



## The New Warrior: Veterans and Families Written Video Transcript

[00:00.20.00] Welcome home. The VA is honored to bring you [00:00.40.00] this program on combat stress and wellness. As secretary of veteran affairs, and a Vietnam combat veteran myself, I feel a personal connection with you who are returning from the global war on terror. While most of you will adjust well some may suffer from the stress of war. [00:01.00.00] We hope our program offers insights into common adjustment issues and helps you and your families know that help is available. We invited Senator McCain to say a few words because he represents true resiliency. During Vietnam, Senator McCain not only survived being [00:01.20.00] a prisoner of war but then went on to become a United States senator.

I'm pleased to welcome you home, our new American warriors. Thank you to both you and your families for your service in Operation Enduring Freedom and Operation Iraqi Freedom. As you may know I served in Vietnam [00:01.40.00] and was a prisoner of war for many years. I've seen how the lives of our men and women in uniform can be profoundly affected by combat, injuries and other wartime stress. Most of our military brothers and sisters will make a normal adjustment after coming home while some may need extra care and support. [00:02.00.00] Because some may need help now does not mean they'll always suffer. If you're distressed or suffering in some way or just concerned you might have a problem it's important to know that help is available. Seek it out. You can overcome adversity, you can return to a more normal life. [00:02.20.00] Don't give up hope. All of us in congress, the DOD, the VA, your families and communities want to help support your post-deployment readjustment. You gave your best, now you deserve the best from us. For you and your families take the next step forward [00:02.40.00] and receive the help that you've earned. [00:03.00.00]

Look, war changes people. I don't care the toughest guys. You know and when you're a Marine you're taught there is no pain. Pain is weakness leaving the body. [00:03.20.00]

I felt very isolated when I came back, like I didn't fit in the family anymore in some ways. They can do without me. [crying] So, [00:03.40.00] it was hard when I came back.

You start feeling a little depressed, and you're unsure of what to do and where to go and how to deal with these problems. All you know is you're angered by your own inability to function the way you once did.

Now that I'm back and I can see [00:04.00.00] a lot of the pressures and stresses that I put my family through, I had no clue. [00:04.20.00]



You know, when you break your leg you need a doctor, you need someone to put a cast on you. When you go through trauma sometimes you need somebody who can, you know, kind of put that mental cast on you 'til you're strong enough again. [00:04.40.00]

Welcome home veterans of the global war on terror. Everyone thanks you for the sacrifices that you and your families have made and continue to make. I'm Tom Brokaw. I've written about The Greatest Generation, compiling memories of World War II veterans. Today I am pleased to help you, our new generation of warriors. You've shared incredible experiences with your fellow soldiers, [00:05.00.00] Marines, airmen and sailors. While some are great, others are not so pleasant. Your loved ones too have faced their own stresses. How can we help your post-deployment adjustment? How can we bring your two worlds together? We hope by sharing insight from others who have come through the stress of war [00:05.20.00] and by hearing from experts on combat stress. Over the years the VA has learned a great deal about combat stress and how to heal the wounds of war. Much of that has evolved from working with veterans who've returned from Vietnam in previous wars. [00:05.40.00]

The Vietnam War challenged many veterans. Unlike veterans of prior wars, Vietnam vets did not return to a glorious homecoming. The country was deeply divided over the war. There was little help for Vietnam vets readjusting to civilian life. [00:06.00.00] Soldiers, such as Mel, returned to face more stress and despair.

Instead of me going to work I'd just sit in my apartment. I'd sit in the corner and get, you know—and I used to break down and cry. I mean I don't know why. But I used to get depressive mood where I just wanted to kill myself. [00:06.20.00]

But Mel's pride and other concerns kept him from seeking help. It took Mel more than 30 years to walk into a Vet center. His treatment at the Veterans Readjustment Counseling Center finally helped him understand and come to terms with his Vietnam experience.

Even though we were called baby killers or [00:06.40.00] murderers, you know, there's a time when we got to accept the fact and get out of the denial. But if we would sit, you know, sit around, mope and wait for handouts we're not going nowhere. You know, you always have to strive for something.

