



## War On Many Fronts 2 Written Video Transcript

With the signing of President Truman's executive order 9981 African-American leaders hoped that this would mean new advancement for black soldiers. Although desegregation in the military was the law, its implementation in all branches of the armed services [00:00.20.00] took courage, effort and time. During the Korean War James was part of the last all-black units to be integrated.

I had to literally fight my way into each unit that I went into. We would use the [00:00.40.00] (30th AAA) was used to integrate the remaining segregated units in the armed service. And the first unit that I went into there were only nine African-American soldiers. And it was very, very rough. [00:01.00.00]

Integration often came at the risk and cost of personal safety, not only in combat situations but in interactions with Caucasian soldiers. James shared some encounters.

A guy grabbed me around my arms and kned me in the groin three times before [00:01.20.00] I could even know he was there. No reason, no conversation, no argument, no nothing. He just, he just did it. And I found that the same attitude was in place in just about every unit that I went to. And I had [00:01.40.00] several fights and it was always somebody much larger than I who would attack me without any warning whatever.

James says one of his most stressful events in the military happened during basic training when some white officers took him outside one night in order to as they say, teach him a lesson. [00:02.00.00]

Because I refused to do this one exercise in basic training a corporal and sergeant picked me up and dropped me on my tailbone. And I ended up in the hospital for three days— for seven days, with shots [00:02.20.00] around the clock every six hours for three days. And I've had problems ever since.

James and his wife Bertha have suffered many years because of James' combat and other military experiences and his subsequent PTSD. Like James, Bertha faced [00:02.40.00] many sleepless nights as well.

Because see at night time he was up all night, up and down. He has mood swings. And one night he was sleeping, I guess he was fighting. I don't know what he was doing, making a lot of groaning noise. And I tried to awake him and got punched in the face. [00:03.00.00] So, now when I attempt to wake him I get on the far side of the bed and reach over. Well, before James was very moody, patience very short. He'd get angry quick, go off on you. [00:03.20.00] I usually tell other people James' temper is kind of



high because the experience that he had in the armed service, the treatments that he had during the time that he was there.

James said he didn't realize he had post-traumatic stress disorder until a fellow vet told him about PTSD. He [00:03.40.00] asked to be evaluated and was accepted into a PTSD program. For the past three years he's been coming to the VA.

The treatment that I receive here with the group sessions as well as the medication and the sessions with the doctors have helped me to a point [00:04.00.00] that I'm almost like a different person because I accepted it.

But now that he's seeing the doctor we can communicate. Now he's my loving husband.

Both James and Bertha have suggestions for how they'd like [00:04.20.00] African-American veterans to be treated by VA providers.

I think that the biggest problem is the fact that they don't—they don't understand the difference of life in general [00:04.40.00] for African-Americans than that of any other person. And it's necessary to be able to understand the plight in which the African-American must take to survive. And they seem to take the impression that I don't [00:05.00.00] really know what I'm talking about. And the fact that I'm not a doctor or nurse to some degree I can understand that. But in order to find out what my problem is they must accept the fact that I'm telling them what I feel and understand.

Well, I think the doctor should have a little more patience. [00:05.20.00] And if they feel James is coming on too strong just ask him to lower his voice but be nice about it. Because he don't mean to be rude, it's just him. And a lot of times he's misunderstood and they saying he's disrespecting them, the doctor.

But James and [00:05.40.00] Bertha do agree the PTSD treatment at the VA saved their marriage.

My life has really changed because it's given me a better stability and being able to concentrate and work with others. [00:06.00.00] In my church I'm a deacon now and highly respected by even the kids.

Many years ago at a VA hospital, James felt he did not receive the respect and services affording to Caucasian veterans. He feels differently these days. As providers, [00:06.20.00] even though we want to be tolerant of all people we have to be aware of our own biases. Cultural competence is a term and perspective that has gained momentum in the last 10 years. It refers to working with culturally, racially and ethnically diverse people from a perspective of mutual respect. This is particularly relevant [00:06.40.00] in the United States as one in every four persons is a minority group member. As with many groups in our population there are sub groups of African-Americans. Some veterans descend from former slaves, others from the Caribbean.



Some African-Americans grew up in the South, [00:07.00.00] while others came from the North. Others lived in rural towns and others in the cities. Some were living in poverty, others had more prosperity. African-Americans have sometimes felt different based on the color of their skin. In fact some darker skinned African-Americans [00:07.20.00] feel they have been treated more unfairly than those with lighter skin. And then there are veterans who come from a mixed genetic heritage. They have their own issues regarding being of mixed race. All of these offer diversity within the African-American community.

