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| Speaker 1: | 00:05 | A recent survey of nearly 2,000 members of the Armed Forces found that only 53% of those with Post Traumatic Stress Disorder, PTSD, traumatic brain injury, TBI, depression, and other invisible wounds of war had sought assistance in the past year. Unfortunately, details from the Comprehensive RAM Report points out that of those who sought assistance, only half obtained minimally adequate treatment. A recent article published in the Washington Post addressing the needs of our returning veterans captured the mood and a quote by a veteran of the Afghanistan war. |
| Speaker 1: | 00:41 | He stated, "They blurt out, 'Thanks for your service', then run away. They don't really want to know how it was for you." This speaks to the belief held by many in the military and veteran communities, "They don't know me. They can't treat me." This training equips the providers and allied health team members to answer the call of the military and veteran communities. You must know me to treat me. Our service members, veterans, and their families are joined by the American people in calling for the immediate implementation of warrior-centric care and evidence-based practices, both of which are contained in the warrior-centric healthcare training. |
| Speaker 1: | 01:18 | The rising number of veterans confronted with the challenges of PTSD, TBI, and other mental and behavioral health disorders, combined with the gaps in access to care, suggests many veterans will be presenting to providers in the civilian communities. According to the Department of Veteran Affairs, there are approximately 23 million veterans in the United States and only 8 million are registered with the department for services. |
| Speaker 1: | 01:41 | Furthermore, given the complexity of these conditions it is our intention that based on the information provided in Module 1 military and veteran culture in a clinical setting, providers and allied health team members will enhance the following set of skills: Number one, the ability to identify who is at risk of these conditions based on military service. Number two, the ability to clearly understand which of the available tools are appropriate for screening. Number three, the insight to come to a more complete understanding of military culture and the stresses imposed on the current and former services members, their families, and caregivers. |

Dr. Ron Koshes: 02:24 My name is Dr. Ron Koshes. I'm a former military psychiatrist. Today, I'll be talking with you about military culture in the clinical setting. I have no industry relationships to disclose. We're going the set of slides with information on it and you'll be learning about, in terms of the objectives and the overview of the module, how we actually came to develop this program. We'll state some very specific learning objectives. We'll define culture for you. In terms of an explanatory model of illness, we'll bring in the military setting so you get a good understanding of how it is that practitioners who work in military settings can deal with their patients by understanding the culture.

Dr. Ron Koshes: 03:08 There are some very specific differences between military, veteran, and civilian cultures. We'll give you some statistics and some outline, in terms of how these cultures are different. We'll also talk about the risks of war associated with post traumatic stress disorder and the unique populations that exist within the military setting, which include different branches of the service. They include whether the person is a veteran or whether they're on active duty. You'll see more about this as we move along.

Dr. Ron Koshes: 03:39 Our goal is going to be to advance our understanding of military culture, so that the healthcare that's provided to these individuals, in terms of assessment, diagnosis, and treatment, eliciting the important information is culturally sensitive to the military. As far as our learning objectives, our overall goal is really to increase your knowledge of military culture. To provide specifically contrast between the explicit and implicit characteristics of a military and a veteran culture. To state the relevancy of competency communication training for patient-provider interactions. To list some of the barriers that get in the way of delivering good, competent healthcare, and to identify how military and veteran culture considerations impact the provider-patient relationship. In other words, what aspects of military culture actually facilitate or impede the care?

Dr. Ron Koshes: 04:34 In the next four slides, we'll show you data from 171 healthcare providers who took a series of questions to find out the role of cultural competency in their healthcare provider relationship and in their facilities. There were two facilities that were surveyed. Now, what I want to show you is kind of the question that was asked and how the response really indicated that there was a barrier to effective healthcare based on cultural competency issues. If you can see, with the question is

information on ethnicity or culture of your clients recorded in your management information system. Not at or barely makes up about 50% of those respondents. This, to us, is very inadequate considering that those who did it very well were only about 15%.

Dr. Ron Koshes: 05:29 In the next slide, do you discuss racial or cultural issues with consumers in their treatment process? Again, looking at the columns of not at all and seldom, you see that close to 60%, 70% of these individuals who surveyed and responded actually felt that they didn't do it at all or that they seldom did it. These are important aspects of healthcare if you're discussing some of the issues of where a person comes from, what their cultural experience is, the language they use, and how that may actually facilitate or impede healthcare.

Dr. Ron Koshes: 06:05 If you look at treatment plans, which are a good indication that the individual has incorporated to some degree the information from the clinical interview, the question presented was do your treatment plans contain cultural perspectives, i.e. the role of extended family, spiritual/religious beliefs, issues relating to the formation of the cultural aspect of the person, and do you acknowledge the different value systems for people of color? Again, we see in those columns, which to us are indicative that the job is not being very well done, not at all or seldom, you reach, again, close to 50% or 60%.