Meet another brave veteran, [00:07.00.00] Leandro. Leandro's family had a long history of serving in the military. But when this Marine came home from the first Gulf War, Desert Storm, his unit was the last to return. He felt disconnected from his family and friends and felt that something wasn't right inside. [00:07.20.00]

I couldn't really put my finger on it, I couldn't put my finger on what I was angry at. You know, I'm really not angry at my ex-wife, I wasn't really angry at my son, I wasn't really angry at whoever I was around. You know it was just this anger kept building up.



Instead of seeking help he drank more. This went on [00:07.40.00] for years until he went on a huge drinking binge. In desperation, Leandro called a sergeant for help. That sergeant told him to come to the VA. This Marine veteran is now involved in a support group with other combat vets. One soldier, one Marine, two different stories, one clear message. [00:08.00.00]

Don't waste seven years, don't waste ten years, don't waste that time.

Most of us as combat soldiers when we come home we have some transitions to make. And most of us are going to do fine. You know we're going to adjust and we're going to be able to [00:08.20.00] come back into the community and do, do well. Some soldiers (know), some soldiers may need a little bit more assistance in terms of getting information and assistance in making those transitions.

Everyone has a limit. Everyone has a limit to the magnitude of stress that [00:08.40.00] they can take at any given moment, and how long they can endure the daily, relentless, day after day, minute after minute, stress of being deployed.

There's a great pride, as there should be, for the services they provided to their country. So, it's sort of if you will a paradoxical situation. [00:09.00.00] Here they are, warriors, men and women, who've been through hell and now find themselves suffering in some instances, or confused or distressed, and having to come and ask for assistance.

The wise person, the person who knows themselves, just like [00:09.20.00] in a combat situation you rely on the help of your buddies. And in a situation like this to seek help is the way of strength.

In the war on terror in Iraq and Afghanistan there are no frontlines. The enemy can be anywhere, danger [00:09.40.00] is everywhere.

We're working with terrorists, we're working with insurgents who are specifically targeting our psyche. Terrorism's goal is to attempt to create terror. And so it is incumbent upon us in the same way that we up armor our Humvees to up-armor our brains and minds to have resilience and preparation. And then [00:10.00.00] when a mission is completed, to take the time to be able to put what's happened behind us, including making use of support services as necessary.

Many lessons have been learned from previous wars on combat stress. So, when the global war on terror began the military launched a new proactive stance. [00:10.20.00]

What we have learned through 100 years of war is that the most appropriate treatment is to treat people early, up close to the front lines, with some basic principles. And we call those principles proximity, immediacy, expectancy and simplicity. Perhaps they need sleep, perhaps they need rest. [00:10.40.00] I always recommend a good shower. But to treat them with the expectation that they're going to do well. They've been through some



horrible stuff. Maybe some of their friends have been killed. But get back to the mission.

The OSCAR program that I'm part of, Operational Stress Control and Readiness is a new way of approaching mental health [00:11.00.00] service in the Marine Corps. And it was bringing specialists like myself as far forward as we could get. As much as we could we went forward to regimental, company and smaller areas. And talked to people and saw Marines and sailors in bombed out buildings, or out in [00:11.20.00] the dirt or many times while the bombs are still falling and the snipers were still shooting and because that's when and where they were having difficulty.

After the first part of the war, in 2003, former Navy commander and neuropsychologist Dr. Dennis Reeves met with 5,000 Marines [00:11.40.00] throughout Iraq. Traveling in a Humvee, his OSCAR team met with them in small groups.

The groups did a couple of things. We're really practicing preventive medicine models there. And that was first thought is resiliency. If after a trauma you go in and you start processing and you [00:12.00.00] get the emotions out and you see that other people have experienced the same sort of thing that you did that makes you feel more normal. They hear each other, and in an open forum really speak out and say what it was really like.

These warriors train for these stresses. It's what they expect [00:12.20.00] and their expectations of themselves is that they will each triumph and come through it whole and victorious. It's what they're trained to believe. They need to believe that to be successful, it's important. And our warriors are very competent and brave [00:12.40.00] and strong. so, what they don't understand so well is that everyone has a limit.

Military leaders also took a proactive approach on base as well. As an example, Madigan Army medical treatment facility at Fort Lewis [00:13.00.00] now runs combat support groups.

In a group we see this remarkable sense of guilt that these incredible young men and women have that they didn't bring everyone back home.

