



War On Many Fronts 3 Written Video Transcript

Prior to and during the Vietnam War, Truman's executive order to integrate the forces helped African-Americans gain access to a variety of positions and to advance in the military. However, this widespread inclusion also led to more casualties. Although African-American troops [00:00.20.00] made up 10% of the armed forces they accounted for twice as many deaths. African-Americans were put more often on the front lines and racism was still encountered. As you get to know your client's entire history you may need to bring up the issue of race-related stressors.

An all important [00:00.40.00] award that a lot of guys in the infantry get, it's called a CIB, you know. It's a combat infantryman's badge, you know. And it's the badge of courage, the badge of honor, you know, that everybody really wants to have, you know. And I was being denied the thing. I did a tour, an entire tour in Vietnam [00:01.00.00] and didn't get the thing awarded to me until I was on my way home.

In trying to have a generated culturally sensitive interview it's important for the providers to be able to be open to having the veterans talk about their cultural experiences in America.

It's good [00:01.20.00] when you're first meeting a patient, an African-American patient, to make sure that you understand what kind of family he comes from, what family life is like for him and exactly what role religion has played in his upbringing and what it's [00:01.40.00] been like for him since he's been traumatized.

In the interview process it would be helpful for the provider to be open to not just going over the questions in their initial interview but being able to be open to allowing the veteran to talk about anything initially comes to mind and then have that [00:02.00.00] be redirected into the interview. So that will allow the veteran to feel as if they aren't being structured and controlled or pushed.

I think when one is taking a history if the veteran feels comfortable and safe enough, they're going to bring that up. If you sense that as a provider then you might want to broach [00:02.20.00] that and say, "Did you feel that you were treated differently while you were serving in the military?" Most veterans will let you know if that's so.

Now, from the time you have left here it's going to be real important that you pay attention to (when do you get upset).

What I've noticed is that [00:02.40.00] the experience of having a cross-cultural group allows for everyone to have a voice to discuss their issues. So, we want them to be able



to talk about their issues with different cultural or different racial, ethnic groups so they can begin to sort out what their ideas are about those groups, their stereotypes, [00:03.00.00] their problems with, say, racism or perception.

What has it been like?

The problems from PTSD deeply affect how a veteran relates to his or her family and others.

I was the disciplinarian for the most part and I was the one who had to bark out the orders, and you know.

Consider [00:03.20.00] incorporating couple and family interventions in each veteran's treatment plan.

Many African American veterans are active in church and community. [00:03.40.00] Many may reach out to the church leaders for help with PTSD and related symptoms. As you discuss your treatment plan with each veteran, consider the veteran's involvement in his or her church.

You know, if you're not familiar with the church and the role that it can play in the lives of African-Americans when they're experiencing [00:04.00.00] adversity it's really hard to imagine how much can really be available. But you have to be respectful and you have to open those lines of communication in the beginning of the treatment process.

Dr. (Sauder) noticed that one of his patients with PTSD would become very isolated but went to church on Sundays. He suggested [00:04.20.00] the patient talk to his minister about becoming more active in church.

And the minister was very helpful, was very anxious to support this patient's treatment, literally became part of the relapse prevention plan. [00:04.40.00]

Female service members who are African-American often face even greater challenges than their male counterparts.

I wasn't sure if they weren't used to dealing with females and I just happened to be an African-American female or if it was just [00:05.00.00] that they were infantry officers. I'm not certain but I did receive some unfair treatment.

Terry, the mother of two children, suffered in silence from her war experiences as a Marine in Desert Storm. While stationed overseas she witnessed the horrors of war.

After I was activated [00:05.20.00] I started out as a reservist. When I was activated I was told I would be attached to a graves and registration unit.



The horrific work of recovery of bodies and body parts as well as the identification of remains in Desert Storm contributed to Terry's nightmares. Then a year later, [00:05.40.00] Terry was sexually assaulted and harassed by a commanding officer.

