



## **Women Who Served In Our Military: Veterans and Families Written Video Transcript**

As a female officer I was the only female lieutenant. And [00:01.20.00] it was a little different for that reason. I didn't feel like I could ever show feelings or weakness.

It's hard on the families. It's hard on children. It's hard on spouses that stay back here because then you're finally just getting back in the swing of things and then you (happen) to have to leave again. [00:01.40.00]

I couldn't face it. I couldn't get up in the morning. I couldn't, I couldn't sleep in my bed. I was just a wreck.

I was always sad, I was always crying. I was [00:02.00.00] depressed. The only thing I would do is go to work and come back home. And I didn't like weekends because I would have to spend the weekend by myself. So, (I might) I guess I would always want to be at work. At least there I didn't have to think about what was going on. [00:02.20.00]

We all have always jokingly said we medics are kind of like the worst people of all because we're the last ones to take care of ourselves. But we do seek it out. [00:02.40.00]

Like the women you just met we owe a great deal to all women who have served in our country's military. All have made personal sacrifices. Hello, I'm Jane Pauley, and today I'm at the Women In Military Service Memorial [00:03.00.00] at the entrance to Arlington National Cemetery. At this honored site we pay tribute to all women who have gallantly served our nation. Our military sisters have played crucial roles in our history. They've nursed the wounded, built military equipment, kept supplies moving, flown air transports and performed many other jobs, [00:03.20.00] and they continue to be a vital link today. The exhibit on display here at the memorial is called Faces of the Fallen. Each portrait is a man or woman who has given their life for Operation Enduring Freedom or Iraqi Freedom. A reminder that so many have made the ultimate [00:03.40.00] sacrifice. There is no way to adequately express our gratitude to our brave veterans, both men and women. But we should begin by saying thank you.

The war on terror in Afghanistan and Iraq has reshaped [00:04.00.00] our view of women in today's military. More than 60,000 women have been deployed overseas. Particularly in Iraq military personnel, both men and women, find themselves in combat situations. And with no clear front lines danger is always near.



In this war [00:04.20.00] we've had more women serve in the military than ever before. Their jobs are diverse. Leadership roles, roles in combat, support services, healthcare, the whole nine yards.

Women are there, they're carrying an M-16. They're driving a truck in a convoy that's hit [00:04.40.00] with a rocket-propelled grenade. They're receiving small arms fire. They're being wounded. They're in live combat with enemy forces.

It can be slightly different for a woman over there. She can feel vulnerable because there may be fewer of her. [00:05.00.00] She may feel targeted by the other side. So, women do have some unique stresses. But most of what they face is pretty much the same as men as far as danger.

While women's roles may be changing in the military, [00:05.20.00] women have always taken a role in our nation's defense. During the American Revolution some women disguised themselves as men because women weren't allowed to fight. During the Civil War women were hired as nurses, cooks and in other supportive roles. Dr. Mary Walker, an Army surgeon who served during the Civil War [00:05.40.00] was the first and only woman awarded the Congressional Medal of Honor.

I have a great quote, and it was from 1862. It was a Union General (Shields) to secretary of war, in 1862. And he said, "I can retake the Shenandoah Valley, but you must send men to keep it. [00:06.00.00] The women will take it if we don't." So, that was way back in 1862. So, imagine when we talk about women in the military and their history, we go back centuries.

At the turn of the 20th century the Army Nurse Corps and Navy Nurse Corps were established. World War I was a turning point. Women were first considered [00:06.20.00] part of the official military. During World War II more than 350,000 women were recruited. Women began to take on larger missions, flying airplanes and serving overseas. During the Korean and Vietnam conflicts women took on more roles previously assigned to men. But the biggest gains [00:06.40.00] for women began in 1973 when the all-volunteer force was established. Since then the percentage of women in active duty has jumped from nearly 3% of the force to more than 15% today. In the first Gulf War, Desert Storm, more women saw action. And in the 21st century [00:07.00.00] women continue to serve around the world in venues such as Operation Enduring Freedom and Operation Iraqi Freedom.