The reason I believe that group therapy is most useful for soldiers coming back from especially traumatic experience of any kind is because [00:13.20.00] soldiers are helping soldiers. We normalize their problems. We tend to allow them to feel normal in the group. And with that they recover quickly. And to try to compare with Vietnam vets I really believe that this has just been absolutely phenomenal what we're seeing. They are getting well. They are going home. They are dealing with [00:13.40.00] their families in a healthier way based on what I believe the Army has now trying to work with these soldiers coming back.

At the Marine base Camp Pendleton, and other military bases, they're launching similar groups to help build resiliency, especially for those who may be redeployed.



Our services include individual counseling, [00:14.00.00] couples counseling, family counseling as well as group counseling in several different formats. Primarily it's a brief solution-focused. The military being a very deploying military and moving around a lot we don't offer long-term counseling services, [00:14.20.00] not here at this agency. But this would be something which we would refer out.

Some of our finest heroes struggle coming back from the war. As an artilleryman for the Marines, Andrew [00:14.40.00] helped provide firepower in the rescue of American hostage Jessica Lynch. Following his second deployment in Iraq, and his return home, Andrew realized that he was having problems with anger and anxiety. He sought help at Camp Pendleton.

I found I was experiencing the same type of anxiety [00:15.00.00] at home in a simple movie store. Having potential threats at all times just keep you on edge so much that you couldn't relax anywhere. I did have a dear, close friend die out there in Iraq. And remembering the times that we were out there [00:15.20.00] and the operations that we did conduct, it seemed that at times you were reliving that. That at times you could be in a big city and it was almost as if you were back in Iraq. I started to get angry over small tidbits that really should not have mattered [00:15.40.00] to anybody. Anxiety was a big one. Loss of memory. I couldn't recall what it was that I had just done with a set of car keys 15 minutes later down the road. The realization that helped me step off and get help where possible was the fact that [00:16.00.00] if I could notice a difference in myself that I'm sure it looked even more so to my own family and friends. It has definitely done a lot for me. And I feel that this is honestly one of the best things that I've done in my time in the Marine Corps. [00:16.20.00]

But unlike Andrew many military men and women shy from counseling through mental health. They're afraid it will hurt their image of being strong and fit for duty.

I think the biggest challenge to getting people to come in for help is really the stigma that's out there. [00:16.40.00] You know, it's not the veteran himself that they're—it's the person next to them. They're worried what that person's going to think.

All of us are partially, potentially responsible for the presence of stigma, and we can do a lot to diminish it. So, so perhaps for any given person might not be feeling that they need services. But someone right next to them might feel that they need something. [00:17.00.00] So, all of us can have a role to play in diminishing the stigma. Because every time that you're going to give someone a hard time because you hear that they went and got some services, someone else is listening and reconsidering their thought about going to seek services.

When I talk to veterans, when I talk to people coming out of the war, I tell them that and I ask them a single question, who is the most [00:17.20.00] important person in the world? And then they look around. And obviously they're thinking about the responsibilities and



their family and all the pressures on them. And of course the answer is you. It starts with Y, ends with U, oh my God it is me right in between. Because in the unlikely event of cabin depressurization and the oxygen mask drops down you don't put it on everybody else so they can watch you die. [00:17.40.00] You put the mask on yourself.

Just returning from deployment, especially from a war zone, is a major adjustment. It's important to know and to remember that it's common to have physical or emotional symptoms, [00:18.00.00] or work or family problems during readjustment.

You've been with your friends, buddies, closest people that you can ever imagine, 24 hours a day seven days a week. And suddenly you're extracted out of your platoon, your family unit, and then placed back into your home environment which feels [00:18.20.00] very alien for quite some time. And it takes three to six months before individuals really start feeling like they belong there again and that they're really home.

The experience of war and the after effects, the transition that a service member goes through and a family goes through, [00:18.40.00] it's a normal transition following a very abnormal situation.

Keep in mind many of you will go through awkward times, feeling out of touch, and slowly begin [00:19.00.00] to resume a more normal life. But others may have more difficulty. Recent studies show that one in six coming back from the global war on terror may have problems readjusting. So, how do you know if what you are experiencing is normal? And how do you know when it's time to get help? Let's look at some of the common responses to traumatic [00:19.20.00] stress. They include being easily startled, or being watchful or wary, and experiencing problems falling or staying asleep as well as having nightmares. Other common reactions include feeling sad, down or depressed, or feeling generally anxious and having anxiety attacks. [00:19.40.00] Post-traumatic stress disorder, or PTSD, is also a common problem for those who have experienced traumatic stress. Its symptoms include feeling emotionally numb, being watchful or wary, or easily startled, having problems falling or staying asleep, nightmares, [00:20.00.00] feeling isolated and alone, and having unwanted memories of the traumatic event. Symptoms such as these make it difficult to adjust to civilian life.