And I was being forced to do things at the training center and at his home. And when I refused [00:06.00.00] I was being retaliated against at the work place and things were—got really difficult. Before my experience in Desert Storm I believe I would have been able to handle it and never have gotten in that situation. [00:06.20.00] But afterwards I just I didn't have it in me to stop that situation.

Although Terry reported the incident, the senior officer was not appropriately punished.

It ended up him just getting a slap on the wrist. [00:06.40.00] But I had the courage in me to finally just tell and that's what I did.

After going through a difficult pregnancy Terry was medically discharged from the Marines in 1999. In her eighth month a Navy doctor ordered her on bed rest. However, her commanding officer forced her [00:07.00.00] to come to his office to explain.

I believe at that time I was having panic attacks. I couldn't breathe, had tightness of the chest. And I remember telling my commanding officer, and a sergeant major—I was in an office—that I couldn't breathe, and I needed to go to the hospital. I told him three times and he said, "No." [00:07.20.00]

That's all Terry remembers. She passed out and her doctor said she may have suffered a small stroke. A day later, her baby was born premature by cesarean section.

You know they always say, you know, "Suck it up. No pain, no gain." But they had total disregard for my life and the life of my unborn child.[00:07.40.00] I couldn't get over that.

Before getting treatment for PTSD life was very difficult for Terry and her two children.

When I was going through these difficult times my children, [00:08.00.00] I think they suffered a bit as far as not being able to go outside and play. I'm constantly having migraines or not feeling well. [00:08.20.00] But I tried to focus on them.

Terry was recommended for PTSD treatment this past year because her physician asked the right questions.

I was coming to see my primary care doctor. And after talking with me she decided that I needed to [00:08.40.00] see someone in mental health and I'm really glad that she referred me over. I'm not sure if it was the way I was looking, something I said, but I'm thankful that she saw that something was wrong.



No matter what they're [00:09.00.00] there for, the appointment, if it's there for a follow up, just ask them how they are doing. Sincerely, "How are you doing?" Ask about the family and things will come out.

How my life was changed now that I've been in treatment. [00:09.20.00] Wow. I get out more. I'm not afraid to go to the mall and feel that people are talking about me. My children are loving it. We get out. We go to the movies. We do family dinner night, [00:09.40.00] family game night. I get out. I feel like a big burden has been lifted. God was answering my prayers, and I do believe that. And I just happened to be—I was led to the right place at the right time to get what I needed. And if there's anything I can do [00:10.00.00] to spread the word, I'm here. I'm free. [00:10.20.00]

With the increasing role of women in roles that bring them up to the frontlines as far as war is concerned we're talking about an increased risk for exposure and therefore the development of PTSD. When you talk about African-American women, [00:10.40.00] specifically, so many of them come from backgrounds in which they live in poor environments where there is a likelier exposure to other trauma. How VA practitioners can help with engendering some degree of trust in African-American female [00:11.00.00] veterans seeking care is first of all to make her a part of her treatment. Because in many of the African-American women they have been in situations where they have been invalidated or they have been treated in ways that haven't been [00:11.20.00] the best for them and they're going to be suspicious. It's really important that practitioners make things very clear, sometimes very concrete, that they repeat things and ensure that the person understood what it is that they say. We often use [00:11.40.00] in our treatment, "What did you hear me say," as a phrase because it's really important. We may have all sorts of intentions but you have to remember that there's a lot of distraction also with PTSD.

A group of veterans shared their thoughts and feelings about being African-American in the military [00:12.00.00] and offered suggestions for VA providers.

I felt a lot of hostility. I guess you could say I felt a lot of distrust. It was always like a defense mechanism, you know. I always have to be aware of my [00:12.20.00] presence, always have to be aware of my communications, always have to be aware that I was Black and always know that I had the bottoms or the worst position of all the jobs and always felt that all the dangers was mostly carried [00:12.40.00] by Blacks.

And you had pressure on yourself to prove that you were qualified and that you could do the job and you could do it very efficiently. So, as an African-American I might have to study harder and I want to be more proficient than my white counterpart. And [00:13.00.00] in most cases we did succeed in that.

