



THE ENDLESS JOURNEY HOME

Post Traumatic Stress Disorder
Symptoms and Resources

An Iraq Veteran's story, suggestions for support,
healing and for changing the system

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Coming Home

Specialist Joe Collins volunteered to deploy to Iraq with another unit in January, 2003. He was 19 years old. After 366 days in-country, Joe returned home in April, 2004. From April to August 2004, he spent his time seeking gainful employment. He got a job as a dual-status Federal Employee. In Oct. of 2004, Joe purchased his own home with the money he had saved and his new full-time employment. Shortly thereafter, he began to notice something was wrong. Afraid of losing all he had fought for, he tried to seek help on his own, thinking he could overcome whatever was happening to him.



In April of 2005, 1 year after returning home, Joe became so ill that he could not go to work. He held on at all costs. He lost his job, his home, and his health, but not his hope. As he continues to experience “The Endless Journey Home”, it is his steadfast resolve to offer information to veterans and their families, to encourage them to seek help early and to let them know that they are not alone in their struggles.

Everyone assumes that because you made it home without any obvious injuries that everything is back to normal. For me, with PTSD this is the beginning of my long and painful journey home.

JOE'S STORY

not nearly as long as many, but I have suffered to the most extreme of each of the symptoms listed within this booklet. I believe that merits my understanding of the debilitating effects. For nearly 3 years, I was so ill and devastated from its effects that I was bedridden, only leaving my room maybe seven hours a week to see my counselor and psychiatrist.

I now consider myself an expert on the signs and symptoms of PTSD. I have suffered from it since 2005,

My reason for writing this guide is to better educate and spread awareness of PTSD and its effects. In my own personal experiences, I have gone through countless psychiatrists. While showing “text book” signs of PTSD, I was given a 15-minute (mis) diagnosis and quickly written a prescription.

On two separate occasions, I went to see psychiatrists in the earlier stages of my illness.

The first time, I filled out a True-False survey and then spoke with the doctor for 15-20 minutes. I was told I had Attention Deficit Disorder and was prescribed Adderall.

Another time, I was accompanied by my mother who is a Licensed Professional Counselor. When I spoke with the doctor myself, I basically went through the exact same process, except he spent less time with me and (mis)diagnosed me as Bi-Polar Disorder, sending me off with three different prescriptions.

Luckily, after enough unsuccessful attempts, I found an excellent psychiatrist. He did a great job of communicating with me, my mother and my regular counselor (who I was fortunate enough to find on my first attempt and has helped me



With PTSD trying to be “normal” after living in the “extreme” of a war zone is very difficult. I am thankful I have a good support system of close friends and family.

tremendously). From the combined effort of all three working together on my behalf, I was able to begin the journey of recovery from PTSD and other invisible wounds of war.

From my experience, it is hard to find the types of doctors who have knowledge to properly diagnose you from the symptoms you might be suffering. My experience has shown me that I was MORE OFTEN misdiagnosed and sent down the wrong path of recovery...and even worse; I was put on an addictive medication that only masked the problem. Then, I had two battles to fight; ADDICTION AND PTSD.

I think, when it comes to PTSD, the most positive and effective way of treating it is to catch it early on and to have a good support system (family and friends) and a treatment team (counselor and/or psychiatrist) who are all on the same page when it comes to what the illness of PTSD brings and what steps are needed to get you back on track to living a healthy and fulfilling life.

To help service members and/or their families and friends REALLY understand what PTSD looks like, I have described the symptoms and how they look in the following pages. Hopefully, if you see something familiar in yourself or someone else, you can get treatment soon and not have to experience as much suffering as I have.

PTSD symptoms usually do not begin to surface until 3-6 months after the deployed soldier returns home. (Check off symptoms to take to your primary care physician if you think you may be suffering from PTSD).

Physical Symptoms

- Headaches
- Stomach problems
- Changes in breathing patterns (i.e. shortness of breath)
- Lack of energy OR
- Sometimes being very active and over-energetic
- Sleep problems
- Feeling of emotional pain that you have never felt before
- Anxiety problems
- Hypersensitivity
- Hyper vigilance (always on alert)

Psychological Symptoms

- Mood swings
- Memory problems
- Addiction/Self Medication
- Loss of personal hygiene/housekeeping
- Risk taking behavior
- Isolation
- Depression (thinking “what’s the point”)
- Paranoid thoughts

Sleep Problems

- Insomnia (not being able to fall asleep or stay asleep)
- Having nightmares
- Waking up covered in sweat
- Kicking during sleep
- Constantly waking up and falling back asleep, possibly due to bad dreams
- Waking up and being easily startled and/or being confused about where you are
- Irregular sleep cycles

Often these symptoms will lead an individual to avoid sleeping as much as possible or turn to alcohol or other drugs to try and self medicate the problem.