The likelihood of having a problem, PTSD or otherwise, is very much dependent upon the dose of trauma. The more intense, the longer the duration or the more severe the trauma [00:20.20.00] the more likely you are to have PTSD or depression or some other related mental health problem.

PTSD commonly occurs after traumatic military experiences such as firefights and other combat situations, seeing someone gravely injured or dead, handling body parts, being held as a prisoner and tortured, [00:20.40.00] or being the victim of military sexual assault.



It's confusing when you have PTSD. You may think you're going crazy, but you're not. The symptoms of PTSD is a response by your body and your brain to overwhelming pressure and stress. This can happen to anyone, even the strongest person. [00:21.00.00]

Bob grew up during the Vietnam war in the 1960s. He saw what happened to his father's generation. As a chaplain's bodyguard in Iraq, Bob saw plenty of combat serving with the Marines. Now he's [00:21.20.00] an Iraq war veteran and still in the Navy reserves. After his duty, Bob returned to his wife and two small children and to civilian life. He started a new job as a managing news editor of a television station.

I was really short-fused with everything, everything. My kid would cry, [00:21.40.00] I was—I didn't realize I was doing it at the time but I was up all night. I'd sleep a couple hours a night, maybe two, three hours a night. Every noise I was up. Every window, I was constantly checking windows and doors make sure everything was locked. This one night he came in my room in November, and we're in (writing) [00:22.00.00] so back on the night shift, and it's really stressful. And he comes in, "Waa, waa, Daddy, Daddy, up," which means pick me up. I'm like, "Go to bed." I got down the hallway with him and he was just screaming. And I grabbed him up by his arms, and I had him up like this and I was just shaking him saying, "Shut up!" [00:22.20.00] just screaming at him. And I caught myself, I'm like oh my God. And his face was just horrified. Man, I just, I put him down. He had a toddler bed. Of course by now the baby's screaming. My wife's up, "Oh my God, Bob, oh my God, put him down." And I sat [00:22.40.00] him down on his bed and I just sat down next to him and I just start crying. I was like oh my God. So, we had a nice little talk after that, my wife and I did. And that's when she broke out the list. "Here's all the problems you've been having you need to know about."

Bob went to work a little early the next day and found the VA Web site. [00:23.00.00]

Well, they had a thing on there for OIF and OEF veterans. And I thought, well this is weird. So, I clicked on it. And I started looking and it talked about post-traumatic stress. And down at the bottom it said, if you have any of these issues—so I sent an e-mail. And within an hour I got a response back from a guy up in Vista. [00:23.20.00] And about an hour after that I got a call from Karen, my counselor. And she said, "How soon can you come see us? I need to assess you." And so we were in our first session and we sat down and we talked about it. I said, "I am not here—" and I pointed my finger right at her. I said, "I'm not here for a disability and I'm not here [00:23.40.00] for anything else." And she says, "Well, here's your e-mail. Let's talk about it." And instead of attacking, but she's pretty strong, she checks me. She says, "Well, the normal person usually scores a 12, a normally stressed person usually scores a 12 out of 50 on this. You scored a 43. [00:24.00.00] We need to talk about medication, Bob." And I said, "Right, we ain't talking about medication. I'm not talking no medicine." The arms go up again. And I'm like, "No, forget it, not me. You're not going to dope me up." And she said, "Why?" I said, "Because I'm not going to turn into one of these slobbering zombies [00:24.20.00] or somebody who's hanging around the VA trying to get their refill, whatever it is you give them, lithium or whatever." And she said, "I want you to do me a favor. I want you



to think about it." Gave me some literature, gave me a Web site to go look at. I talked with some of my family members, including my wife, about medication. [00:24.40.00] And we all came to the consensus that this would be a good thing not a bad thing. So, I started on it a couple months ago. And I asked my wife just the weekend before last, I said, "Have you noticed any difference in me?" She said, "Uh, yeah. You sleep at least four hours a night now, sometimes six. [00:25.00.00] The depression's gone away, sort of. You're calmer. Situations where you were flipping out over now you're just calm."