We serve many different veterans of color, [00:07.40.00] culture, from different geographical areas. And one of the things that's really important that we don't lose is that these are individuals, individuals who have particular kinds of belief systems and values. And sometimes being that we work in a very large institution who [00:08.00.00] does in fact try to serve everybody equally sometimes we lose that individual touch.

Providers can read up on culture. They can talk to other African-American providers. They can talk with—and I emphasize the word with—with their clients. Okay, [00:08.20.00] as a provider doesn't mean that you know it all. Sometimes the provider has to sit back and become the student and let the client become the teacher.

For the African-American veteran they have a particular issue around what we call cultural mistrust. That means they have problem with [00:08.40.00] being able feel comfortable in institutions that they feel have discriminated against them or have been part of the racism they've experienced in their lives.

A lot of people misinterpret assertiveness for aggressiveness. Okay? Because I'm being assertive [00:09.00.00] doesn't mean that I'm being aggressive. Some African-Americans don't have the verbal skills that therapists are used to. So, they categorize that person as being unresponsive, untreatable.

The providers can begin to address the bitterness the African-American veterans have by again allowing them [00:09.20.00] to address that in the therapy sessions, address that in the intakes, address that in the groups. It's important to acknowledge the reality of what the veterans went through and then they can begin to help them to address their misperceptions about issues that may be happening now.

The recipients of their service are [00:09.40.00] likely to ask three questions. One, are they persons of goodwill? Two, do they have mastery of the content or are sufficiently skilled in what they're doing? And third, do they understand their world view? In other words do they understand the world that the client experiences?

A few years ago, Dr. Larry (Davies) and the late Dr. Joe (Galsomino) of the Readjustment Counseling Service [00:10.00.00] conducted a cross racial treatment study where they looked at how providers perceive their clients in treatment. A mixture of



black and white providers were surveyed. Their Vietnam veteran clients were also black and white.

We had an idea that people would see [00:10.20.00] the problems of African-American veterans as being more environmental and they would perceive the problems of white veterans as being more internal. But the fact of the matter is, is that both whites and black providers perceive the problems of black clients as being more external. [00:10.40.00] But both white and black providers perceive the problems of the white vet as being internal.

Dr. Davies author of Race, Gender and Class describes some of the biggest concerns of veterans.

Whether the practitioner is white or black has to convey to the client [00:11.00.00] is, and that is that I'm a person of goodwill. I may not understand all of the cultural nuances. I don't understand being African-American as well as you do or your particular aspect of being African-American as well as you do. But I mean you no harm, I mean you well and I think together we can work to solve these problems whatever they might be.

Many African-American veterans may not realize [00:11.20.00] they even suffer from PTSD and often go to their primary care doctor first. That's why it's crucial for doctors, nurses and all VA staff to be aware of a patient's history. Research supports that many individuals with PTSD experience stress physically as nausea, headaches, [00:11.40.00] high blood pressure and general anxiety. So, as might be expected, when problems occur they're more likely to turn first to a primary care provider.

For primary care physicians in the VA setting certainly PTSD needs to be kept fairly high on your list of [00:12.00.00] psychiatric disorders to be aware of. We are fairly certain that PTSD patients have a higher rate of medical co-morbidities. It's not certain why that is exactly. It may relate to other more well known, if you will, psychiatric co-morbidities like depression and other [00:12.20.00] anxiety disorders that we know are related to cardiovascular disease for instance, perhaps that's why.

Some of the medical issues that we see presented among a population of women with PTSD are things like gynecological complaints, dermatological [00:12.40.00] complaints, joint problems. Many of you have heard of fibromyalgia. Many of our women come in with that diagnosis.

The African-American's position is complicated by the fact that we know without a mental health disorders [00:13.00.00] that they are higher risk for disorders such as hypertension, diabetes and are at higher risk for the [13:06] that develop from those disorders. So, even without PTSD you're likely to have a complicated patient on your hand to deal with in addition to the mental health issues that you're trying to sort out as a primary care doctor. [00:13.20.00]



One of the most common co-morbidities found in female veterans with PTSD is major depression. In fact, many of the female veterans that come into our facility carry with them the diagnosis of major depression and may have had that diagnosis prior to being diagnosed with PTSD [00:13.40.00] because so many of the women have either not shared the details of the trauma or it was overlooked. What often happens is that women will spend years seeing primary care doctors and never get to outpatient mental health [00:14.00.00] or to a residential program. And I think we have to be especially vigilant in picking up on symptoms that we think are disguised.