Dr. Ron Koshes: 06:45 In our last question that we're providing a sampling of for you, when available do you use clergy from the spiritual community to enhance services to people of color? Often is rated at only 25%. In fact, one of the things we find extremely important is the patient's spiritual sense, and close to 75% are falling short of that category of often. Now, how this program developed was basically in a problem, solution, and outcome model. The idea was that we had to learn how to master asymmetrical clinical environments. The active duty individual, the veteran, National Guard, reservists, adolescents, female, spouses, children.

Dr. Ron Koshes: 07:32 What was determined based on the survey findings, and a curriculum developed, was a warrior-centric healthcare training program aimed specifically at healthcare providers to learn how to deal with these special populations within the military. You'll learn more about this idea, "You must know me to treat me", which is really the outcome that we're looking for in the

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| | | provision of service to veterans and active-duty military. Knowing where they come from will provide better treatment for them. |
| Dr. Ron Koshes: | 08:05 | What I'd like to do now is have you watch a video about some of the experiences of individuals who are dealing with post traumatic stress disorder and other ailments that are associated with combated-related deployment. You must know me to treat me is going to be our theme today, and we'll have some comments after the video. |
| Speaker 3: | 09:23 | I am a hero who has given more than I have taken. |
| Speaker 4: | 10:29 | Good evening, America. Currently, there is a flood of veterans young and old seeking disability assistance and compensation for psychological and physical injuries connected to their military service. |
| Speaker 5: | 10:46 | Please don't leave me behind. |
| Speaker 6: | 10:55 | I am a warrior whose PTSD, depression, and traumatic brain injury are not treated consistently within the DoD, the VA, or the civilian healthcare systems. |
| Speaker 4: | 11:47 | The Department of Veterans Affairs says its average time for processing claims, 162 days, is better than it has been in at least eight years, but it does not deny that it has a major problem with some claims languishing for many months in the department's overtaxed bureaucracy. |
| Speaker 3: | 12:05 | I know I am a warrior. I know people see me as a hero, but I faced head-on suicide attempts and major depression. |
| Speaker 7: | 12:16 | These are the invisible wounds of war. |
| Speaker 8: | 12:38 | I am not just a warrior. I am a man, a father, a husband, a brother, and a son. |
| Speaker 9: | 12:45 | I'm not just a warrior. I'm a woman, and a mother, a wife, a sister, and a daughter. |
| Speaker 3: | 12:54 | You must know me to treat me. |

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| Speaker 10: | 13:13 | The larger significance of the back log veterans groups and officials said is that resources for veterans are being stretched perilously thin by a confluence of factors beyond the influx of veterans from Iraq and Afghanistan. Our service members, their families, and all veterans are heroes. We must deliver on our commitment. |
| Dr. Ron Koshes: | 13:32 | What are we learning from a video like this? Well, I want to provide you with some additional information. Approximately 2.3 million United States troops have deployed since October of 2001. The important thing to remember is that the psychological toll of these recent deployments outnumbers the physical combat injuries. This is a very unusual thing for a war that was fast pace and where individuals who were on active duty, and reservists, and National Guards were deployed multiple times. |
| Dr. Ron Koshes: | 14:41 | The integrated military healthcare partners and providers who are important in treating those who have served during a time of war is only staffed at about 60% of the current mental health needs. This means that a great gulf exists between the need for services and the providers of the services. Additionally, it's important to understand that a lot of the providers for mental health services do not have military experience, know as much as they've been trained about military culture, and can use a lot more education in the provision of these services to these individuals. Again, that's what our goal is today is to give you a primer on military culture. |
| Dr. Ron Koshes: | 15:25 | There is lots of concern by news media, by radio programs, and by the print media about the inadequacy of treatment for individuals who are returning from combat or who have been deployed. You can't not look in the paper and learn about suicide rates or learn about the extended waiting in the Veterans Administration for benefits and this is why this training is important. The individuals we're specifically concerned with are those suffering from post traumatic stress disorder and traumatic brain injury, PTSD and TBI. |
| Dr. Ron Koshes: | 16:04 | There's a report by the RAND Corporation talking about the invisible wounds of war. Forewarns that there can be an epidemic of individuals who have been deployed in this war effort who suffer chronically from post traumatic stress disorder and then, again, the population suffering from traumatic brain injury. There is, however, another interesting group, an |

important, those who suffer from both these conditions. Returning veterans from Operation Enduring Freedom and Operation Iraqi Freedom demonstrate an increased risk of suicide and suicide attempts, and other mood disorders including major depression and anxiety disorders.