This is the first time we're really seeing large numbers of women in combat, and we don't exactly know what to expect. We don't know what the long-term psychological consequences are going to be. However, [00:07.20.00] we are doing research on that, and we are following women both in the battlefield and after they get back home to see how they do.



Throughout history women have fought their battles on many fronts. As with women of other eras, today's veterans can likely recall pleasant experiences while in the service. [00:07.40.00] And yet many veterans tell of experiences that were not positive, in fact traumatic. They either experienced or witnessed something that involved threat of body integrity or injury or even death. While in the military many women claim they were treated as second class citizens or sexually harassed [00:08.00.00] or not promoted. Likewise, some say they've always had to prove themselves or show they were strong enough or smart enough to perform certain jobs. Or if they reported problems they feared reprisals, demotions, further maltreatment or even discharge. Factors such as these [00:08.20.00] and each woman's particular background, trauma for instance such as whether she suffered childhood abuse or domestic violence as an adult, can add to the stress of war and adjustment back to civilian life.

Some of our finest heroes [00:08.40.00] struggle coming back from war. You may have symptoms such as nightmares, uncontrolled rage, feeling emotionally numb or feeling depressed. You may find yourselves withdrawn from other people or don't enjoy the things you used to like to do. I can sympathize with you. I'm a veteran too, [00:09.00.00] of sorts. In my autobiography Skywriting I wrote about being diagnosed with bipolar disorder at the age of 50. I always knew it was manic depression, a mood disorder in which people experience mostly normal functioning with periods of extreme high or low moods. I'd gone my whole life unaware I had [00:09.20.00] any vulnerability to bipolar. For me the easiest part is talking about it publicly and without shame. And there's nothing for you to feel ashamed of if you need help because of your military experience. [00:09.40.00]

Soldier's heart, shell shock. That's what combat stress reactions used to be called. With an increasing number of women facing combat many veterans and active duty personnel return from war only to experience their own war within. About 20% to 25% [00:10.00.00] of women who served in the Vietnam War and the first Gulf War were reported to have post-deployment adjustment issues. This number is expected to rise in those deployed in recent wars. Many women go undiagnosed for problems related to trauma or combat related stress. A recent study found that [00:10.20.00] over 80% of women veterans visiting a VA primary care clinic have experienced trauma, of those 44% sexual trauma, including military sexual trauma. Many brave women came forward today to share their stories so they can help make a difference in your life. [00:10.40.00]

Many veterans of all backgrounds have difficulty adjusting coming home from war. Cheryl went from being a computer software designer one day to an Army soldier the next. As part of the Army Reserves [00:11.00.00] Cheryl served in military intelligence in Iraq. And with no real front lines Cheryl felt danger wherever she turned.

Well, besides the constant threat to your life—because every day we went outside the wire we were in danger. Even if we were at a so-called [00:11.20.00] 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.



After serving 13 months in Iraq, Cheryl finally was able to come home. At last she thought she could put the year behind her. But her anxiety [00:11.40.00] and depression were too much to bear.

The littlest tasks seem to overwhelm me. I mean the first time I went to the commissary I almost broke down right there at the register. I couldn't decide what to do. It's kind of a long story, but the lady wound up getting on her phone, calling her supervisor, and saying, "Can you come over here? This lady really needs to get out of the store." [00:12.00.00] I couldn't face it, I couldn't even get up in the morning. I couldn't, I couldn't sleep in my bed. I was just a wreck. And I went to my civilian doctor and he, you know, said, "Well just go home and try to take it easy."

But again, Cheryl wouldn't give up. After more searching she came across [00:12.20.00] the Vet Center Online, the Web site for readjustment counseling service through the VA. She was able to get the resources and the help she needed. She made those all important first steps of reaching out and getting reconnected. She's now involved in individual counseling and group sessions at her local vet center. [00:12.40.00]

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 kind of put that mental cast on you until you're strong enough again.

