Moderator- Hello, and welcome to public health Live, the third Thursday public breakfast broadcast. I will be your moderator today. Before we get started, I would like to ask that you fill out your online evaluation. Continuing education credits are available and your feedback is helpful. We encourage you to let us know what type of services are of interest to you and how we can best service your needs. We will be taking questions throughout by phone. The toll-free number is 800-452-0662 or you may send in your questions by fax any time. Today's program is posttraumatic stress disorder in veterans. Our guest today is the deputy director of Veterans Affairs and Dr. Charles Kennedy from the Stratton PTSD Medical program. Thank you both and for being here today. Dr. Kennedy, we will begin with you. Is there a way that PTSD can be characterized so that the audience can understand it better than they may currently?

Dr. Kennedy- Certainly, and I would ask the members of the audience as we begin to note on a piece of paper some place how likely is that you feel you will face a life-threatening in the danger upon conclusion of this broadcast. You can think of it as a 50% chance. Or if you thought it was highly likely, maybe you would say 90%. We will get back to that as we talk about posttraumatic stress disorder. PTSD is an anxiety disorder that can occur after experiencing or witnessing a traumatic event, something that is horrifying, scarifying, frightening, those kinds of things. The person's response to that is with great trepidation. Most survivors of trauma, however, do not experience posttraumatic stress disorder. In our country, fully 60% of men and 50% of women are exposed to a traumatic event in their lifetime. Only 5% of men are never diagnosed with PTSD and only 10% of women. Folks are likely to recover after exposure to PTSD and a lot of people conceptualize PTSD as a failure to recover.

Moderator- With the combination of the early characterization of it might be shellshock. Today, we are discussing PTSD in veterans, but it is a disorder that can affect both civilians as well as military personnel. How do you distinguish between the two?

Dr. Kennedy- It is very interesting in that they are not that different. The history of the diagnosis and treatment of trauma goes back through all time. Homer, in the Iliad, wrote about Achilles contracting what we know today is PTSD. It was written in iambic pentameter, but you can recognize the early signs of PTSD back in his early writings. Freud was the first medical health professional in 1898 to write about PTSD and he termed it hysteria. That was based upon his study in Paris. At that time he was working with women who were the victims of sexual trauma and he delineated all of the symptoms of PTSD in somewhat different language. It became formalized in 1980 in the diagnostic and statistical manual. In fact, since 1980, what is PTSD now has gone in and out of public awareness. It was called hysteria by Freud, shellshock in World War I and at other times it has been called survivor syndrome and railways spine. Some can Contract PTSD by being there to help in a traumatic event.

Moderator- When did it become a clearly defined disorder?

Dr. Kennedy- In 1952, the second diagnostic and statistical Manual removed the diagnosis of combat neurosis from the manual. So from 1952 until 1982 when the American psychiatric Association brought it out, there was no diagnosis. Vietnam veterans, Korean War veterans and World War II veterans, there
was no diagnosis. For that 28 years, they were misdiagnosed and, therefore, mistreated far too often and in 1980, we began the diagnosis again.

Moderator- What precipitated this in the medical journals about diagnosis?

Dr. Kennedy- Soldiers wanted to protect their veteran status in order to provide for their families and be gainfully employed. Medical psychiatrist began to look at what was going on and began to look back in history to uncover the good work that had been done in World War I and World War II to build upon that. In fact, Dr. Lawrence Kolk at the VA here was one of the fathers of the diagnosis. We owe a great debt to him and have a wonderful tradition at the Albany VA of treatment and research.

Moderator- Before we discuss the specifics of PTSD, let's take a look at a video that brings a human face to PTSD.