In all obstacles that surrounded these bad and hostile situations they kind of fall intact. And you function according to how you're trained, how you believe, and how you act. And you don't have that, [00:13.20.00] that feeling of you different and that one is



different and this condition is that. But as soon as you get out of that hostile combat territory or environment that's when the individuality come through. The guys start to saying, "I'm this, I'm that."

I was in the Vietnam during [00:13.40.00] the Tet offense in 1968 with the Marine Corp. And we used to raid a lot of villages and all the little kids in the villages were told that the Blacks in each outfit had tails. And the little kids would come up to us and ask us to take our pants down and show our tails. They thought a long tail [00:14.00.00] was inside of our trousers.

How did that make you feel?

Made me feel terrible that someone would plant those particular thoughts in those kids' heads that we were monkeys and we had tails.

I think the staff should be always aware that Black has [00:14.20.00] a chip on their shoulder. They always expecting the worst. I mean, it's, you know, we always figure that we won't get equal treatment, they don't understand us, I mean, they don't care. And what I think it is if a person [00:14.40.00] really would be honest, that's number one. Always be honest. You know, if you can't really help somebody, admit it and say, "I will find out who can help you."

When Caucasian person is dealing with an African-American person and that African person look him straight [00:15.00.00] in the eye it's something that he can see and feel. And if it ain't there you lose him.

I think what the therapists and the clinicians need to realize when African-Americans come to therapy [00:15.20.00] that we come here with a full load already. We have trying times in our communities and in whatever job that we are in. And all those things are giving us a degree of PTSD.

Well, before (getting) together you could see all the different attitudes that was obvious, [00:15.40.00] you know. And what we have to do on an individual basis, we had to develop a line of trust between each and every one of us. We started listening to each of the guys that would talk and what they were saying. Without the trust in the program you might as well forget it. I can't [00:16.00.00] emphasize that more than anything else.

This video's extremely important to the VA, because in our mission it's to serve our veterans who have given their all. They've been asked to do the unthinkable and that is to put their life on the line regardless of what their job was during the time they served. It is [00:16.20.00] our responsibility to come forward and provide the kinds of services, the kind of healthcare that they were promised. And that includes seeing people as individuals, because they are.



Clinical experience and veteran input suggest VA providers consider [00:16.40.00] the following in their interactions and interventions with veterans. Realize that African American veterans have experienced war on many fronts. Provide basic respect, sincerity, and courtesy. Ask questions and listen attentively and patiently to responses. [00:17.00.00] Provide a sense of hope. Ask about the veteran's background, especially regarding their family, spiritual beliefs, and attitudes towards racial issues. Ask about the veteran's military experiences, especially those that were traumatic. Learn about the veteran's culture. [00:17.20.00] Provide written material for the veteran that may also be shared with family. Help the veteran feel that he is involved in the treatment plan. Consider implementing family, cultural, community, or religious based interventions into each veteran's treatment plan. Convey a sense of collaboration, both provider [00:17.40.00] and veteran working together toward a common goal. Consider administering the primary care screen as a routine screen for possible PTSD and a mental health referral. And consider implementing a number of treatment approaches, medical, behavioral, psychosocial, and cultural [00:18.00.00] for veterans diagnosed with PTSD. According to the latest census over 2.6 million African-Americans serve in the armed forces. Many brave African-Americans have fought for our freedom with many receiving our nation's highest tribute, [00:18.20.00] the Congressional Medal of Honor. Some have given the ultimate sacrifice, their life. Despite a collective military history marked by adversities, each who served made a contribution for all who came after. Today many African Americans have risen to the top of the military profession and dozens [00:18.40.00] of African-American generals lead all branches of our military. A good example is current Secretary of State and retired general Colin Powell. We cannot change the past but we can become more aware of it. We can become aware of the many issues facing our African-American veterans. [00:19.00.00] We can become aware of trauma in many forms and its effects. Each of us can assume responsibility for our actions and interactions with our veterans. And each of us, in our own way, can impact the future positively for each veteran that we have the privilege to serve. [00:19.20.00]

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