Now, this Marine veteran not only is involved in counseling he volunteers his time and gives talk to other veterans about war and stress. [00:25.20.00]

And I don't think you're going to see all of us coming in looking for the handout. We're coming in looking to get wired and go back out so we can have productive lives and live our lives and be involved and be proud of what we are, you know, not feel like we're a bunch of crippled, broke people that nobody loves. [00:25.40.00]

If left untreated stress from traumatic experiences can harm your mind and your body. Veterans try to find different approaches to cope with their symptoms. Some may turn to a variety of healing practices such as religion, pastoral counseling, family support, [00:26.00.00] alternative medicine and culturally based treatments. Others may turn to drugs, or alcohol for relief. Often many veterans reach out to their primary care doctor to get help for their physical symptoms, often related to stress, like gastrointestinal problems, panic attacks, racing heart, [00:26.20.00] low energy or problems falling or staying asleep. Other medical problems may include substance abuse, eating disorders, chronic pain, high blood pressure and diabetes.

It's really important in those early months and for here too when you get home to pay special attention to what's going on with yourself, how are things [00:26.40.00] going in your marriage, how are things going in your family, how are things going at work. And it's important to come in and be evaluated. And at our medical center we're really encouraging all combat veterans if they're having even the least of concerns to come in, to be evaluated, to get a physical exam, to go through our post-combat evaluation clinic.

So, if you're [00:27.00.00] still having trouble with sleep and nightmares, or irritability and low anger threshold, that can be helped. And helping those problems doesn't mean that you're crazy or mentally ill. These are normal [00:27.20.00] reactions that occur in a substantial proportion of persons that have experienced war from time immemorial. And if one can get these problems under control it can dramatically improve sense [00:27.40.00] of well-being.

Antidepressants like Paxil or Zoloft may be prescribed, along with other medications to help you sleep.

They enhance the effectiveness of the serotonin system, which is kind of like an internal shock absorber system. And it's something these guys get right away when I tell them



their internal shock absorbers are worn out [00:28.00.00] and that helps them understand why they're having more anxiety, anger and depression and some of these other things, and can't keep as much of an even keel. So, certainly these antidepressants enhance their internal shock absorber system. But they also do two other things more slowly that actually promote [00:28.20.00] healing of some of the brain components of these stress injuries.

The signature wound of this war may be traumatic brain injury, [00:28.40.00] folks who have been exposed to a blast, have a concussion, but don't come in reporting that. Therefore the provider has to suspect it and screen for it.

You might think that oh, just being knocked out for a little while, then coming to again and going about your daily business is a normal, okay thing. There are some significant things [00:29.00.00] that can occur in that concussive event.

A recent study published in the New England Journal of Medicine on the new wars found that 65%, or two thirds, of combat wounds resulted from a blast injury.

Symptoms of a blast are very similar to we expect concussion. You will have slowed memory, [00:29.20.00] short term memory problems. You'll have very slowed thinking. You'll probably have balance problems due to the inner ear effects, and possibly hearing, and vertigo, as well as irritability.

On today's war front more people [00:29.40.00] are surviving multiple serious injuries because of quicker access to improved medical care and better body armor. To help treat these injuries the Veteran's Health Administration has set up four polytrauma rehabilitation centers. They're located in Richmond, Virginia, Tampa, Florida, Minneapolis, Minnesota and Palo Alto, [00:30.00.00] California. These polytrauma centers allow veterans to be moved from acute care to receive comprehensive rehabilitation services. The goal is to return VA clients to their home community and offer support to families.

One of the features it seems like is always part of these injuries is shame [00:30.20.00] and guilt and feeling bad. And so anything that family and other support structures that can help them learn not to feel so bad about these things, because it's not their fault, you know, can certainly help. [00:30.40.00]

In the war on terror another major change involves military women. Because there are no front lines, more women are exposed to combat.

In this war we've had more women serve in the military than ever before. Their jobs are diverse. [00:31.00.00] Leadership roles, roles in combat, support services, healthcare, the whole nine yards.



Women are an integral part of today's military force. We now compose 15% of the force. But that number doesn't really give an accurate idea of where we are. We're really [00:31.20.00] just about everywhere.