Isolation

Early Stages: The individual will begin to slowly start isolating himself or herself from society. These symptoms can be evident by a lack of wanting to go out to social places that they used to find enjoyable. The individual may not show an interest in meeting new people or they feel uncomfortable or alert if placed in a situation with a large crowd of unknown people. They might begin eating meals alone or may become workaholics, throwing themselves into materialistic things rather than people.

At this stage, the person usually begins to sever many social ties, only leaving those close members of family or closest friends who he/she trusts, and feels enough comfort around to allow the relationship to last. Human interaction is an important part of emotional growth and recovery. Without it, the soldier will



Anxiety builds from the unknown that was faced on a daily basis.

continue on a downward spiral.

Later Stages: Usually by this time the person is nearly crippled by other symptoms and often can be misdiagnosed as being depressed which is part of the illness but not the whole picture. By this stage the person has most likely completely cut him or herself off from society including friends and family, and will most likely surround themselves only with materialistic things.

They usually will only go out on a required basis (to get food or medication).

Often, to reach this level of isolation, the person is in a severe, deep stage of PTSD and needs immediate medical attention. Without it, things will only get worse if left untreated.

Anxiety:

Anxiety can be tied in to nearly every symptom of PTSD. This is another symptom that often leads to an incomplete diagnosis. This can lead to the wrong type of medication, which may seem to help at first, but often can lead to addiction problems. Anxiety medications are more of a band-aid solution and do not really solve the problem.

The strongest symptom of anxiety for PTSD sufferers is remaining in a constant state of hyper vigilance (on the alert). This happens at a subconscious level. Often, the returned soldier is not even aware that they are stuck in this hyperactive state. They will sometimes seem on edge and always be prepared as if something is about to happen.

Good warning signs for this is that the soldier will never seem to be calm or in a relaxed state, especially in a public place. They may appear to constantly be looking around and sizing things up.

Another good sign is if you go to a restaurant to eat, the soldier will always request to sit in a corner or with his/her back to a wall. From personal experiences and those of others who have suffered from PTSD, if put in a situation when UNABLE to sit in a comfort zone (a back/corner booth), then the soldier will feel uncomfortable throughout the entire meal while people walk behind him/her. The soldier will be constantly looking around feeling uncomfortable or insecure.

Other symptoms of anxiety are shortness of breath in stressful places or situations, rapid heart rate, muscle tension (often in the jaw area, which could lead to grinding of the teeth and severe headaches) and severe stomach problems.

Anxiety often leads to many avoidance activities, and in some cases can be the cause of isolation. For example, in many cases returning soldiers who are suffering from PTSD will stop watching news about the war or even can't handle watching movies or TV shows with war in them. These things trigger anxiety levels that go "through the roof" and bring back unwanted or unpleasant memories that they are not ready to deal with or face yet.

It's very important to keep a watchful eye for these symptoms because they are easy to notice at first, but if immediate action is not taken, a domino effect will occur at a rapid pace and make it much harder to help the soldier the longer it goes on.

Hypersensitivity:

Hypersensitivity and anxiety usually go hand-in-hand. The most common symptoms are sensitivity to bright light, loud noises, large crowds, unfamiliar places and/or being easily startled.

At first, these symptoms may appear to be slight or almost unnoticeable, but a soldier will be able to begin to feel an increase in anxiety levels and discomfort when exposed to some of these elements.

Over time, and without treatment, symptoms can get worse. In several cases, those who suffer from PTSD and have not sought proper help can suffer severe anxiety attacks (panic attacks) and often complain of migraine headaches if they are triggered by one of these symptoms.

Memory Problems:

Memory problems are probably the most commonly shared symptoms of PTSD sufferers. At first, memory problems may be somewhat hard to diagnose, but often it is a progressive symptom and will get worse as time passes without proper treatment.

Early Stages:

The first stages of memory problems might show up as absent-mindedness like easily forgetting things like important dates, appointments, and names of new people that they meet. Constantly misplacing or losing things are also some examples. If the returned soldier never had problems in any of these areas before he/she deployed, it is important to keep a watchful eye on them. Without proper care, memory problems can become progressive and debilitating.

Later Stages:

By this time, the returned veteran is most likely showing many other symptoms of PTSD. Late stages of memory problems will be very obvious. The person most likely will forget things on a day-to-day basis. They might even have trouble remembering things from the past. Sometimes the returned soldier may be in the middle of a sentence, then pause and forget what they were talking about. Or, they might tell you something and minutes later tell you the exact same thing because they forget they have already said it in the first place.