Fortunately, Cheryl sought help early. Unfortunately, if left [00:13.00.00] untreated stress from traumatic experiences can harm your body and your mind. Veterans try many different approaches to cope with their symptoms. Some may turn to healing practices such as religion, pastoral counseling, family support, alternative medicine and culturally based treatments. Others turn to drugs or alcohol. [00:13.20.00] Often veterans reach out to their primary care doctor to get help for the physical symptoms often related to stress like gastrointestinal problems, panic attacks, racing heart, low energy, or problems falling or staying asleep. It's important to know [00:13.40.00] and to remember that if you're having physical or emotional symptoms related to traumatic stress you're not to blame. These are normal reactions. You can get help.

When an individual experiences a traumatic event there are a number of reactions that occur. And it's everyone's an individual. [00:14.00.00] So, you may experience something that is not similar to someone else. But the symptoms range from minor anxiety to depression to panic attacks to adjustment disorders to PTSD. [00:14.20.00] So, there's a wide variety of symptoms that occur and reactions that occur.

I might argue that almost everybody has some readjustment problems who've been off to war. But when we're talking about somebody who may qualify for a mental disorder, PTSD, depression, substance use, that would be a smaller number, again 20%, 25% or thereabouts. [00:14.40.00]



Helping those problems doesn't mean that you're crazy or mentally ill. These are normal reactions that occur in a substantial portion of persons that have experienced war from time immemorial. [00:15.00.00] And if one can get these problems under control it can dramatically improve sense of well-being, ability to function and gain joy and love from one's family, succeed in one's career.

Common responses to traumatic stress [00:15.20.00] include being easily startled or being hyper vigilant and experiencing problems falling or staying asleep. Other common reactions include depression, general anxiety and panic attacks. Post-traumatic stress disorder, or PTSD, are symptoms that last [00:15.40.00] more than one month and include feeling emotionally numb, being hypervigilant or easily startled, having problems falling or staying asleep, nightmares, feeling isolated and alone and having unwanted memories of the traumatic event. Symptoms such as these make it difficult to adjust to civilian [00:16.00.00] 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, the more likely you are to have PTSD or depression or some other related mental health problem. So, as health care practitioners we need to know [00:16.20.00] what experiences people have had, how long they were in country, how much they were exposed to death and dying and the horrors of war. Because that will be a very good predictor.

The war on terror not only has challenged women on the war front, it's changed the role of women on the home front as well. It's important to realize the impact of deployment and homecoming [00:16.40.00] on your family and that all of you may need time and possibly some help adjusting. [00:17.00.00]

In some ways I'm still dealing with the isolation or whose roles are what. Still have to struggle with that. 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 [00:17.20.00] and didn't find a full-time job until after I got back.

Leeann spent 14 months as first lieutenant and convoy commander with the National Guard in Iraq, a year she and her family will never forget. After completing her duty with the National Guard Leeann now works for the Veteran's Benefits Administration, [00:17.40.00] but her memories of being thrown into a war zone are still vivid.

We don't have the luxury of separate quarters. In Kuwait there were a number of rapes, and it was a little scary at the sleeping arrangements at Camp [17:54] when we first arrived. I slept with a knife. I did not feel at all safe, 500 people [00:18.00.00] crammed into a warehouse.

Leeann was part of the first wave of soldiers who moved into Iraq as the war began. She remembers the living conditions were difficult. Temperatures could soar over 130 and



fall to near freezing. Sandstorms that blocked the sun often raged. At first, actual toilets and showers [00:18.20.00] were non-existent and she felt safe nowhere.

As female officer, I was the only female lieutenant. And it was a little different for that reason. I didn't feel like I could ever show feelings or weakness. Always had to kind of just be on my own. Didn't want anybody to see any weakness [00:18.40.00] because I wanted to prove I was worthy of being there.

Meanwhile, back in Seattle, Leeann's husband Sam, and children Kristin and Samuel managed the home front.

Life will go on. But you can't stop your whole life [00:19.00.00] just because of one thing's going wrong. Like, we had to move on. And we still had to do school. It's not like we could drop out of school, "Oh, my mom's away. I can't go to school anymore." Life does go on. And you kind of have to deal without. It's all right to be sad. [00:19.20.00]

Just think it was like kind of put distance from us and mom.