Dr. Ron Koshes: 16:42 Our last point, number seven on this slide, deserves a little bit of time. Compared to a general population being associated with the military indicates that your rates of PTSD are higher. They're higher for service members and they're higher for people who are deployed during combat. This is not a random incidence. We know that things can actually lessen the incidence of post traumatic stress disorder or can worsen it. We'll go over some of these in detail, but just as a small glimpse of the matter, when units are disrupted, when individuals do not have combat experience, or when they're multiply deployed, or when they are brought back and not given any critical incidence stress debriefing or preparation for reintegration into civilian life. You can see the incidence of post traumatic stress disorder increasing. This will be a vital thing for healthcare professionals to understand.

Dr. Ron Koshes: 17:40 Just to give you some historical perspective, our initial studies of trauma and PTSD within military populations focused on male, Vietnam veterans. There was a huge database from the Veterans Administration that was studied over the years. These studies indicated that nearly a third of all individuals suffered from PTSD. The basic premise is that post traumatic stress disorder is caused by a stressor that is beyond the normal range of human experience, and the other basic assumption in our military population is that these are individuals who have entered military service who do not have character pathology and they do not have major mental disorders. The stressor is the thing that is the most important and stressors in combat can include being injured yourself, watching people be injured, attending to dead bodies, witnessing civilian catastrophes, or being just under the constant threat of bombardment, mortar attack, and missile attack.

Dr. Ron Koshes: 18:46 There is distress and impairment in the social and occupational functioning of these individuals as a result of that stressor. I can't emphasize this more because this is something that healthcare providers in the civilian sector might not be as aware of is that PTSD, especially when considering a military

population, has to take into account that it is the environmental stressor that has caused this, not the specific character pathology of the individual, so that it is the way a normal individual would react to catastrophic occurrences.

Dr. Ron Koshes: 19:25 PTSD can result from a multitude of traumatic experiences. It just doesn't have to be combat. It could be, in fact, physical assault, sexual assault, anything that's near death, or witnessing a catastrophic event such as a bridge collapse, or a hurricane, or a tornado, or an earthquake and the devastation that occurs as a result of that. For our purposes, we're going to focus on combat veterans who've been exposed to the trauma of war.

Dr. Ron Koshes: 19:54 Let's take a look now at this idea of culture and then specifically apply it to the military. What is culture? It's a shared pattern of beliefs, behaviors, and interactions, a way of thinking, an emotional understanding that is learned through the process of socialization. These individuals bond together and form a shared culture. Culture is a type of learned behavior that results from that acculturation process, and individuals within that culture that's been identified act in a specific way, behave in a specific way, learn in a specific way, and it's transmitted to other members of that culture.

Dr. Ron Koshes: 20:37 In the broadest sense, culture is something that includes beliefs, art, morals, writing, law, and other capabilities that are acquired by the individuals who are part of that society or that specific culture. Again, what is culture? Let's break it down into very specific areas. It's cultivated behavior. It's hierarchies. It's attitudes, beliefs, values, behaviors through social learning. It's the tradition of those individuals. It's a collective programming of the mind that distinguishes the members of one group from the members of another. As you begin to understand, the military is part of its own specific culture, and we'll take a look at that right now.

Dr. Ron Koshes: 21:33 An important thing to understand is that if you know about military culture and you know about some of the settings in which that culture is practiced, what deployment is like for individuals, you are better able as a healthcare provider to treat the individuals by identifying with them and understanding, and showing an understanding, of their experiences. Now, culture in the military setting is not anything new. What we have for you now is military culture in Imperial China by Nicola Di Cosmo, an

ancient writer. We can also see that there are other books that have discussed military culture. For instance, the Battle For Gaul by Julius Caesar.

Dr. Ron Koshes: 22:15 In all of these great writings, and in some other Japanese writings too, The Book of the Five Rings by Miyamoto Musashi, the role of culture and morale, unit cohesion, bonding, and performance was absolutely critical. This has been studied again and again, both in antiquity and in modern society. What are some of the things that you see in military culture? Well, certainly you see a lot of identification with a uniform and with the purpose. Sometimes you'll hear people say the Marine Corps and the Army, "We're all green", and "We're all blue", members of the Navy, the Air Force, and the Coast Guard. This can end up in some interesting rivalry and conversation between members of different branches, but the one goal is to serve the country in times of conflict and also in times of peace as ordered.

Dr. Ron Koshes: 23:09 Let's understand some of the terminology here often associated with the military and that you've heard on the news. What is a warrior? A person who's engaged or experienced in any type of warfare. These are our soldiers, Marines, sailors, and airmen. A veteran is a military veteran who has served in one of the uniform services regardless of the time or condition served. You do not have to be retired after 20 years of active duty service or more to be considered a veteran.