Another thing to be aware of is that soldiers are trained to adapt and to keep functioning. In many cases, if a returned soldier begins to realize they are having

problems with memory and they are unaware that it might be PTSD or they are resistant to getting help, they might purchase note pads, post-it notes, or dry erase boards to try to compensate for their memory loss.

From personal experience and other soldier's experiences, when this level of memory challenges has been reached we often compare it to feeling like our memories have been put into a blender and pulled out. It leaves a feeling like everything is mixed up. It can also feel as if some of the memories were left out of the blender, evidenced when we draw a



blank trying to recall certain events. Others say they feel as if their memories are like a block of Swiss cheese, and they can remember things that happened in the order that they happen, but they have blank spots or there are holes of missing information.

It is very; very important if you are a soldier, a family member or friend of a soldier who reads this and are aware that you or someone you know is going through this problem, to **SPEAK UP** about it. Without intervention or help, this can continue to be progressive and be harder to treat the longer you wait.

Suppressed Traumatic Memories:

In many cases, when a person is exposed to a traumatic event, they will often suppress the memory of it. It is a survival mechanism built into us to help us continue to function and survive after being exposed to the trauma. The best way to describe what happens and how it relates to PTSD is by using an analogy.

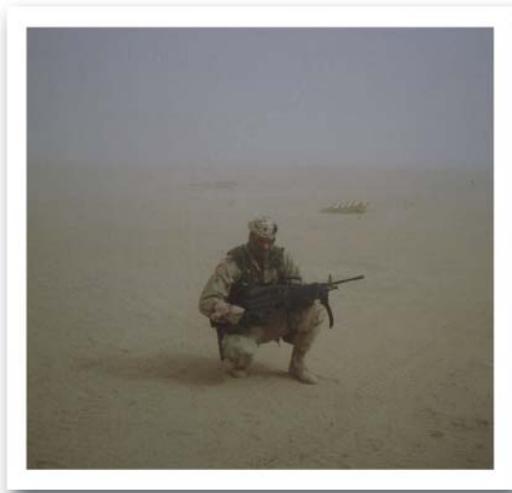
The brain works in similar ways to store memories as a computer does by burning information into a CD. When a traumatic event happens, this leaves a deeper impression in your memory (or a deep groove like in the CD). If you are in a war zone, you adapt after the traumatic event happens even though this deep impression or groove in the CD (so to speak) has already been burned in. You do this to survive. But you still have to "drive" and function. Still "burning information making new memories" after the traumatic event has passed. Depending on the level of trauma, it may start to become difficult to even remember the event.

Once the soldier has returned home, there is a good chance they will have suppressed the traumatic memory due to the fact that it is too painful for them to confront. So, they will continue to live life as though nothing happened. Eventually something (a noise, something they see or smell or touch) will trigger (bring back) parts of that memory.

Like the “burning” of a CD, the traumatic memory would leave a deep groove. Once a soldier is triggered, it brings him/her back to that groove in the memory and it is like hearing a CD stuck on “skip”. It just keeps playing over and over because it is stuck in that groove. This can often be the beginning of PTSD or what starts causing some of the previously mentioned symptoms.

Mood Swings and Risk-Taking Behavior

These are both common symptoms of PTSD and can be interrelated. Mood swings are very apparent and easy to notice. Usually, when it comes to PTSD and the soldier begins to experience problems with mood swings, it will almost always appear as aggressive or violent. One thing to keep in mind, as with all these symptoms, if you didn’t notice any problems BEFORE deployment, but begin to notice them after returning home, then you KNOW something isn’t right.



What seemed “insane” or “unbearable” or “difficult” to adjust to when first thrown into the war zone, becomes normal as soldiers adapt to the event to survive. The soldier that deployed and then returned from duty, SEEM like the same person, but experience has made that person different.