Vietnam veteran- I'm a Vietnam veteran, served six years on active duty in the Army in the late '60s and early '70s. I was enrolled in the 1970's as a helicopter pilot and flew for several years afterwards before I resigned my Commission and left for the business world. I had several decades of a very successful career in human resources and was also a CEO of a technology company for six years until it was acquired in 2000 at a consulting practice. Then things began to slow down for me for the first time. My addiction Post Vietnam was as a workaholic. That was my addiction. No one that I knew that had served in Vietnam had talked about it. That made it much more difficult in dealing with problems associated with PTSD down the road. I started thinking about memories, such as one officer who flew a mission for me one August in 1970 and he was killed on that mission. I started obsessing about that. Would he have a family? Where would he be living? I had a sense of guilt about that to the point that I became dysfunctional and was spending my days in this memory and others. I began a slide that lasted probably about 18 months to the point where I tried to kill myself and was within minutes of being successful. Subsequent to that I was desperate for help. It shocked me. It shocked my family. I was the last person in the world that anyone would have guessed would try to kill himself. I found a program at a VA hospital in Pennsylvania that accepted only combat veterans. I went there for two months. It probably saved my life. While I was there I recovered and memory that was the source of nightmares for over 30 years that I never understood. I believe, in July of 1970, I'm pretty sure it was in July; I shot and killed a little Vietnamese boy who I thought had a grenade. Now when I recovered that memory, it was the deepest self loathing. Intellectually, I was doing my job, but emotionally I was a wreck. The symptoms associated with PTSD are many — I think there are 11 or 12 that are used in diagnosis from exaggerated struggle in reactions to anger to substance abuse to the inability to establish and maintain connections with others. Social isolation is a big one. And this recycling of memories, this obsessiveness with memories. The men and women coming back from Iraq and Afghanistan are heart breaking to me because so many are suffering from post-traumatic stress. It is difficult for me for to talk about feelings and in particular those feelings and those memories. It takes courage to do so. It is painful. It is painful when you do it. For me, it has been a combination of medication, therapy, talking with other veterans, and doing a lot of hard work. Talk with family if you have family close by, your husband, your parents, brothers, friends about what you're feeling and listen to their recommendations and see someone who
is experienced in the treatment of post-traumatic stress disorder. Network with other veterans. Do not let it go until it is too late.

Moderator- An extremely moving story and voice that I am certain is echoed by other veterans. He talks about the isolation, despair, the recycling of memories. How is PTSD characterized and what does it look like? How does it manifest itself, Dr. Kennedy?

Rd. Kennedy- He gave us a wonderfully eloquent example of how one can become captive to trauma or traumas from six months ago or 40 years ago. He also pointed out the arch was work and the courage that it takes to heal. I will offer you a teaching device to think about the symptoms of trauma. This particular acronym has some meaning. The acronym is t.r.a.p. And the meaning of it is in order to recover from PTSD, one must escape the trap that he became involved for the future. The T stands for the traumatic events as we talked about previously. The "R" is for the re-experiencing of symptoms, the interest of recollections and the flashbacks. The flashback is the hallmark of PTSD. It is when the person is transported from the present and back into the past and relives the event almost as if it is happening then. It is like a sort of time Transport where the person physically remains in the present, but all of their awareness is transported back to the time of the event and they relive it as if it were happening. The "A" stands for the avoidance symptoms, the avoidance of the trauma, avoidance of anything that might remind the person of the traumatic event. Avoidance is the fuel of PTSD. It maintains the distress and the interference and it causes it to intensify because if you are not involved in the present and connected to other human beings, you can be taken captive by the traumatic event or events and transported away from today. "P" stands for the physiological symptoms, the constant alertness for danger.

Moderator- Were there common occurrences that were found in sufferers of PTSD?

Dr. Kennedy- They all share the same symptoms, the difference was what the trauma was. I will never forget a group of mixed trauma victims, a young woman who had been the victim of rape while serving in the military and an elegant Korean War veteran who had seemed horrendous combat that the Korean War veterans had been exposed to, some of the most intense in the history of human beings. She was talking about her symptoms from the two rates while in the military and he looked at her and said, my God, we suffer from the same thing. And she said, I am suffering like a combat veteran? And he got connected to her and she was elevated in her mind by this wonderful connection to this elegant man. They recognize that they shared the same human suffering.

Moderator- In the video, Randy spoke about the social suffering. How is that related to PTSD? This kind of social isolation and being able to readjust and read-adapt into a civilian life.

Dr. Kennedy- We find that almost always -- in fact, I cannot think of an exception -- this is one of the avoidance systems. Mr. Cotto referred to having a pilot stand in for him on a mission in Vietnam and the pilot was then killed. The avoidance of intimate connection to others is a self protection for the combat veteran. Once you have lost a good buddy or two, you realize that you cannot afford to care
deeply for the person and continue to do the job that you do to keep alive. You avoid intimate connection for fear of loss. Then you continue to practice that self protection when you return to civilian life. Unfortunately, this maintains and intensifies the PTSD.