Dr. Ron Koshes: 23:38 Over two million service members have been deployed. There are many who are serving in their second, third, and fourth tours of duty in the war zone. Delving deeper into the terminology, what do you call a member of the Army? Well, you call them a soldier. Their job is to capture and to hold territory. They are ground troops. A sailor is a member of the Navy. They're involved in sea transport, logistics, battle at sea, and protection of the shore.

Dr. Ron Koshes: 24:11 A Marine belongs to the Marine Corps. Their job is as ground to quickly attack and conquer. Airmen are part of the Air Force. Their mission is aerial weaponry, dropping bombs, targeting, relaying coordinates, and their basic moves are shock and awe based on the technology that they have. It's very important to recognize that each of these components have a reserve aspect to them, so individuals who are not on active duty 24/7, but

actually serve time over the weekend, have time throughout the year where they go on training missions, and are able to be called up at any time for the service of their country.

Dr. Ron Koshes: 24:56 This turns out to be a very important issue in that Marines are not soldiers and you often see this mistake made in the healthcare setting when calling a Marine a soldier or a Navy person a soldier. These are sailors. The Marines. In the Army they're soldiers.

Dr. Ron Koshes: 25:18 The Coast Guard is not under the Department of Defense, but it's job is for Homeland Security. We do have a Merchant Marine who are called mariners and their job is transportation. The National Guard really is under jurisdiction of the governor of the state, unless activated and then becomes part of the Armed Services in the service of war. Many National Guard units were activated for this current war effort.

Dr. Ron Koshes: 25:47 How do we distinguish the different branches from each other? Well, there's these general categories. There is a way, a language in which individuals speak to each other and a way that they greet each other. There is a mission orientation that they have. There is a legal system that is included for the military. It's called Uniform Code of Military Justice, which is different than the civilian legal system. There are also certain tattoos, patches, rings. Sometimes even the warriors are very cognizant of whether they have combat badges, which means they actually participated in or saw combat. There are also the physical objects, the uniforms that are different, the stripes.

Dr. Ron Koshes: 26:29 Being able to interpret these become very important for the healthcare professional, calling a sergeant a sergeant and a tech sergeant a tech sergeant. As you reach the ranks of higher enlisted, it's critically important as a healthcare provider to be able to address them by their correct rank. The military is, in fact, a culture within cultures. It has signs and symbols, insignia that are different that our civilian world. Each warrior, each person who has served in these wars, may in fact belong to many different additional cultures.

Dr. Ron Koshes: 27:10 They may have their own different ethnicity. They may have the region of the country where they came from. They may be considered reservists, women may have a particular culture, the different branches of the service. Knowing about as many of

these as possible can help facilitate the healthcare interaction. Understanding the interplay between them can help tailor your interventions.

Dr. Ron Koshes: 27:36 Understanding the interplay between these different coexisting cultures is critical to establishing a very specific, a very tailored healthcare service treatment plan. Understanding where an individual comes from and not making the mistakes that are associated with misidentifying cultures can facilitate the provider-patient relationship. For instance, one mistake that must never be made is calling a Marine a soldier. It would impede, in fact, the generation of data for the correct diagnosis and for developing a treatment plan. Not in every circumstance, but certainly trust is better established if you know where the person comes from and you address them by their correct title.

Dr. Ron Koshes: 28:20 You have the tricky business in this type of setting of working amongst different cultures and trying to understand which ones play a role and how to ask specific questions to get the information you need. What are the values of a military culture? Well, it's unfortunate, but sometimes the values of a military culture, which lead to the success of individuals and the overall mission of the military are those which make it difficult for us, as healthcare providers, to obtain information, loyalty, duty, respect, selfless service, uniformity, personal courage. It may be difficult for an individual to talk about, for instance, memory problems that are associated with traumatic brain injury or disabling nightmares and intrusive thoughts an individual has because it might take them out of their unit and out of their ability to continue to serve.

Dr. Ron Koshes: 29:19 The values of the military often go against what the values of a healthcare facility are. There is a standard of discipline, group cohesion and, again, putting the mission before the self is probably our greatest barrier in providing healthcare services to these individuals.

Dr. Ron Koshes: 29:39 How is the military organized and how is it structured? Well, first of all, there's a chain of command. The role of that is to maintain order and discipline, to promote the mission, to define lines of authority. Rank structure defines leadership and responsibility. As it turns out, these are not arbitrary designations. Warrant officers, high-ranking enlisted individuals

have different duties and responsibilities than say officers or lower-ranking individuals.

Dr. Ron Koshes: 30:12 The type of job that a person has can also be an impairment to getting healthcare that's needed in diagnosing, for instance, post traumatic stress disorder and traumatic brain injury. A high-ranking enlisted person may feel that they have greater responsibility for the people who are under them and would not want to have any dysfunction that would take them out of the command structure, so this becomes an impairment.