Medical providers can administer the primary care PTSD screen as a routine trauma screen for all veterans. [00:14.20.00] It's a brief four question tool. It does not inquire about any specific trauma or any details of traumatic events. The series of four questions helps the provider in understanding which patients may be experiencing PTSD and may benefit from a mental health referral. [00:14.40.00] Dr. Frederick (Sorter) discussed a growing body of research examining neurobiological changes associated with PTSD. He suggested that this information may provide important insights into the physiological effects of traumatic events.

During post-traumatic stress disorder [00:15.00.00] a system called a HPA axis—that stands for the Hypothalamic Pituitary Adrenal cortical axis—becomes overly active. Because it becomes overly active high levels of cortisol [00:15.20.00] are secreted from that system. The cortisol leads to all kinds of changes in terms of neurotransmitters. It's all a very wondrously complex system. And it's important for the clinician to understand that complexity and what all the consequences are of that complexity [00:15.40.00] because it's gives them a better appreciation of why it's very difficult to address symptoms of the patient with medications, why there are so many different comorbid disorders. Because all different kinds of brain systems are being affected with PTSD. [00:16.00.00]

Memory disturbances have been documented in individuals who suffer from PTSD. The memory difficulties are not fully understood. One theory is that brain structure may be altered in individuals who experience PTSD.

This is correlated with disturbances [00:16.20.00] in memory. So, this really helps the clinician to understand why the veteran is having difficulty remembering things, why many of these changes don't seem to go away. And it enables them to [00:16.40.00] have a different way of thinking about the symptoms of the patient that they're treating.

Individuals with PTSD frequently experience sleep disorders as well as high levels of anxiety, depression, memory of traumatic events [00:17.00.00] and emotional distress. Many have tried to manage their symptoms by self-medicating with alcohol and street drugs. For years, Larry had tried to avoid his Vietnam experience this way. [00:17.20.00]

I was on a blues tour in Canada I just—up on stage the band was geared up and all of sudden [whistle sound] let's whistle out. And it's kind of slap me up. It was like I had a



panic attack. [00:17.40.00] And they treated it almost as a heart attack. But it wasn't a heart attack. So, they said, "Hey, Vietnam veteran, you may have PTSD of the worst kind, never knew it" And I thought—got through explaining my life to some therapist and all that time I was—I'd been [00:18.00.00] medicating myself with alcohol, you know, and street drugs.

To Larry, a Vietnam veteran music was his life. Unfortunately this was impacted when his PTSD symptoms were no longer manageable. Often a crisis brings a vet into treatment. [00:18.20.00]

If you want to call me a war criminal you can do that because I did things that I didn't have to do because I had 15, 16 buddies laying on the ground, screaming, hollering and dead. Before PTSD, [00:18.40.00] as I said, it was a roller coaster ride. It was—I was—as you can see I was numb because I had medicated myself so much see, to forget about the war.

Larry served in the U.S. Army in long range artillery. [00:19.00.00] He said he saw prejudice in his unit but kept himself out of trouble. Before coming for treatment Larry remembers receiving a pamphlet for veterans in the mail.

Well they, they sent me a brochure in the mail and I didn't answer it. I've heard from a lot of old veterans, the old veterans, if you come in the [00:19.20.00] VA hospital you ain't coming out alive.

African-Americans may be in a defensive mode because they feel they've been treated unfairly in the past. It took Larry a long time to open up and trust.

Some doctors say things that they don't need to say, [00:19.40.00] do things that they don't need to do. But in making the patient feel (uncomfortable) as an African-American, you know. And a lot of guys feel like they been kicked so long because the doctor is still—you go [00:20.00.00] and the doctor's saying mm, mm, mm, mm, not really answering his question, addressing his illness, you know. And the guy gets mad and walk out.

Larry shared what has worked in his treatment for PTSD.

At one point I did open up. [00:20.20.00] And after many, many, many sessions of therapy I'm still growing. I'm still working on it. It's better. It's 95% better but there's still things that I have to work on. There's still things that [00:20.40.00] I need to—I need to stay in touch with the doctor and get advice. I need to take my medication. [00:21.00.00]

Now, as a hospital volunteer and representative for vets Larry found a way to bridge his love for music with his PTSD treatment and continued recovery. After Larry discovered



one doctor's love for playing blues guitar they formed the PTSD Blues Band.  
[00:21.20.00]

The PTSD Blues Band consists of doctors, patients, well other veterans and outside musicians. Good, very good friends of mine. We played [21:38]. Miss America [00:21.40.00] came up on stage, took her picture with us and gave us all a kiss. We didn't wash our face for three weeks. [Laughter] The PTSD staff is a very wonderful, very caring and very professional staff. And without them I don't think [00:22.00.00] I would've made it.

You're listening live at the PTSD Blues Band.

[end of audio]