And even more distance, like we would get so tired of each other.

Back on the war front Leeann continued with her own challenges while living in constant fear leading convoys. [00:19.40.00] After all these challenges, one of Leeann's hardest struggles came when she arrived back home from the war 14 months later.

I felt very isolated when I came back, like I didn't fit in the family anymore in some ways. Like, they can do without me. So, it was hard when I came back. [00:20.00.00]

Through it all, Leeann says her husband and family have been very supportive, her lifeline.

A lot of heart to heart talks with my husband. I also was fortunate to go to Camp (Chaparral) which is a joint VA hospital, VHA and (Yakamaw) Nation retreat. [00:20.20.00] It's a wonderful facility where they have PTSD veterans come and share their stories. And it's a time of healing for combat veterans.

In addition, Leeann met with a private counselor for a few sessions to sort out her feelings. Yet, through all her anguish Leeann also discovered her strength and courage. [00:20.40.00]

If I can sleep in a tent on a hard cot for a year in the freezing cold and the 140 degrees, if I can jump in a vehicle with a weapon that I barely knew how to shoot, if I can coordinate the actions and the trucks for over 100 soldiers I can do anything that the VA asks of me, I can do anything that my family needs of me. [00:21.00.00] It was a terrific experience despite all the hardship and the fear.



Deployment brings major adjustment to those activated. It also brings major changes for family members when one or more parents are deployed. [00:21.20.00] For example, when mom is deployed dad's role alters as well. If mom is a single parent, that brings its own set of problems. And sometimes grandparents have stepped in to help with childrearing. This disrupts family, work, school and relationships. [00:21.40.00]

I think also the soldier needs to truly understand that maybe they left a child that was a preteen and now the child's a teen and they think totally different, they look at the world entirely different. So, it goes back to patience again, and good communication, trying to work that out. Sometimes a third party mediating some of those things is really, really helpful. [00:22.00.00]

Recognize that children and teens may often act out in angry ways or be very clingy, or even distance themselves emotionally or physically from the parent who went away.

Where we're seeing challenges when they come home is the child that seems the most adjusted obviously [00:22.20.00] is the one who's not going to get much attention. Oh, he's doing fine. But that's probably the one that is taking his attention, his need somewhere else. And you have to remember don't let the reunion, don't let rebuilding family relationships, let these children slip out the back.

It is very important [00:22.40.00] to do your best to reintegrate with your family and with your work place, with your friends. One of the effects of deployment is usually you get very tight with the unit you're with. And that's good, that's as it should be. But sometimes when people come back they don't now how to relate [00:23.00.00] to their family and friends, and so they're isolated, withdrawn or they just spend their time hanging out with their battle buddies. And that can be useful to a certain extent, but it also can be bad for marriages and other relationships.

We want to see family members, not only husbands and wives but their children. [00:23.20.00] We regularly see people from the whole combination. Mothers, fathers whose single son or single daughter has come home and is different. We want to talk to them. We want to give them as much information as we can so they can be an aid, a help mate if you will, to that readjustment process.

There are a variety [00:23.40.00] of medical and counseling services that you as an individual can access through the VA. At the VA's medical centers, VA outpatient clinics or vet centers your treatment may involve services such as an evaluation of your symptoms or problems to determine the best course of treatment, [00:24.00.00] medication, individual counseling, group therapy, treatment for alcohol or drug problems, educational and support groups for dealing with anger, depression, anxiety or stress. In addition you may want to consider family counseling or women's residential treatment like this one in Palo Alto, California. [00:24.20.00] The VA's National Center for Post-traumatic Stress Disorder has developed a Web site with extensive information and



referral sources for anyone with trauma reactions. The VA and vet centers also offer female only trauma groups for women who have experienced trauma, including military sexual trauma. [00:24.40.00] This is a safe place for women to discuss their very personal stories.