Dr. Ron Koshes: 30:39 Let's take a look at what a warrior looks like if we were just able to take a snapshot. Let's take a look at age first, and then we'll look at gender and reserve versus active duty. Close to 50% of the active duty Army individuals, close to 70% of Marine are between the ages of 17 and 25. This is a very young population. In fact, for our consideration with traumatic brain injury these are individuals whose full neural biological development has not occurred. Only until the late 20s do we see full development of brain.

Dr. Ron Koshes: 31:17 Women represent more than 1 in 10 of the veterans from these current wars. Fifteen percent of military members were female. The other thing that's important is taking a look at reserve versus active duty. In previous wars, such as Vietnam and the Korean Conflict, Desert Storm, Desert Shield, reserve units consisted of a small percentage of those who were deployed. If we look at OEI/OIF you see that we have about 45% of all combatants in this combined global war on terror has been our reservists.

Dr. Ron Koshes: 31:58 What does this mean? This means that often times reservist units are broken off or broken up. They deploy at different times. They may have multiple deployments. They have civilian jobs, as well as now an activated military job. They may not have the same supports that individuals who are active duty military have. If we look at rank, you can see that in the Army about 82% are enlisted and the rest are officers and warrant officers. Looking at race among those individuals in the Army, there seems to be a discrepancy between those who are active, and guard, and reservists with regard to ethnic status. This simply means that individuals who are providing healthcare may need to know something about the racial characteristics of the individuals they're treating.

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| Dr. Ron Koshes: | 32:49 | Did they come from a unit that was predominantly Hispanic? Was it located in a city? Was it more rural? Was it more white? What role would the African-Americans and Asians play in these groups? If you look at females among Army, active duty, National Guard, and reserve, a larger percentage of females were in the reserve forces than in the active forces. This means that they may have a job. They may have families and they're uprooted during deployments. |
| Dr. Ron Koshes: | 33:23 | Marines are our youngest, most junior population that serves in the military. Sixty-one percent of Marines are 25 years or younger and 20% are not even of legal drinking age. Fifty percent of Marines on active duty are married. In the Navy and in the Army it's higher. These statistics have changed significantly over the past 15 to 20 years when we saw that the Marines represented the lowest rates of individuals who were married. |
| Dr. Ron Koshes: | 33:58 | These Marine Corps families are much younger than other military families, as you can see in the age breakdown. In the Navy, the majority of the individuals, two-thirds are white, and minorities compromise a significant subpopulation. Of those, 20% are black. In the Navy, the enlisted forces more officers are married than enlisted. In the Air Force you see similar figures that you do with the Navy. |
| Dr. Ron Koshes: | 34:27 | I'd like to point out that this is not just playing a game of statistics, but it's important to understand that when you're dealing with a Marine you're dealing with a younger person, more likely to be an enlisted individual, someone who might be more female than they have been in other years, and that these individuals may have young families. |
| Dr. Ron Koshes: | 34:49 | The idea of culture is not just an abstract concept. It really does impact health beliefs and we'll take a look at this with specific relationship to the military culture. It is about the perception of health problems. How a person labels their health problems. I have post traumatic stress disorder. Does that mean that I am mentally deficient in some way? The meaning of the illness becomes critical for our individuals who serve in the military, especially those who make it back to the United States. The fact that we've been at war means that many of our serving service members have witnessed or known someone who has known someone who has been killed in combat. |

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| Dr. Ron Koshes: | 35:33 | The meaning of the illness that the person has becomes important. Why were they spared the other person was not? What does having PTSD or traumatic brain injury mean as compared to someone who has lost a limb or has had a burn wound? It also impacts the ability with which individuals are able to communicate their symptoms and to divulge information, especially to our healthcare providers. Culture also impacts the healthcare interaction. An individual from a certain race or a certain region of the country may have a different type of relationship with a healthcare provider. |
| Dr. Ron Koshes: | 36:14 | The perception of the healthcare interaction is also important for veterans and service members. We draw, in the military, our service members from different areas of the country, so providers are likely to see people from different regions, different ethnicities, different age groups, and different beliefs about healthcare and what the provider-patient relationship should look and feel like. |
| Dr. Ron Koshes: | 36:39 | Culture also determines how people communicate about their symptoms. Let's take a minute in looking at the explanatory model of illness. People from diverse cultural backgrounds approach healthcare differently depending on their own personal health beliefs and what they learn in the news and what they read. If these beliefs conflict with medical intervention a person's ability to maintain their treatment may suffer. For instance, an example would be an individual who is being treated for depressive or anxious illness may have a problem with sexual function based on the medication that they are being treated with. |
| Dr. Ron Koshes: | 37:24 | That individual may not feel free because of their cultural background, or because of their age, or because of other cultural differences to be able to communicate that to the physician. They're more likely to stop the medication than communicate about the side effect. Arthur Kleinman talks about the explanatory model of illness in a very specific way that's helpful to us in our purpose right now. We can better understand our patients and our family and make sense out of the information that we are obtaining from our patients. He suggests that we ask some very important who, what, where, why, how, and when questions. |

Dr. Ron Koshes: 38:05 What do you call the problem? What do you think this illness is from? What do you think it does? What do you fear the most? Why do you think this occurred? Here I think I want to put a star on this question because often times individuals who have a psychological illness may feel less adequate in dealing with that illness or admitting to it because they have friends who they've watched die or were injured during combat.