We have women right now in Walter Reed and some of the other military facilities around the country who have experienced amputations or become blinded by explosive devices. And so, I think that over the history of time our perception and the actual role of women in the military [00:31.40.00] has certainly been changed in the last few years.

We were in danger. Even if we were at a so-called friendly person's house or a school or a police station our mere presence there could make that place a target. So, we always had to be on guard. [00:32.00.00]

When Cheryl returned from Iraq after a year in country she had trouble adjusting.

I couldn't even get up in the morning. I couldn't sleep in my bed, you know. I was just a wreck. The littlest tasks seemed to overwhelm me. I mean the first time I went to the commissary I almost broke down right there [00:32.20.00] at the register. I couldn't decide what to do.

Cheryl realized her problems were not going away, so she went to see her doctor and eventually found support and counseling through her local vet center.

And what we have is the shared experience both in combat and after combat. So, it doesn't really, [00:32.40.00] really bother me being a woman going to the vet center. You know, there are women that work there, there are other women nit therapy there, so that's fine. It's more than a matter of just saying, well, I wish I could get back to normal, because that just doesn't happen as easy as that. So, there's no shame [00:33.00.00] in seeking help.

Often family members are the first to notice that a veteran may need extra help.

I think family is a huge factor in helping these guys [00:33.20.00] first of all acknowledging and recognizing that they have a problem, and then doing what they need to recover from it.

Because remember the family member is eyes on target, they're the forward observer, they're the spotter for trauma and readjustment issues. [00:33.40.00]

Jeffrey signed up for the Army National Guard when he was almost 40. After spending 13 months in Iraq, he came home to marry his high school sweetheart.

I was in the Air Force about 23 years ago. And then when the towers fell, [00:34.00.00] it upset me. I wanted to do something for my country, so I signed up for a three year enlistment.



I didn't believe him. I figured, you know, hew as older now, there was no way any of the militaries would take him because most of them I thought had a limit. So, you know, I figured that, yeah right, sure honey. [laughs] You know. But [00:34.20.00] it was when I found out that he was actually going, I was scared.

I had no idea what I was putting my family through by doing this. Now that I'm back and I can see a lot of the pressures and stresses [00:34.40.00] that I put my family through, I had no clue.

When Jeffrey first came home I noticed with Jeffrey he had problems sleeping. He was awake for pretty much most of the night. He'd sleep maybe two hours. And it took him approximately six months before he'd actually [00:35.00.00] get four hours to five hours of sleep. Anger was a problem. If he seen any Muslim people he would freeze in mid-walk.

What brought me to the Vista Vet Center was my family asking me [00:35.20.00] maybe you should go get some counseling. I wasn't really aware of what was going on.

Trying to get a vet into a program of any sort is like pulling teeth. There's nothing wrong with them, they're perfect, they're fine, and they're not allowed to talk about it. [00:35.40.00] So, you need to be very understanding and just show them different things that you know might be they can benefit from the program.

And it just it was the best move I made. You know. I had no clue, [00:36.00.00] I had no clue how it was affecting my life until it was actually brought to my attention.

That's his biggest thing is he thinks we argue too much.

I decided to join the spousal group meeting here at the Vets to get a better understanding on how to help my husband, [00:36.20.00] how to deal with different situations that arise with me and my spouse, because you can't do it alone.

What lessons have I learned is not to listen to my head and to listen to my counselor and listen to the doctors, pay attention to what they say, make your appointments, [00:36.40.00] meet your appointments, suit up, show up, do them, get it done and go through the process.

Families face major stress [00:37.00.00] when one or more of the parents are deployed. Mom's caretaking role may have changed. Dad's role has been altered as well. Sometimes grandparents have stepped in to help with childrearing. This disrupts family, work, school and relationships. And many families today also face the possibility that their loved ones [00:37.20.00] may be redeployed.



My husband kind of became Mr. Mom while I was gone. He quit his full time job, moved the kids up here to Washington, got them started in school and didn't find a full time job until after I got back.

Individuals don't recover by themselves. That if a soldier, sailor, airmen, Marine has an issue then their entire family [00:37.40.00] has an issue. Because they have an effect on their family. And we want to be able to provide services not only for the veteran but for the entire family, so everybody's on the same page. In addition to that families have their own specific issues, and they're extremely significant. The separation is [00:38.00.00] a huge issue. I mean in the best of circumstances just being separated is very, very challenging.