Patricia volunteered for the service because she saw herself as a tomboy and joined the Army out of high school. But soon after she was sexually [00:25.00.00] assaulted by two men, including her boyfriend who was also an officer.

I was supposed to go with my boyfriend to his friend's house to eat Thanksgiving dinner. So, when we got there there was no Thanksgiving dinner. And we didn't think anything of it. And then we started arguing [00:25.20.00] about I don't know what. And then they both came in the room and did what they did. And after that I mean I wanted to go to the police but I thought it was, you know, who's going to believe me? Who am I? I'm a private, you know, and here they are NCOs. [00:25.40.00]

It took her several months to come forward and report it to police on base. When she finally went to authorities nobody wanted to press charges.

We went to the police and the police told me that it couldn't be rape because it wasn't done in an alley or a dumpster. So, they dropped my case. [00:26.00.00] So then I really felt, I mean, worthless because nobody was trying to help me.

Patricia says it was too hard being so close to the officer who raped her. So, eventually she left the Army and went home. But the pain continued. Her depression went on for many years until one primary care doctor [00:26.20.00] finally took note.

I came to the doctor for a checkup, and she had asked me if I was depressed. I told her yes, I had had problems with depression before but they had never done anything about it. So, they sent me here to mental (health).

Patricia was diagnosed [00:26.40.00] with depression related to her military sexual trauma. That was over a year ago. Today, Patricia is involved in a women's trauma group at the VA.

I mean it's bad to say but I mean I feel better when I know it's not just me. [00:27.00.00]

Patricia is a working mother and single parent of two children, Simone and Tiara. Some days are still very difficult.

Trying to be a good mother is very hard. I think there's days when I don't even want to get out of the bed. But I know I have to for them. [00:27.20.00] They know there's something wrong with me, and they, they seem to understand. But there's times when they don't and I don't know how to explain it to them.



Through her treatment, Patricia is learning that she doesn't have to be perfect to be a caring mother. She's also accepting herself more [00:27.40.00] these days.

It helps me to know that there's other people out there like me, that I'm not the only one, that I'm not really crazy. Actually without this treatment I don't think I'd be here today.

I think it's important for women to understand that when they come to the VA they're not going to be put in a group with men [00:28.00.00] to have to deal with very sensitive issues. There are services that are designated that are specifically different for men and women, and particularly around trauma work. We have all of our women are seen in groups by female therapists with only female participants. [00:28.20.00]

I also want you to remember that you probably have some painful experiences and some feelings and thoughts that you're putting away. And it's important that at some point you begin to work on those, because what happens is we put them away and they begin to grow and as they say, fester. Additional [00:28.40.00] negative emotion gets locked in there, it's kind of like a dam that builds up.

I like to let female veterans know that, number one, we welcome you with open arms. We have a staff that hopefully is able to address gender issues. So, we have female staff members [00:29.00.00] that are well versed in issues that are more specific to the female veteran experience. And that it's a safe place to come.

In the last 20 years I've seen the VA really reach forward in trying to attract women, as well as attracting [00:29.20.00] women patients, they're doing research, they're really paying attention to the women veteran.

In the military you're trained to keep going, to stay on mission, despite adversity, stress or even wounds. In fact, these are critical to maintaining a fighting force. It's no wonder then [00:29.40.00] that combat medics are often the last to reach for help themselves.

In 1992 Penny began her military career with the Navy. As a recruit she attended the first integrated male/female [00:30.00.00] boot camp. A few years ago she left the Navy for the National Guard. Little did she know, as a medical specialist with the Guard she would be sent to Iraq, face to face with life and death.

We know what is available more than the typical soldier, sailor airmen does. And [00:30.20.00] we're more likely to seek that out in our own personal private times versus when we're not. And we have always jokingly said we medics are kind of like the worst people of all because we're the last ones to take care of ourselves. But we do seek it out.

As a captain and deputy brigade surgeon, Penny's job in Iraq [00:30.40.00] was to help the National Guard plan for medical emergencies while in theater. In today's war front more people are surviving multiple serious injuries because of quicker access to improved medical care and better body armor. Most survive, some do not. Medics are



no different from [00:31.00.00] many others who serve in combat. They often wish they could have done more.