Moderator- You described the avoidance aspect of it earlier as the fuel of PTSD. It almost cycles, kind of around and around and around to where that unless a veteran seeks help and obtains help, that avoidance will continue to perpetuate itself.

Dr. Kennedy- The key to getting out of the trap is to approach the traumas, approach relationships, to not avoid, but to go directly into. And that takes assistants, whether professional assistance or from loved ones.

Moderator- The key to getting out of the trap is to approach the traumas, to approach the relationships, to not avoid, but go directly into. That takes Assistance, assistance from veterans, loved ones. But if you have no loved ones, you have no assistance.

Moderator- Are there feelings of shame with this avoidance? And when we talk about what is the source of the social avoidance, can you address that for us?

Dr. Kennedy- Bill and I were talking earlier in the greenroom about the military persona, the can-do attitude, the I have trained to be better than, the eye can overcome any obstacle -- that is inculcated into use soldiers and Marines and naval personnel and chairman. They believe that. And when you get to the point where the wheels are falling off and you cannot do it anymore, is very difficult to overcome that value of independence and strength. And to go ask somebody else for some help. Crossing the threshold of our hospital to seek help for post-traumatic stress disorder is probably one of the hardest things for our veterans have to do.

Moderator- So, there is that aspect of shame, because you say, it goes against one of the core values being associated with the military.

Dr. Kennedy- And did you compare that with Mr. Cotto's example, he did something that went against his basic values. I'm going to go share that someone, somebody who wears a tie?

>> And in many cases you do not know the problem and you try to fix it as best you can on your own. Together, you can solve your problems if you reach the right people.

Moderator- PTSD, like many other disorders presents itself physiologically. Is there something that sufferers of PTSD experience physiologically that we see quite frequently?

Dr. Kennedy- We opened the program talking about making a prediction about the likelihood of imminent danger once this telecast is complete and you go out and do your day. Pick up that piece of paper or amp ed remember that mental note that you made. If you have not been exposed to trauma,
you’re going to have said, it is unlikely that I will face an immediate danger. One group several years ago, I happened to ask one of the ladies in the group how likely it was that she felt that when she left group that day that she would face a life-threatening danger. She said, Charlie, about 50/50. I was stunned. Imagine, if you will, if you were predicting it was a coin flip whether or not somebody was going to kill you when you walked out the door, would you walk out the door? I pulled the members of the group and got one other 50/50. And the other veterans in the room predicted between 85% to 100%. I was stunned. At that time, we’re running eight groups a week with 10 to 12 people in the group. I polled the next group and I got out of it 80 or 90 people and I got the same answers. I thought, my goodness, how that is going to shape your life? The 50/50 people said, having a good day, Charlie. Imagine how that is going to shape how you conduct yourself, and imagine the alertness your body has to have intellectually, cognitively, and physically to be ready to confront that danger all the time.

Moderator- Take us through the physiological symptoms we are seeing in PTSD suffers.

Dr. Kennedy- You have the sleep disturbance, the waking up, waking up, unable to sleep. The hyper alertness that is to such a degree that the combat veteran can hear and see things that we cant. In fact, they can smell things that we cannot. One of my professors at SUNY Albany, Robert McCaffrey, did a study in which he took combat veterans with PTSD and same age of veterans with no exposure and no PTSD and hook them up to a polygraph machine measuring heart rate, skin response, muscle tension and he got a certain parts per million, some of which were associated with combat and some of which were neutral. So, burned hair, decaying hamburger, gunpowder, some that were neutral that would be furniture polish, toothpaste, those kinds of things. He exposed these veterans to these smells at parts per million where nobody could label what they were smelling. Of course, veterans went off the chart with anything associated with trauma, decaying hamburger, gunpowder, burnt hair. They were neutral to the others. What does this tell us? This person that is predicting danger outside of their door at 60%, 70% up to 90% and has become so sensitized to signs of danger that they can react to them even when they do not know that they are there. If you will, you're leaving the house and your wife has just told you that you find you extraordinarily handsome even though you have been married for 30 years, both of your kids have got scholarships to Ivy League schools and you stop and get a scratch off and you have won the lottery and you go to meet one of your best friends for breakfast and suddenly you feel like when you turn around as if someone is going to assault you. All of these things are going right on this beautiful spring day and you feel danger and you cannot spot what it is. What do you conclude? You conclude that you're crazy. That is where the combat veteran, or the rape victim are trying to come from in order to reach out and seek help.