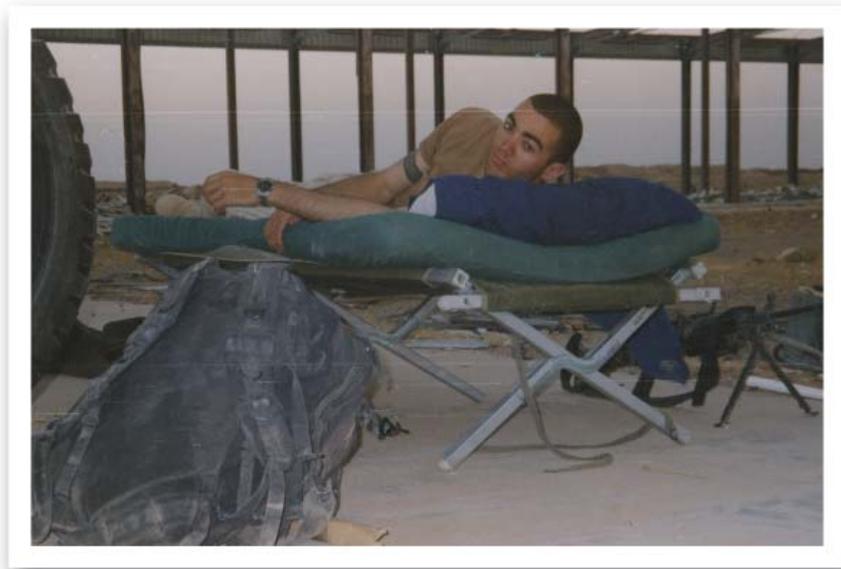
Mood swings can often appear to be mild temper tantrums, or irritability towards others, but can often get worse. The best way to describe why a soldier might deploy appearing “normal” and return from deployment showing any of these traits is described below.

Let’s imagine that a soldier grew up in a hot climate where there are long summers with temperatures usually getting into the low 100’s. If the soldier had never been anywhere hotter than on a 100-degree day, he might think that the 100-degree heat is unbearable.

But now let’s imagine that

same soldier has been in the desert for a year or more, with temperatures from 110-130 degrees everyday, (which seems insanely hot normally). Upon return home, the soldier thinks 100 degrees is much easier to bear.

The soldier that deployed and then returned from duty, SEEM like the same person, but the experience has made that person different. What seemed “insane” or “unbearable” or “difficult to adjust to” when first thrown into the war zone, becomes “normal” as soldiers adapt to the events to survive; the “insane” becomes “normal”. Then, when a soldier returns home, all of those events are brought home as invisible baggage.



Violence, aggression and/or risk-taking behavior is part of “everyday life” when a soldier is in a war zone because they are risking their life everyday for their country. So that behavior becomes “normal”. If there isn’t someone to show the soldier that the violence, aggression and risk-taking are “normal” for the war zone, but “extreme” when coming home, then they often don’t know the difference.

Addiction/Self Medication

This is one of the most important symptoms to watch for, and the most dangerous. If it is not caught early enough, or if the soldier is misdiagnosed, the soldier can be sent down a dangerous and painful path of drug or alcohol abuse.

For those soldiers who aren't abusing drugs and suffering from PTSD, they will often turn to alcohol to try and numb the pain of the symptoms and/or the painful emotional memories that they are suffering from and experiencing.

Other soldiers might start to become aware of their problems and seek medical help. But if they seek help with someone who does not have a full understanding of PTSD, it is easy to misdiagnose, and be given medications that can make things worse. This is tragic because the soldiers' "goal" isn't to become an "addict". But, if a soldier is given something that helps ease the pain, then before long, they can be abusing the drug or alcohol that they think is relieving it.

If you notice some of the symptoms listed, it is best to avoid alcohol and medications until you speak with a counselor or psychiatrist. If you can start a path toward recovery without being prescribed ANYTHING, then take that opportunity.

If you are abusing drugs or alcohol, or you know of a returned soldier who is, then immediate intervention is needed. Be careful in the way you approach the intervention, because it is often met with anger and aggression and possibly violence, depending upon the level of PTSD and if the soldier is self-medicating. Take precautions if you plan to intervene by finding a counselor or expert in war related PTSD to help guide you.

It is important to remember that the soldier didn't just wake up one day and say, "I am going to become an alcoholic or addict." The soldier is in pain and trying to



I went from 180 lbs. and a clean appearance upon returning from Iraq to an un-kept 230 lbs. after being nearly bed ridden for 2 ½ years due to suffering from PTSD.

find something to take the pain away. They just don't realize that self-medicating only makes things harder to deal with in the end.

Personal Hygiene/Housekeeping:

This is another important symptom that is common among PTSD sufferers. It is often progressive and the person can easily be diagnosed with Depression when it is really a symptom of PTSD.

Early Stages:

The individual will begin to show signs of not maintaining a clean appearance, such as combing hair, shaving on a regular basis or wearing clean clothes. They might also begin to stop picking up after themselves on a regular basis and/or not keeping a clean and organized home.

Later Stages:

By this time the individual most likely has no regard for their own appearance, and most likely doesn't shower or bathe on a regular basis. They probably can hardly clean up anything after themselves due to the fact that by this stage, even small, simple tasks seem overwhelming. If the soldier has reached this level of illness, then immediate medical attention should be sought. By this stage, if there is no one to care for the sick soldier, then it becomes dangerous because they are struggling to even make it day to day.

Self-Mutilation:

Self-mutilation, which can be burning or cutting of oneself, can be a symptom of PTSD sufferers. If you or someone you know is doing this, it is extremely important to seek immediate medical help.

