the various interventions with such clients.

By comparison, the effectiveness of macro-intervention, supervision, and social work approach contributed to prediction of growth. These findings suggest that growth is a complex process, in which significant others play a role beyond these three factors. Social work approach refers to the degree of client participation: The more the clients participate in the process, the more they grow. Supervision effectiveness reflects the contribution of the supervisor to the growth process: The more effective the supervision as perceived by the social worker, the greater the client's growth. Finally, growth demands not only clinical skills, but also community activities such as policy making, planning programs, and organizing groups that require the involvement and cooperation of community leaders and others. Thus, whereas the personal therapeutic relationship plays a crucial role in the reduction of clients' distress, promotion of growth involves other, broader dimensions as well.

Another noteworthy finding is the distinction between the components needed to reduce distress and those required for growth. In contrast to other studies (Bustin, 2002; Dobri, 2002; Goldstein, 1990; Guterman & Bargal, 1996; Itzhaky, 2003), the present research found that social worker empowerment does not contribute directly to the measures of goal achievement. The impact of social workers' empowerment on client adjustment is expressed only when it interacts with one of the components of effectiveness. Empowerment × macro-intervention effectiveness and empowerment × supervision contributed toward reducing client distress, and empowerment × micro-intervention effectiveness was found to contribute toward promoting client growth.

Although effectiveness is specifically related to the therapeutic process, empowerment relates to the social worker's personal sense of competence. Thus, the interaction between the social worker's sense of personal empowerment and specific skills in micro or macro-intervention led to improved measures of effectiveness. This finding supports the argument that the characteristics of social work intervention should be combined with personal resources (Itzhaky, 2003) to achieve maximal effectiveness in micro intervention. At this level of clinical social work, effectiveness helps promote clients' growth when combined with empowerment, and effective macro-intervention helps reduce distress when combined with empowerment. Thus, at all levels of the therapeutic process, social workers need to feel empowerment to attain an optimal level of effectiveness in achieving the goals of reducing distress and promoting client growth.

These results notwithstanding, some limitations of the study are noteworthy. Research on terrorism, by nature, cannot be based on a random sample. For that reason, the sample in the present study included all of the social workers at community social service departments who had been exposed to terrorism. Second, a clearer definition of the exposure variable is needed. Although we examined the number of times the social worker had been exposed to terrorist attacks, their proximity to the event was not ascertained. Evidently, social workers' personal responses to the experience of
terrorism may affect their effectiveness, but this variable should be measured more precisely. For example, the study did not examine the social workers' subjective perceptions of the event, such as feelings of helplessness, shock, and fear (Pearlman & Maclan, 1995), and did not look at the level of distress they experienced as a result of their exposure to terrorism. Consideration of these variables may shed light on the process of intervention that involves social workers and clients who have been exposed to terrorist attacks. In addition, clients' understanding of therapeutic process, experience, and meaning should be added to the effectiveness evaluation (Miller, 2003). Additional studies could interview clients about which of the treatment's components helped to make the process effective and resulted in decreasing distress and increasing growth.

Furthermore, the present study was conducted at one point in time. We did not control the client's primary level of distress at the beginning of the intervention or the length of intervention (Fontana et al., 2003). Clients with intense PTSD symptoms at the beginning of therapy may demonstrate less improvement in distress than do clients with lower initial distress. This suggests that such variables also may affect the effectiveness of the social worker. In addition, because the various effectiveness variables in this current study were based on the social worker's self-perception, future studies could add external assessments of effectiveness.

On the whole, the unique contribution of the present study is its emphasis on the client's perspective in examining the correlation between social work variables and outcome measures and its assessment of process effectiveness in terms of goal achievement. This research design sheds light on which of the abilities and resources available to social workers are most likely to help clients who have experienced terrorist attacks. The findings reveal differential and combined effects of social workers' resources and abilities on the achievement of intervention goals.

**REFERENCES**


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