Moderator- Is there a typical on-sign for the scenario of PTSD? I'm thinking about Randy Cotto on the video and he talked about how the wheels began to come off after he retired because he submersed himself in work. He became a workaholic, as he defined it. Are you seeing a particular trigger for PTSD?

Dr. Kennedy- People tend to get back to creating and constructive life for themselves. Mr. Cotto gives us an eloquent example of someone who was extremely successful until he retired and then he had a perfect storm, if you will. He coped with what he referred to as workaholism. He was devoted
everything to his work and that is where he put his attention. He loses that when he retires. He’s getting older, perhaps he has some physical problems going on, and we have the current provocation of the Afghanistan and Iraq wars. And the wheels fall off and Mr. Cotto presents symptoms after going through a very scary time.

Moderator- Are their immediate symptoms of PTSD?

Dr. Kennedy- In this instance, it is happening frequently. If you expose even the strongest human being to traumas of power with the right frequency, intensity, and duration, you can create PTSD in almost anyone. If we were mad scientists, we could do that. Currently, with the multiple deployments to Afghanistan and Iraq, folks are being sent over 1, 2, 3, 4, and five times. As the war goes on, we will have people with six or more deployments. This is the perfect recipe for posttraumatic stress disorder. Currently, 1.5 million people have served in our military in Afghanistan and Iraq. It is a bit more than that. Of those 1.5 million, over 1 million have completed their military service. About 50% of National Guard and reserves and 50% active-duty military. Of that 1.5 million, 53 are presenting to the VA with musculoskeletal problems. Almost 48% are presenting to the VA we PTSD or some other psychological adjustment problems. This is a prevalence that we did not anticipate. Remember, it was 5% and 10% in the national population and it is clearly due to the multiple exposures to trauma over time.

Moderator- Is there anything, Dr. Kennedy, that may exacerbate the symptoms to PTSD?

Dr. Kennedy- Absolutely, that is the case. Think about the combat veteran walking down the street and having the sense that someone is trying to kill him and he or she is going to go stay by themselves, perhaps abuse alcohol to calm down the fear that they are feeling, or some other substance. In fact, with combat PTSD substance abuse rates are at 70% or 80%, with someone that has combat exposure.

Moderator- How do you conclude that someone is suffering from PTSD as opposed to stress and or anxiety?

Dr. Kennedy- PTSD diagnosis comes three months after the trauma exposure. Before that, it is called acute stress reaction. The hallmark symptoms, as we talked about already, are the real experiencing symptoms, the sleep disturbance, the trauma nightmare. The intrusive recollections that take people away from the present. I have had veterans describe to me that they were being taken away, their consciousness taken by remembering a traumatic event and as they approached 75%, 80% of their focus on the trauma, and 15% on me. They describe themselves as a cardboard cutout figures. A powerful intrusion. All of the symptoms are circumscribed to the trauma. They all relate to the event, the combat, the rape, whatever the horrifying thing was.

Moderator- What is research finding in relation to evidence based practices?

Dr. Kennedy- Since the mid-1980s and forward, the science has been done in highly controlled Ways and has identified some powerful treatments. There are talk therapies, prolonged exposure, eye Movement
desensitization and reprocessing therapy and cognitive processing therapy. Interestingly, they all direct the person into the trauma in-depth and over and over again. It is arduous treatment.

Moderator- Those are the exposure therapies?

Dr. Kennedy- Yes.

Moderator- Take us through that and a bit more detail, if you could, Dr. Kennedy.

Dr. Kennedy- A person that is that a test with PTSD that agrees to do one of these exposures therapies is systematically first, diagnosed. The traumas are defined, articulated very precisely. The person goes through the trauma in detail with repetition. They do it in session and then they have assignments outside of session to continue this. What happens is when the treatment is successful, the person becomes almost bored. The technical term is habituated, but almost bored with this horrifying experience that has dominated and stolen life from them. I have had patients describe to me that being taken back to the trauma and going through it again, it was on a 9 inch TV screen down in the corner. It was recognizable as their experience, the sadness and the war were still there. But they were diminished to a level that was manageable and could even inform them about how to go about their life today and into the future.