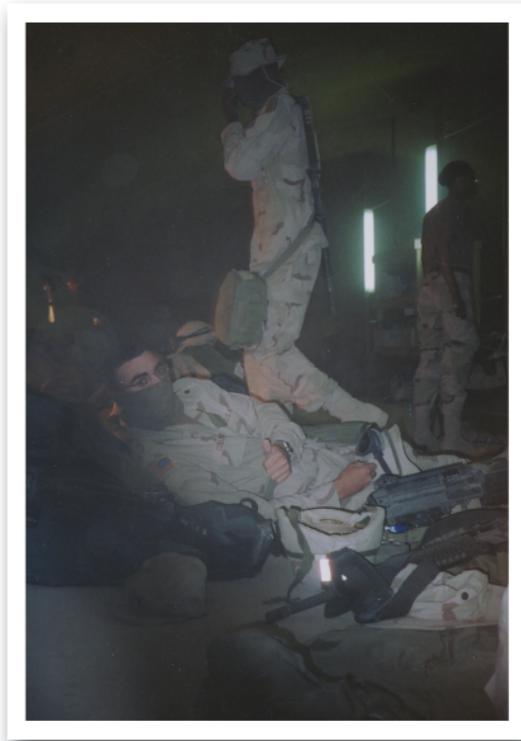
The only reason someone would purposely harm himself or herself is because they are in an extreme amount of pain. Often, it can be a cry for help, or in other cases, someone might be suffering so much that they hurt themselves to try to take their mind off the pain they are always feeling and focus it on something else.

If a soldier is involved in self-mutilation then IMMEDIATE intervention and possibly hospitalization is needed.

To reach the point of suffering where you begin to harm your own body can often be followed by suicidal thoughts if gone untreated. Therefore, it is EXTREMELY important to seek help if you or someone you suspect is doing this.

The Importance of a Strong Support System

I believe having a support system (family and friends) to be there for you when you are suffering from PTSD is absolutely necessary for recovery. In my own personal experience, there was a time during my illness that I was suffering so much from the symptoms of PTSD that I was no longer able to advocate for myself.



Any person who has witnessed a traumatic event may suffer some degree of PTSD. The most important thing to remember is not to ignore the symptoms.

Obviously, the most severe result of this illness is suicide. In extreme cases, soldiers are in so much physical and mental pain that they feel there is no hope. Thinking this pain may last forever, they often begin to believe that the only peace they can find is to end their life. If you are a soldier or you know a soldier suffering from PTSD, it is important to seek support. Whether it is family or friends or some of the resources listed in this booklet, there are people who care and it is important to ask for their help.

I had to move back to my mother and stepfather's house. My mother had to fill out most of the necessary paperwork for me to receive disability from the VA. They drove me to and from all of my medical and counseling appointments because I was too ill to do it on my own. On top of that, they assisted me with ordinary tasks such as running errands or getting groceries while I focused on my recovery.

Without their assistance, there is no telling where I would be or what situation I would be in today. Without strong support systems, people like me would most likely end up on the street or in a hospital somewhere, or in other ways furthering our illness.

Successful Recovery and Living with PTSD

With proper counseling and medical treatment and support, it is possible to make a functional, ongoing recovery from PTSD and function as a member of society again. Although when I say “recovery”, I don’t mean that PTSD will magically disappear from your life. I mean that you will have the symptoms under control.

PTSD is something you will live with for the rest of your life, but you can learn tools and coping mechanisms through treatment to assist you when you are triggered by something. Plus, overtime, you will begin to know your own limitations and how far you can push yourself before symptoms will begin to arise.

Knowing this information and working with your local VA (who will assign you a disability rating for financial compensation) can allow you to still live a fulfilling life without having to worry about the financial loss this disability has or can cause.

The main thing to remember in order to make a full recover is to keep hope, faith and to NEVER give up no matter how much pain you might be experiencing. Believe me, I have been there, but I held on at all costs and sooner or later, if you don’t find help, then help will find you.



“Moving forward”

Joe’s Story Update – March, 2010

The original story for this booklet was written in 2007. We want to let you know how Joe and our family are doing now. In the early Fall of 2008, Joe attended a private treatment facility for PTSD. He was gone for 30 days. He had to be escorted to the facility in Tucson, AZ. He had not been out of bed for

nearly 3 years except for doctor appointments and rarely other times. He called from Tucson at the end of his stay and said “he could fly home alone”. Since that time, he has worked very hard to maintain the momentum he gained in that safe and loving and healing environment at Sierra Tucson. He has made great progress but still requires the daily support of our family for recovery. His next hope is to be able to function more in the “outside world.”