Dr. Ron Koshes: 38:32 How do you want us to help you turns out to be an important question and one that sometimes rarely gets asked. If we ask this question we can determine what is on the person's mind? What do they want to get better? How can you help me? I want to be able to get better so I can continue serving with my unit. I want to get better so I can be a better father. These provide great insights into the individual's ability to participate in the healthcare treatment model, as well as get better.

Dr. Ron Koshes: 39:03 Of course, other questions like who do you turn to for help and who would you like involved in your decision making? Often times, if you're dealing with an active duty military population, the command structure is involved in the healthcare team.

Dr. Ron Koshes: 39:19 People from different cultures have different ways of understanding illness, it's consequences, how best to treat it, and a different explanatory model. In some Asian cultures, I've done a fair amount of traveling in the far east, you learn that some of the explanations for psychological illness has to do with more a spiritual sense than we would attribute in our country. Every culture uses some aspect of their particular culture to understand the origin of disease and the origin of illness.

Dr. Ron Koshes: 39:54 Military culture is no different. There are cultural and personal values, behavior and social training that's associated with seeking care and obtaining care. Education and socioeconomic factors may be important. We can see that many of our enlisted are, in fact, from poor socioeconomic classes than many of the officer class that we see in the military in general. Understanding the patient, their experience, where they come from, what their expectations are, are all part of a good, solid medical model of healthcare. It's also an important part of a military model of medical healthcare.

Dr. Ron Koshes: 40:42 The issue of PTSD, again, is not an abstract concept. If we consider that the trauma that occurs, which is the genesis of

post traumatic stress disorder, may be combat, may be the witnessing of death of civilians, the handling of bodies, being under constant attack, the death of fellow Marines or soldiers or, in fact, personal injury, you can see that what we have from a survey from the Surgeon General's Mental Health Advisory Team is that 75% of soldiers and Marines were in situations where death was real, where it was a potential imminent threat.

Dr. Ron Koshes: 41:19 More than 60% knew of someone injured or killed. About a third described an event that really shook them to their bones, that caused them horror, helplessness, and intense fear. These are part of the criteria for the diagnosis of post traumatic stress disorder. According to that advisory team, about a third met the criteria for post traumatic stress disorder. I have a quote at the bottom, "War is a destructive thing. It follows you home and doesn't go away." That's been my experience in dealing with veterans from these wars.

Dr. Ron Koshes: 41:57 The military warriors who are at the greatest risk of post traumatic stress disorder and major depression are the enlisted personnel, Hispanics, females, older individuals, and those who have been physically injured or exposed to the traumas of combat. Overall, women are probably twice as likely to develop PTSD in their lifetime. Considering this, with the data that we have for our different military branches and the prevalence of women as compared to other wars, represents a growing population of individuals that we have to pay attention to.

Dr. Ron Koshes: 42:32 PTSD is among the top three diagnostic categories for female veterans seeking treatment within the VA system. I think the most important thing to understand is because of the reliance on a civilian-trained population of healthcare providers TBI, PTSD, depression, and other mental health issues are not treated consistently within the Department of Defense healthcare systems, the VA, or the civilian healthcare systems.

Dr. Ron Koshes: 43:05 While we know that about one in three warriors suffer from PTSD, and the figure may be changing as we gain more experience in this, it's also believed that this is under reported and under diagnosed. Why? Probably because it's difficult for providers to get at the information that is necessary in making the diagnosis. A 28-year-old man who's been on three deployments, when asked about anxiety and stress might not divulge that to the healthcare provider. If they're from a Latino

race, maybe if they're female, maybe if they're a Marine might be additional factors that might hinder the ability of them to come forward with the information necessary to make the diagnosis.

Dr. Ron Koshes: 43:48 If we look at the breakdown of individuals suffering from psychological symptoms, such as PTSD, anxiety, or major depression, you can see some of the highest rates are within the National Guard. Again, pointing to that culture of individuals that may not be as well connected as active duty units are before deployment. Now, we do know that reservists and National Guard people have been together for many years, but they're also among those that are more likely to be multiply deployed, have the give up the structure of their normal life, and families, and occupations, and may be deployed in separate waves. In other words, not as a group like many military units are.