Moderator- When we talk about optimal activation and response as it relates to exposure therapies, what does that look like graphically?

Dr. Kennedy- Back in the 1980’s, these exposure therapies were new. We did not have any decision rules, or ways to think about how to do this. We just went in and crank it up as high as we could go and try to get it to stay up there. And the patient would just leave, perspiring, and I, as a therapist, would often leave perspiring. It was very arduous. We began to think about how often to go after the trauma, how long to stay in it, and when to leave. That is when we came up with the notion from the literature of optimal activation. There is a level of activation for human beings in which they are most likely to do adaptive, creative, new learning kind of behavior, thinking and doing. What happens when this optimal activation is exposed to trauma? Well, as the person gets more and more activated, the range of optimal activation, the creation of adaptive behavior shrinks. What happens when this becomes PTSD? The optimal activation shrinks and the optimal activation occurs in a restricted range at a reduced level of activation. What might be a place of comfort in new learning, like you and I sitting here talking today, for the PTSD person, this is going to be overwhelmingly stressful and therefore they are going to fight or flee. The goal of the treatment is to go down to the activation range and take with as the trauma that has dominated the person's life so that they can operate on it to come up with new, effective behaviors, recalibrate their system and identify the feelings they are having and identify the traumatic experiences for today, tomorrow, and all of the relationships they have as they heal.

Mr. Crouse- Dr. Kennedy, how can this treatment be enhanced? Is this something they should typically be going through the, kind of the deal with alone approach, or should others be involved?
Dr. Kennedy- The first decade of doing PTSD work, we really focused on the veteran and doing these exposure treatments and doing them at a pace that was useful to the veterans that we were working with. We had a wonderful colleague come on board at our program as we have expanded our staff and she said, Charlie, we should be doing more with the families. I said, that is great, why don’t you get started on that? Dr. Richmond, and now Jennifer Courtney, our social worker who is getting her Ph.D. in social work, we collaborated in doing the family workshop. This is a program in which we invite the family members of veterans with PTSD to a workshop where we help them learn about what their loved one is experiencing, how to promote them going to treatment, how to join them in treatment when that is appropriate, but also how to take care of themselves as they face the rigors of loving someone that has posttraumatic stress disorder.

Moderator- Dr. Kennedy, you have, I believe, what is a very powerful statement to share with us that talks about confronting the trauma. Would you share that with us, please?

Dr. Kennedy- This is from a book by Judith Herman and Dr. Perry. The interaction with another human being ultimately determines the trauma, not the history of the drama itself. In other words, if you engage in important and effective relationships, you will heal.

Moderator- Are there any new or upcoming treatments of PTSD?

Dr. Kennedy- There’s a lot of interest put into the treatment of trauma and into an advancing what we know. Virtual reality exposure is an attempt to use computers and computer gaming significant for this generation of soldiers and Marines and naval personnel and airmen. You can have in virtual reality of something similar to what the person experiences. There’s all kinds of brain imaging being done. We had a grant that did not get funded in which we would do trauma treatment exposure, imaging the brain with an MRI machine and we can see what is happening with the brain before it heals from trauma, as it is healing, and what it is like when it is healed. Not forgotten, healed.

Moderator- We’re going to bring Mr. Crouse into this conversation at this point. Can you tell the audience a little bit about what your mission and your role is with veterans?

Mr. Crouse- Certainly. First, thank you for having us here. We went into great detail about the PTSD programs that are offered by the Va. We’re not a clinician based program, we are a counseling based program that handles benefits. We actually attached the veterans' benefits. We have been around since 1945, a few years, I would say. We were established after World War II and our mission continues. Today, our mission is exactly the same. We bring individuals in, they come to us, and we bring them through the maze of paperwork and programs and get them where they need to be. We do not necessarily focus on just the PTSD portion of it. We offer individuals that come in an opportunity to speak to our counselors. We have 72 locations across the state, in addition to our many partners. They come in and do kind of a 360 degree assessment and then they make proper referrals to our partners in the VA and also to community-based organizations and in addition to those centers.
Moderator- What are the major components of Veterans Affairs?