He is living testament that there is hope. He is also living testament that it takes “the courage of a warrior” to seek help AND to participate in the



Joe and Mom celebrate the ongoing road to recovery.

healing process. Our family continues to love and support every effort he makes, seeking ALSO to maintain health and balance for ourselves as individuals and as a family.

Summary

Post Traumatic Stress Disorder can be a very serious mental health issue if left unattended. Any person who has witnessed a traumatic event may suffer some degree of PTSD. The most important thing to remember is NOT TO IGNORE the symptoms. The earlier symptoms are identified and addressed, the sooner that helpful intervention and the journey to healing can take place. If you are personally experiencing any of the symptoms mentioned in this guide, or if you know anyone who may be, please don't delay in investigating any of these resources. HELP IS AVAILABLE (see Resource Page)

Changes Needed to Help Prevent PTSD

Post Traumatic Stress Disorder can happen to normal people who have witnessed a traumatic event. Military training does not cause a person to be immune from trauma.

War, by its very nature is a series of traumatic events. Currently, 1/3 of the veterans returning from current conflicts are suffering from some form of mental health disorders. Left untreated, the long-term effects include:

- Increased relationship problems and divorce
- Increased violence in the home, thus a legacy of intergenerational violence and abuse.
- ¼ of currently incarcerated individuals are veterans
- ¼ of current homeless people are veterans
- More Vietnam Veterans have died from suicide than the 55,000 killed in the war.

The Military System

Problem I:

Military men and women who are in active combat DO have mental health clinics available to deal with trauma while "in theater"; however they are often **DISCOURAGED** to use these facilities because it could:

- a) look "bad" on their personal military record or
- b) if they ARE determined to be suffering from a mental health issue, it could be reason to start orders to "separate" (in civilian words, "fire") the soldier. This means that all income would end (just like getting "fired" in the civilian world).

Possible Solutions:

- 1) **Require** all military members who have witnessed traumatic events to “de-brief” with appropriate ON-SITE (in theater) Critical Incident Stress Debriefing (CISD) for which there are many models available (used by police and fire departments, FBI, etc. to de-brief after traumatic events) that are “off the record”.
- 2) **Provide and Assign** a CISD case manager who will serve along side the chaplain to review level of trauma reported and suggestions for soldiers “off the record” ON-SITE (in theater).
- 3) For soldiers who show significant signs of PTSD and who voluntarily accept intervention as determined by a CISD case manager and/or chaplain, provide “**off the record**” **intervention WITH pay**, ON SITE (in theater) that may defuse the trauma enough to remain in theater and not interrupt pay or military status (for up to two weeks).
- 4) For soldiers who show significant signs of PTSD and who are unable to return to active duty, provide a “**transition plan**” that will allow for immediate intervention stateside WITH PAY until disability status is determined.

Problem II:

Service members, especially those in Guard and Reserve, are returned to civilian life with minimal transition skills and are currently being deployed multiple times. The nature of their volunteer enlistment was not structured for ongoing conflicts with multiple deployments. Service members and families of OEF/OIF conflicts are being stretched to the limit in terms of deployments and transition to civilian life. This unanticipated use of our “home front” warriors is creating overwhelming burdens.

Other Possible Solutions:

- 1) For all Guard and Reserve, who are unable to obtain gainful employment upon return from active service, offer them one of the following options:
 - a) Keep service members on active duty pay while allowing them to perform their MOS at their unit, or
 - b) Provide any other job they can fulfill and receive active duty pay until they find employment. Civilian jobs held by Guard and Reserve, prior to deployment, are protected by law. However, when many service members return home, the job they had may no longer be available. Additionally, unemployment is high so the problem of finding/keeping employment is often compounded when they return home. It is unacceptable to repeatedly send our brave service members into harms way without providing many options to support them upon their return home.
- 2) For all Guard and Reserve, offer medical, behavioral health and dental intervention throughout their entire enlistment at no cost. If a military or VA facility is not within close proximity (30 miles) and/or does not offer the assistance requested by the service member, then offer a “debit” health waiver card to be used at private sector or

community facilities that are accessible. Currently, when Guard and Reserve return home, they have the opportunity to pay for medical and dental insurance, which offers minimal coverage and medical providers due to low reimbursements they allow.

Our heroes deserve the best and widest range of medical, dental and behavioral health options readily available and they currently do not receive it.

The VA and Military Medical System – Opportunities for Improvement

As with most large bureaucracies, 90% of the challenges are “process” problems and not “people” problems. The VA Medical and Benefits programs are full of wonderful, qualified, caring people, but many of the “processes” have opportunities for improvement that will honor the injured veteran and family in more efficient and less stressful ways.