Every emotion probably from the medical professional's perspective comes out. Post treating, post any kind of major mass-casualty event, of course if there are any fatalities or [00:31.20.00] lost soldiers or sailors or airmen they of course want to feel that they are—or they think that they should have done more, or could have done more. Would have, should have, could have is a term that we sometimes use.

Despite more chaplains and combat stress teams available in Iraq, Penny chose not to reach out for [00:31.40.00] this type of counseling following the incidents.

For me personally one of the reasons is I'm always anticipating the next circumstance or evolution that's coming so I don't—it's kind of like a process again that being a medical professional that we all have to [00:32.00.00] go through in order to feel spiritually as well as mentally back in the game. And by staying engaged or staying constantly involved and not taking that downtime it's easier that way.

Civilian soldier Penny has now returned to her job as an environmental specialist in her local public health department. [00:32.20.00] Now she plans for very different kinds of attacks.

I believe I'm doing well. It was interesting, the first time I was at a public event with my colleagues from work it was a little overwhelming at first because everybody thinks I'm a hero. And I guess in some retrospect I'm a little humble when it comes to that. [00:32.40.00] I feel knowing my job and feeling comfortable in what it is that I do for both my state as well as the country. I went, did my job and came home. So, I'm glad to have done that safely. [00:33.00.00]

Female trauma experts say women often avoid taking care of themselves because they're so busy taking care of others or busying themselves to avoid problems. But you owe it to yourself to come in for services. In a sense [00:33.20.00] it's part of your duty to care for yourself.

To all women veterans of all eras and campaigns I'd like you to know that you're available for VA health care as well, and that you do not have to have been in combat to be eligible as a veteran for health care or VA benefits. The mere fact that you were in the military [00:33.40.00] qualifies you as a veteran. There are women veteran program managers in every VA medical center who can help you access the care and services that you are eligible to receive.

For veterans of Operation Enduring Freedom and Iraqi Freedom, National Guard and reserves have two years of free health care from the time [00:34.00.00] they return from duty. Many VA medical centers, vet centers and all VA regional offices have outreach efforts underway.



Many women generally are hesitant about coming into the VA system. First of all they've all had the experience of being in a male dominated environment [00:34.20.00] being in the military. And for the most part that experience has not been a positive one. Those feelings about the military get transferred to their thoughts about what it would be like to seek services at the VA.

Many of you women might be asking the questions, why should you go to the VA? [00:34.40.00] It seems like the VA is just overloaded with men, and the waiting rooms and maybe even the way the questions are asked all pertain to men. I suggest to you to give us a chance.

The veterans and family members featured in this video shared their thoughts and memories with you [00:35.00.00] in the hope that you might benefit from their experience. Some of the main points we heard; time is of the essence. Get help for problems sooner rather than later. Common symptoms of stress and trauma include nightmares, sleeplessness, irritability, avoidance, being easily startled, [00:35.20.00] difficulties with concentration and memory, and memories of traumatic events. Other common related symptoms include depression, anxiety, panic attacks, substance abuse, chronic pain and medical problems such as high blood pressure and diabetes. In your treatment you may see a counselor [00:35.40.00] for individual sessions and get extra support through group sessions. Medications may be prescribed to help your symptoms. You and your family may receive counseling. Your family has an important role in helping you as a veteran heal your wounds. [00:36.00.00]

As you've seen, you and your family can take steps toward healing. But it will take time, hard work and patience. I know it takes courage, which is kind of silly since we all know it's just knocking on a door. Help is waiting for you. No one else but you can take this step. In fact you've already begun the process [00:36.20.00] by watching this program. We honor the service you, our military sisters, have given to our country and you deserve the best from us. Military treatment facilities, VA medical centers, and vet centers are working to build your trust. For some of you there's a chance you may also be redeployed, [00:36.40.00] so please for the sake of yourself and your family take the next step toward freedom from the war within. [00:37.00.00]

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