Mr. Crouse- We have a staff of about 50 counselors statewide and we have locations where we help individuals through health care, through education, employment, and compensation programs. Those are the four main pillars of success to becoming a veteran. Uncle Sam has interested in our veterans. We want to take time to make them good debts. A lot of that is knowledge. In this case, knowledge is really power.

Dr. Kennedy- I just want to say that as difficult as it is for veterans to come to our hospital, it is the New York State Veterans Services, officers and counselors who are often approached by veterans in difficulty. You guys have become very good diagnosticians for a good 30% or 40% of our referrals. We’re very appreciative of those efforts.

Mr. Crouse- Thank you for the compliment. We take our job very seriously. One thing I would like to say is that all of our counselors are veterans. It is a peer to peer relationship and that has enhanced trust built into it. They come to us and we can work together.

Moderator- The central office is located in Albany, correct?

Mr. Crouse- Yes.

Moderator- How are the branches established?

Mr. Crouse- As I said, we have 72 offices across the state and about 50 counselors. In addition, we have County partners, individuals that are employed by the counties across the state and they provide a similar function to what we do, helping attached veterans to families and their benefits.

Moderator- How does this measure up against other states?

Mr. Crouse- We are a fairly large state with veteran population. There are about 24,000 -- excuse me, 24 million veterans nationwide. And New York State has about 126,000. That is substantial. About 85,000 of those are now returning vets. It is interesting as we talk about this, the population of our veteran community is unique in many ways and I’m sure Dr. Kennedy has seen the way these numbers fall out. About three-quarters of veterans are combat veterans. And out of that, about 311,000 are Vietnam vets and 135,000 are World War II vets and. We have a substantial amount in New York State. Even today, about 40,000 active-duty troops called New York home. We deal with populations, generations. I was recently speaking to a World War II veteran about how to help his son, a Vietnam War veteran, come in for services. It is brother to brother, brother to sister, we walk across the threshold, as you mentioned. But we do it in a very trust-based relationship.

Moderator- And no one has to go it alone. Where in the state did you find most of the veterans?
Mr. Crouse- Buffalo has a tremendous amount, New York City, L.I., Hudson valley. One thing that is very obvious to us is that there are many, many rural veterans who need to get help, who need to get access. There are many in metropolitan areas, but it is the ones in these rural areas that need to come in and get assistance through whatever program it may be.

Moderator- Because the topic today is PTSD, what kind of care do veterans get when they come in?

Mr. Crouse- A lot of us use that word, “he is a veteran, she is a veteran.” We asked people if they have served in the military because that allows people to say, well, I was only on a ship in the Mediterranean for a few years, I guess that does not count. I was not in combat, I guess that does not count. I was not injured. We ask people if they served in the military when they come to us and they can access our programs. Let professionals decide what programs you are eligible for or not. Do not disqualify yourself. It is too easy to say, no, you have served, let us figure out what you are eligible for. It is important to mention that individuals coming back now are eligible for five years of health care from the V.A. The folks at the V.A. are true partners, you know, working together. It is seamless. There are some complicated programs out there. However, we work together. In addition to the education programs, -- and what is really important is that there are a lot of programs offered through federal sources and we are helping you access the things that are paid for. We help you to take advantage of the things you may be eligible for. We speak to you and move you forward to the programs that you may need.

Moderator- Are there medical programs as well?

Mr. Crouse There certainly are. There are 14 VA Medical Centers. There are about 50 community-based outpatient clinics that actually provide health care, acute care for the individuals that come in.

Dr. Kennedy- There's a mental-health provider in each of the community-based outpatient clinics.

Mr. Crouse- There are 15 bed centers. They are a fairly new process.

Dr. Kennedy- The veterans' centers, in an effort to make easy access for combat veterans, they continue to serve a very important role in easily accessible treatment for PTSD, adjustment disorders, and family problems associated with having a loved one serve in combat. They are populated by very talented folks, many of whom are veterans with mental health backgrounds. It is a wonderful resource and it is not as intimidating to go to these communities situated clinics as it is to come to our hospitals.

Mr. Crouse- These are very community oriented.

Moderator- I'm thinking particularly of the importance of the access in these community-based centers, particularly in rural areas.
Mr. Crouse- They're all over the place. They're located in the areas where people live. In many cases, the veteran services agencies on the local level provide assistance and transportation. In many cases they are correlated with our offices or we are co-located with them.