Dr. Ron Koshes: 44:35 PTSD is not equal for all warriors. Understanding the risk factors and the subcultures makes you a little bit more clinical astute to be able to ask the questions where it's needed. If we did a better job in diagnosing, obtaining the information about post traumatic stress disorder, and traumatic brain injury we would see less career disruption, less employment difficulties. These individuals, because irritability is part of the symptomatology of post traumatic stress disorder, often have multiple jobs and get into trouble with the law, and have arguments with neighbors and with family members, and become estranged from them. In order to deal with this, many of them turn to substance use and develop addictions, depression, or wanting to turn down the stimulus associated with the hyper arousal states of post traumatic stress disorder, violence because of irritability, suicide certainly, and aggressiveness leading to homicide. These are all areas that could be impacted by a better diagnosis and treatment of this disorder.

Dr. Ron Koshes: 45:47 Before we end this segment, I wanted to have you see a video, which is titled Outside the Wire. It's about a female dealing with post traumatic stress disorder, the impact on her life and others like her. It's an evocative video made to get you to think about if you were the healthcare provider working with this individual what type of questions you would ask and what sort of preparation would you give this individual for dealing with treatment.

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| Tina Malave: | 46:15 | Welcome to In Their Boots, the show that sheds light on the profound effects the wars in Iraq and Afghanistan are having on our men and women in uniform, their families, and our veterans here at home. I'm your host Tina Malave. With the U.S. currently engaged in two wars women are deploying in record numbers. They're no longer just in support positions, but have become key players in these two wars. They, like their male counterparts, return home with the same war damage, yet many of our brave female soldiers are being denied the health benefits needed to treat issues like post traumatic stress disorder simply because women are not technically considered combat soldiers. Therefore, the Department of Veteran Affairs will often not treat them for illness such as PTSD. |
| Tina Malave: | 47:01 | For these women who courageously risk their lives for our country things must change. We can no longer leave them outside the wire. |
| Genevieve Chase: | 47:11 | At that instant, there was a loud explosion. |
| Jennifer Hogue: | 47:18 | My name is [Jennifer Hogue 00:47:19]. |
| Jessica S.: | 47:19 | [Jessica Sandoval 00:47:19]. |
| Speaker 15: | 47:19 | I'm [Jennifer Hunt 00:47:21] and I've served with- |
| Jennifer Hunt: | 47:23 | U.S. Army. |
| Speaker 17: | 47:23 | U.S. Navy. |
| Speaker 18: | 47:24 | Four-and-a-half years in the Navy. |
| Joyce Irwin: | 47:26 | I'm [Joyce Irwin 00:47:27]. |
| Genevieve Chase: | 47:27 | [Genevieve Chase 00:47:27]. |
| Speaker 20: | 47:27 | I was part of the initial invasion of Iraq in 2003. |
| Jennifer Hogue: | 47:31 | I remember I was still in high school just three months after I turned 18. [crosstalk 00:47:35]. |
| Speaker 20: | 47:36 | We drove all the way up from Kuwait, stopped at [inaudible 00:47:40] for a long time, and then I was in Baghdad. |

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| Genevieve Chase: | 47:41 | We were conducting operations outside the wire, going on mission. |
| Speaker 21: | 47:46 | Where we were was so hostile that every patrol, regardless of what you were doing, was considered combat. |
| Speaker 15: | 47:53 | We had several objectives that we were going to that day. |
| Speaker 22: | 47:56 | We'd drive for about eight hours. I remember it was a Saturday. |
| Genevieve Chase: | 48:02 | We were doing a routine mission outside. |
| Speaker 20: | 48:04 | All of a sudden, the infantry guys roll up and they're in a huge hurry. |
| Genevieve Chase: | 48:08 | Saw a motorcycle drive by and thought that it was a little odd that there was a motorcycle all the way out where we were. |
| Speaker 22: | 48:14 | It's pitch black out. We're right along kind of a ridge line. |
| Speaker 20: | 48:17 | There was this tension that was just palpable in the air. |
| Speaker 21: | 48:19 | My gunner hears click, click, click, click, click. |
| Speaker 15: | 48:22 | I didn't really know what had happened. I heard a big thunk. |
| Genevieve Chase: | 48:25 | A very loud explosion. |
| Speaker 22: | 48:26 | We start to get attacked. |
| Genevieve Chase: | 48:27 | My head was ringing. |
| Speaker 15: | 48:29 | There was blood splashed across the inside of our windshield. |
| Genevieve Chase: | 48:33 | My ears were ringing. |
| Speaker 20: | 48:34 | It's not like in the movies where somebody gets hurt really badly they die very quickly. |
| Speaker 21: | 48:38 | I just kept driving until someone told me to stop. |
| Speaker 15: | 48:40 | Drive, drive, drive. |