You know, for those that serve in the military they are exposed to a new family, a very large, extended family, and that is the military family. And of course they still have their immediate families when they return home. But yet they long for [00:38.20.00] that kind of interaction, kind of understanding and camaraderieship. We as VA providers have to step up to the plate as well as their immediate family members.

If you need a little help or just want to check things out, there are a variety of medical [00:38.40.00] or counseling services offered through the VA.

For the first time in history the VA is providing two years of free health care for combat veterans from countries that are part of the global war on terrorism, primarily in Iraq and Afghanistan. And this two years of free health care is from the date of separation from active duty. So reservists [00:39.00.00] are qualified for this program as well, and National Guardsmen.

Outreach counselor for the global war on terror Mike Colson believes it's vital to reach out early for help. It can save a life. For Mike, this is all too real and personal. He recently lost his nephew, a young Iraqi war veteran, to suicide. [00:39.20.00]

My nephew is dead as the direct result of his good and effective military service. Not in country, but out of country by his own hand. So, the issue is, is it life and death? Well, it is for my family. And is it life and death for other people's families? Absolutely.

What are the types of services available at the VA? [00:39.40.00] They cover a broad range from medical care to educational classes to support groups to individual counseling.

First of all the VA has an infrastructure of treatment programs to serve these veterans. There's over 204 vet centers nationwide. There's over 50 inpatient PTSD programs nationwide. [00:40.00.00] There's over 100 specialized outpatient treatment programs nationwide that serve both men and women.



You can pretty much count on it that there's going to be a vet center within driving distance. And so that's a huge distance for those guardsmen and reservists that don't have access to active duty bases.

The VA's not for men [00:40.20.00] only anymore. I think that's one of the biggest misconceptions that most women have nowadays is that it's still only men go there.

I think it's important for all the veterans to realize that there are an amazing array of services out there for people who are hurt, injured, [00:40.40.00] both physically, emotionally, mentally. And they really do need to take advantage of those.

Everyone's making sure I'm getting what I need. We each have a caseworker that monitors you through the program. So, I think I'm getting above and beyond the care that I would get in a civilian facility. [00:41.00.00]

I am a Vietnam veteran, combat veteran, from Vietnam. I've gone through combat experience myself. I have a son who was in the Persian Gulf and served in a combat zone. And I just want you to know what we're going to be there for you, to assist you in your transitions and whatever it is that you may need. [00:41.20.00] You have other veterans that deeply care about your well-being and that we're going to be providing any service that you may need.

So, for you veterans, seize the moment. You're entitled to come to the VA and get the services that we can provide. [00:41.40.00]

The veterans and family members featured in this video share their thoughts and memories with you in the hope that you might benefit from their experience. Some of the main points that we heard were time is of the essence, get help for problems sooner rather than later. [00:42.00.00] Common problems of stress and trauma include nightmares, sleeplessness, irritability, avoidances, being easily startled, difficulties with concentration and memory, and memories of traumatic events. You may want to set up a medical exam for common related symptoms such as depression, anxiety, panic attacks, substance abuse, [00:42.20.00] chronic pain and medical concerns such as high blood pressure and diabetes. If you need counseling you may have individual sessions or receive support through group sessions. Medications may be prescribed to help relieve your symptoms. You and your family may receive counseling. Your family has [00:42.40.00] an important role in helping you as a veteran heal your wounds. Thank you for defending the nation and answering the call. VA providers and the military want to give you the care you deserve. But only you can take the first step. Reach out now while your whole life [00:43.00.00] is still ahead of you. There's a voice in resiliency and wellness, so please choose your own freedom from the war within. [00:43.20.00]

Thank you for watching our program on combat stress and wellness. We're very proud of you, our new warriors from the global war on terror. Your readjustment is one of our biggest priorities. [00:43.40.00] Many of you are adjusting fine, but some may need a



little help. I assure you that the VA is here to provide the best, compassionate health care. We serve 7.5 million veterans in the largest health care system in America. But beyond the numbers our providers understand [00:44.00.00] the impact of war on you and your families. Not all combat wounds are caused by bullets and shrapnel. So, don't be afraid to ask for help. You deserve the best from us. Once again, welcome home and may God bless you and your families. [00:44.20.00]

[end of audio]