Moderator- What relationship does the Office of Veterans Affairs have with our cemeteries?

Mr. Crouse- That is very important. National cemeteries, we need them. There are about six in New York State. There is something that people need to know about. They need to know that they're available. In many cases, a lot of the vets that we see are planning their future and want to be sure that it is secured. National cemeteries offer an honor that gets bestowed on these individuals that have served that is just phenomenal. It is unparalleled.

Moderator- Just to remind you, you can call or fax your questions to rest at any time during today's program. The toll-free number is 800-452-0662. The fax number is 518-426-0616. Can you walk us through the comprehensive benefit usage and the rate of usage that we're seeing among our veterans?

Mr. Crouse- There are many benefits available that we try to attach veterans to. In addition, there are many state benefits. Their education benefits to the quality of life benefits, and financial. Many of these will provide individuals with assistance to further education, to help a family member, save some money, and so on. There are many community programs and we do provide these services. All of these services are available at our offices and you can access them at our website, which I will mention at the end of the show. It is very comprehensive.

Moderator- Do most veterans take advantage of the benefits? And how you get the word out?

Mr. Crouse- That is the biggest problem I think many of us providers are dealing with right now is getting the word out and utilization. Utilization could be greater. Education on the state programs could be greater. Access to health care, we need to increase those numbers. The programs are available. They are quality programs. We need people to come to us and talk to us about the programs.

Moderator- Family members, community, and everyone needs to get the word out. Where can people get the word out?

Mr. Crouse- They can go to a veterans' center. In many cases, people do not cross the threshold right into the VA directly. There are many resources available. Coming to us, our county partners, coming to the Veterans Services organization, that is where we start the program. There is a national art component. There are many ways to do it. There is no wrong door.

Moderator- Excellent. We have a question that has come in through a fax from the chaplain of Albany Medical Center, and also who is in the Army reserves. During the video, Randy Cotto spoke about self loathing when he killed a child. How can we talk about healing the social soul of a veteran and not just the mind?
Dr. Kennedy- What a wonderful question. Healing does not occur unless the soul heals with the mind. Perhaps the best way or the simplest way, to talk to something like the killing of a child -- I remember a man approaching Mahatma Gandhi and saying, sir, I have killed a child, what should I do? And his instruction was, save the child. The larger meaning of this is this, take the experiences that you have had in life and have them, and form meaningful behavior in the present and future, make it useful. Make it important.

Moderator- Are there other thoughts you would like to share with the audience before we conclude our program.

Mr. Crouse- I sure would. The first thing would be, speak to the veteran. Make every Day Veterans Day. Thanks a vet for what they have done and their contribution to our society. Help them. Individuals who need assistance, give them our website, walk them through the threshold of the V.A. hospital. Come see us. We’re there. We will be there for you. No matter what the benefit is, we are available. Come see us.

Dr. Kennedy- I would urge you to follow Mr. Cotto’s instruction, talk to those that you trust. If you have difficulty finding people that you trust, make use of the Veterans Services offices at the New York State Veterans Affairs places. And come to the hospital, come to the vet Center if the hospital is intimidating. Find the courage to take their risk to talk about what you’ve been through. But you must select carefully who you share your experiences with because for some it will be difficult to listen to.

Moderator- We have received many phone calls and accolades thanking you for your presentation today. And I personally want to thank both of you for your service to this country. You have provided a tremendous service to this country and I thank you for your abiding commitment to our veterans.

Mr. Crouse- Thank you for the opportunity to be here.

Dr. Kennedy- I know we said earlier before the show today that we are among the fortunate ones to get to serve these men and women. To have meaningful work is one of the important things in life and they afford us that opportunity.

Moderator- What an incredible honor. I can sit a bit taller here today just in your presence. Continuing education credits are available. We are now archiving our programs on iTunes as Podcast. We have two new ways of archiving to give you a high-quality version of this program and will be up by next week. Please join us for our next webcast on December 17. Our topic is on the promotion agenda, 10 years of public health live. Introduced by Dr. Richard Daines, commissioner of the New York State Department of Health. I will see you next time on public health Live, the third Thursday Public breakfast broadcast. Thank you so much.