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| Speaker 20: | 48:42 | The guy took hours to die, and he screamed, and he thrashed the entire time. |
| Genevieve Chase: | 48:46 | We were able to get one of the guys that was pretty wounded and had blood all over his face, and we weren't sure if he lost his eye or not. |
| Jennifer Hogue: | 48:53 | For women in the military there's a different level of service that we often feel like we have to give. It's 110%. |
| Dr. Ron Koshes: | 49:20 | We're at the end of the module at this point. Many of you may be asking, "What do I do now? What do I do next?" Let me give you a mental checklist, and you can see it on the slide. There are many different definitions of cultures. One of them is the beliefs and values shared by two or more individuals that shape their behavior. We see in this the military setting. Everyone, no matter if they're in the military or not, belongs to a variety of different cultures and sometimes those cultures can be opposing. The culture of the individual to want to take care of themselves and their family, and get treatment, and then the culture of the warrior who wants to complete the mission and return to duty. |
| Dr. Ron Koshes: | 50:21 | Those cultural identities shape the person's health through their beliefs, their values, and their behaviors. Every patient, as all of you know, has a unique personal history, a belief system, a communication style. What I wanted to do in this module is introduce to you or to reinforce your idea that military culture is an important part of the healthcare experience if you choose to practice in settings where the military will be your patients. |
| Aaron Wach: | 51:52 | My stepfather, who I called my dad because he did such a great job being a father, he passed away in 2008. He was actually former military. He was a Navy SEAL. Everyday life with him as being my father I felt like I was in the military for 20 some odd years. You know? Just the things that he would do and the manner of how he would instill discipline. It was so easily relatable to the life of being in the Marine Corps that I felt like it was just second nature to me. I feel like the way he raised me I've learned to deal with stress itself in some many a variety of ways to where I've become so well at dealing with it and conquering it that I can take on these experiences and not have to seek help and not have to rely on other resources. |

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| Matthew Georgi: | 52:56 | I think some of it was the stigma around being somebody with PTSD. You hear it in movies and in pop culture. You hear it as something that makes you dangerous or you are dangerous or you're likely to flip out. I didn't see myself as dangerous to anybody at all, but I was very withdrawn. I was more concerned in playing computer games and withdrawing into my own world than I was with interacting with the world that was really happening around me. The reason I was reluctant was because ... well, I haven't sat and thought and analyzed it too much, but I didn't want that stigma. I didn't want to be that guy that has changed so much since he joined. |
| Matthew Georgi: | 53:47 | I always wanted to try and ... when I joined the Army I knew I was joining for four years and I didn't want it ... I knew it was only four years. You pay for a car longer than that. I didn't want it to be something that was with me for the rest of my life. Admitting that I had PTSD was admitting that this is something that's going to be with me for the rest of my life. After learning and getting the tools to deal with it, it is always going to be there. I was reluctant to admit that because it was going to be there one way or the other, I just didn't know it then. |
| Matthew Georgi: | 54:21 | I thought in some cases, I thought I was the guy that maybe it would just get better. Eventually I'll get back to sleep better, and I'll be able to concentrate better, and I'll be able to not be so concerned over minute details so much. It'll wear away. It'll go away. After a few months, after ETS-ing, it didn't just go away. It was always going to be there. |
| Kevin Parks: | 54:46 | First thing is that I think that you need to ... once you've identified the person as a veteran, again, reestablishing the barriers of trust and communication. Secondly, get comfortable with an uncomfortable conversation. Maybe you're the first person, you're the first healthcare provider that's asked about this in a long time, and they could desperately need to talk about something. They could need to talk about something that's happened in the past, could be related to PTSD or not, related to depression, or connected to their service or not. |
| Kevin Parks: | 55:28 | Perhaps you're just the first person to have that conversation. I would say start it ... ask the tough questions and do the right thing. |

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| Speaker 1: | 56:00 | Our research has shown that many factors influence how one experiences, reacts to, and accepts treatment for PTSD, TBI, and depression. These influential factors include age, gender, environment, and culture. Cultural elements are critically important in accounting for the many variations and how the symptoms of PTSD, TBI, depression, and other mental and behavioral health conditions are experienced, understood, and communicated. |
| Speaker 1: | 56:28 | In addition, culture helps define what an individual considers a disability and the assumptions they make about illness and appropriate treatment. It also impacts their view toward the overall value of a healthcare system. There's a hope that based on the information provided in Module 1, military and veteran culture in a clinical setting, providers and allied health team members will have a clearer understanding of the following set of skills: Number one, the ability to identify who is at risk for discussed mental health conditions based on military service. Number two, the ability to clearly understand which of the available tools are appropriate for screening. Number three, the insight to come to a more complete understanding of military culture and the stresses imposed on current and former service members, their families, and caregivers. |