1) Registration for VA Medical Benefits

Many people, even veterans, assume that VA Medical Benefits and Care are “automatically” in place upon return home from active duty. This is **NOT** the case. Each veteran must physically enter a VA Medical Center **IN PERSON** and complete an intake before he/she is registered.

Additionally, National Guard and Reserve military who have served in active duty have **LIMITED TIME LINES** for registry and benefits.

Often, a returning veteran with symptoms of PTSD may find a VA facility as a “trigger” (without even knowing that is what is happening) and have an aversion to going to a facility.

Opportunity for Improvement: Mandatory, immediate and automatic registry for VA Medical Benefits that every veteran that returns home from active duty.

2) Medical Facilities Environment

Veterans with PTSD are triggered by environments that seem incidental or go unnoticed by civilians such as soldiers walking around in uniform, magazine articles covering the war, televisions playing with news about the war, and crowded spaces.



Thumbs up, “I’m ready to roll”

Opportunity for Improvement: Physical environments that are less stressful and that replicate civilian medical facilities in terms of crowd and noise level and are “inviting and safe” in contrast to feeling “threatening and unsafe”.

3) VA Medical Facilities Operations

Many people think that the VA Medical facilities have assigned physicians and run just like the civilian sector medical facilities. This is not the case. Physicians are ever changing and the continuity, consistency and personal attention required for trust may be compromised and can reduce confidence level and trust.

In addition, veterans do not make appointments for return medical treatment. They are “assigned” appointments often through automated systems. Often appointment letters are received and the veteran does not know what it is for, and has rearrange work and find transportation to comply with “the system”.

Finally, while VA and Military Medical centers do disperse medications for veterans, MANY medications are NOT approved. If a veteran needs a certain medication that is not on the approved list, they may be able to get it, but must go through a lot of effort to obtain it.

Opportunity for Improvement: Immediately assign every veteran to a case manager/social worker who will be the **point of contact** for the veteran and with whom all appointments and treatment plans can be discussed.

Case Managers/Social workers could be the “conduit” for establishing consistent, continuous and personal care, even if physicians, etc. are changed.

Broaden the medications and access to care available to veterans to be equal to civilian health care plans.

4) Filing for VA Disability Claims

The most recent Government Accountability Office VA Disability Benefits report indicated that the average claim is taking 123 days (2008). It is common knowledge that most VA Disability Claims are DENIED on the first filing. It takes an average of 639 days (2008) to file an appeal. If the veteran does not get rated during the first claim and then is rated in the appeal, this is 762 days or over 2 years to begin to receive financial assistance.

Veterans who are sick, are separated (fired) from the military. When they are separated, they no longer receive income. Potentially, a sick veteran

could not receive any income for over 2 years and that is IF the veteran is capable of filing the complex paperwork and following through with it. Many, many sick veterans are not able to understand or complete the lengthy process of filing for disability. It is often thought that the high numbers of homeless and incarcerated veterans are by products of this cumbersome and untimely system.

Opportunity for Improvement: Assign EVERY veteran a BENEFITS case manager/social worker immediately upon return from duty. The case manager/social worker would be responsible for helping veterans initiate everything from education benefits to disability benefits.

A “VA Benefits” laminated card could be given to EVERY returning veteran with his or her pre-registered medical benefits information and benefits information (case managers and phone numbers) before returning to civilian status.

Learning from War

We learn something from every war. From WW2, we learned about “shell shock” that was later named PTSD. The Korean War taught us every American conflict regardless of it’s political or public exposure, renders great sacrifice from our heros and their families. From the Vietnam War, we learned that veterans needed each other as support systems to deal with the aftermath of trauma and the “Vet Centers” were born. From the Gulf War, we learned that no matter how long a war lasts, there are casualties from emotional, physical and biological contaminants that affect the veterans and their families for a lifetime. All conflicts, large or small, have the opportunity to teach us about the costs of war.

It is our hope, that the legacy of OEF/OIF is one that recognizes the need for traumatic intervention IN THEATER and the need for creating new and more personal and efficient processes for the VA Medical and Benefits branches.

With growing mental health statistics, suicide rates, homelessness and incarceration among combat veterans and the resulting financial impact to veterans, their families and our country, we can’t afford not to change.

Resources

Veterans Families United Foundation - 405-535-1925

www.VeteransFamiliesUnited.org

VFU is a not-for-profit organization that offers a comprehensive website and resource bank for identifying and helping veterans and families who may need assistance in understanding and coping with war-related illness. Financial resources are not available, but information on how to access benefits and assistance is easily found on the website.

Military One Source - 1-800-342-9647

www.militaryonesource.com

You may call this number and request to speak to a counselor. Contracted mental health counselors will confidentially speak with you about your concerns and offer targeted information that can help deal with difficult situations. This is an excellent source for immediate 24/7 person-to-person information. You can also ask about contact information to your local American Legion, Veterans of Foreign War or Disabled American Veterans resources who can be advocates for you.

National Center for Post Traumatic Stress Disorder

www.ncptsd.va.gov

This VA link has specific information about PTSD including assessments, information sheets for families and where to get assistance. This site is good for information and research but does not offer immediate assistance.

SAMHSA - Substance Abuse and Mental Health Services Administration

1-877-726-4727 - www.samhsa.gov

You can find community mental health care in your area that is often offered at a reduced rate.

Suicide Prevention Action Network - 1-800-273-8255 (Option #1 for Veterans)

www.spanusa.org and www.suicidepreventionlifeline.org

SPAN is a not-for-profit organization that offers timely and helpful information for suicide prevention, offering a checklist and resources for prevention and intervention. Service members and family may call 24/7 to get guidance if concerned about behaviors

National Alliance on Mental Illness (NAMI) - 1-800-950-6264

www.nami.org/veterans

This newly developed link for veteran's issues describes common mental health issues and resources for veterans and families who may be in need. An extensive list of resources is available.

America Supports You

www.americasupportsyounil

A one-stop shop for citizens and service members to connect with hundreds of organizations eager to help. Sponsored by the Department of Defense.

National Resource Directory

www.NationalResourceDirectory.gov

Comprehensive information for needs assistance listed by state.

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VFU Board Members

Veterans & Families that love them

Our Story

In January of 2003, my 19 year old Army Reserve son, announced to me that he volunteered for duty in Iraq and would be leaving in 24 hours. The war had not officially begun, but both 9/11 and Afghanistan were fresh on my heart and mind and so was the uncertainty of his safety and return home.

Joe left in January 2003 and was in the first wave of Operation Iraqi Freedom (OIF). He deployed to Iraq in March 2003. It wasn't until the following February that he returned home for his first leave, was sent back to Iraq and completed his duty in April 2004.

When he got off the plane, he looked as healthy as I had ever seen him. Strong, muscular and walking with confidence as people stopped to shake his hand and thank him for his duty to our country. It "appeared" that he had weathered the storm well. I

was vigilant, but relieved to think that my son was not only home and alive, but that he did not bear any of the scars of battle that I had feared.

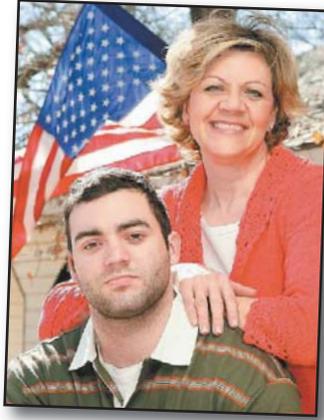
Now, Joe is 100% disabled with PTSD (post traumatic stress disorder) and major depression. He lives at home. He cannot currently work. He isolates in his room. Some days he is "Joe" and some days he is anxious, reclusive and distant.

As a Licensed Professional Counselor (LPC) in the state of Oklahoma, my fate has been to have a full understanding of mental illness from a professional level and to live "up close and personal" with it as a mother of an OIF Veteran.

Veterans' Families United Foundation was created specifically for family and friends of American Veterans. As I searched for anything I could find guidance, hope and comfort, I began to realize that everything seemed impersonal and/or complicated. So, through VFU, it is my hope to share realistically and empathically information, support, and encouragement for those who watched their service member leave to serve our country and return as a different person.

I am finding that despite the overwhelming sorrow of the loss of the son I once knew, that there is opportunity for great healing and change... "for him, our family and our country."

My prayer is that you too, will feel a sense of hope through the connections and information provided by Veterans' Families United Foundation.



Visit www.VeteransFamiliesUnited.org for easy to follow help in these areas:

- Veteran Readjustment Problems & the Impact to Family and Friends
- Post Traumatic Stress Disorder Symptoms and Resources
- Common Diagnosis, Medications & their Side Effects
- Consequences of Facing War Related Illnesses
- Intervention to Help Your Veteran
- Helpful Tips for Families in Crisis
- Hope & New Life Ahead



Helping Veterans
and Their Families
with Resources They Need
to Move Forward

Dedicated to:

SGM Phillip E. Cozort, US Army Reserves

For his integrity, selfless service and sacrifice demonstrated while fighting for my rights as a disabled veteran. For showing me that I was not alone in my darkest hours and restoring my faith and hope when I needed it most...a legacy I now follow for other soldiers.

- Joseph Scott Collins

Veterans' Families United Foundation

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