



**ADS**CENTER

Resource Center to Address  
Discrimination and Stigma

BRIDGING THE GAP BETWEEN WHERE WE ARE AND WHERE WE NEED TO BE

# Reducing Stigma for American Military Personnel

December, 20 2007



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
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## Contact Us

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*The Moderator for this call is **Holly Reynolds**.*



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## Disclaimer

***The views expressed in this training event do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.***



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## Questions?

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing **'01'** on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it was received. On hearing the conference operator announce your name, you may proceed with your question.



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## Speakers

### Steve Robinson, ONE Freedom, Inc.

Steve is a retired non-commissioned officer who served twenty years in the Army. He has held every job from Private to Platoon Sergeant and has also been rated in an Officer slot during his career. Since retiring in October 2001, Steve has become an advocate for veterans. He has been called to testify numerous times before the House and Senate on matters pertaining to Force Health Protection and emerging mental health issues related to this generation of returning war veterans. In his work at ONE Freedom, Steve helps veterans and their families recognize and deal with the complex issues that arise from prolonged, multiple deployments. He helps to break down the stigma of seeking help and teaches individuals and families skills to mitigate the effects of wartime trauma.



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## Speakers

### Abel Moreno, Vets4Vets

Abel Moreno is the Media Outreach and Marketing Coordinator for Vets4Vets, a veterans' peer support organization dedicated to helping Iraq and Afghanistan veterans feel good about themselves and heal from any negative aspects of service and war. Abel served 7 years in the Army's 82nd Airborne Division 307th Engineer Battalion as an L.E engineer. He served one deployment in Afghanistan and one deployment in Iraq. He supported the 3rd Brigade Combat team along with L.E support with Charlie Company 307th Engineer Battalion. Duties performed were fortification, engineer recon, convoy security and demolitions. Abel received the Combat Action Badge, three Army Commendation medals, and two Army Achievement medals.



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## Speakers

### **Rob Timmins, Iraq and Afghanistan Veterans of America**



Rob Timmins is the Field and Outreach Director for Iraq and Afghanistan Veterans of America (IAVA), America's first and largest Iraq and Afghanistan veterans group. He was an Infantryman with the 101st Airborne Division for the first year of Operation Iraqi Freedom, where he served in Najaf, and then Mosul. Rob escorted fuel convoys, went on patrol, and raided buildings for weapons caches, and also provided security for UN officials and helped Civil Affairs with reconstruction projects. He is an authority on the war in Iraq and issues affecting troops, military families and veterans. Rob holds a B.A. in Sociology from the College of Staten Island and continues to serve his country as a legal specialist with the Army Reserves.



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# Reducing Stigma for American Service Members With Steve Robinson

Date: December 20, 2007

Time: 2:00pm – 3:30pm





# What We Know

Multiple military commissions have clearly revealed the issues and the fact is:

We train warriors up to go to war; and

We need to train them down to come home.



# The Numbers

The data is clear and speaks for itself.

It's time to shift from revealing the problem to focusing on the *solution*.

The solution lies in dissolving stigma by providing **awareness, knowledge and action** to our Nation's warriors and their families.



# SHIFTING STIGMA

Shift the National and Military dialogue to create a true understanding of the impacts of stress and trauma on service members and families and how they are fundamentally changed by their service.

**This shift** —from pathologizing post-deployment adjustments to seeing them as natural adaptations to intense stress— **begins to dissolve the stigma.**



# Suicide Should Not Be An Option

No veteran sent to war should ever feel so left behind or so un-resourced that suicide feels like a viable option. We owe them so much more than the rhetoric or slogan of the day.

The fact is: Resourcing our veterans and their families can save lives.



# What is Resourcing?

Resourcing is a multi-faceted approach that includes:

- self-care and personal empowerment through education and training,
- community based support and services,
- therapeutic modalities,
- and medical care.

Resourcing means to train returning veterans and their families on how to understand and find strength through their experiences.



# Who We Are

ONE Freedom is a Colorado-based 501(c)(3) nonprofit organization providing America's returning veterans and their families with meaningful education and training on prolonged or acute stress and teaching skills for effective reintegration from war.

(i.e.—resourcing!)



# ONE Freedom Programs

ONE Freedom provides: Education and Training via—  
workshops, retreats, wilderness immersion for vets,  
families, kids, leadership, care providers

With focus on: the neurophysiology of stress and  
trauma and actionable skills for self-regulation.

(in other words: the brain and body's reaction to  
stress and what you can do about it.)



# Reducing Stigma for Veterans and Their Families

ONE Freedom seeks to shift the current paradigm of stigma inside the military regarding effective reintegration for veterans and families.

This requires a new framework and the “naturalizing” of acute or chronic stress in relation to service.





# “Naturalizing”

Stress and trauma are a natural part of human experience and the brain and body respond instinctually to prolonged or acute stress. We adapt as a result.

With stress and trauma, mental outlooks and behaviors change. Fundamentally, the brain and nervous system change. This is the piece **we need to know.**

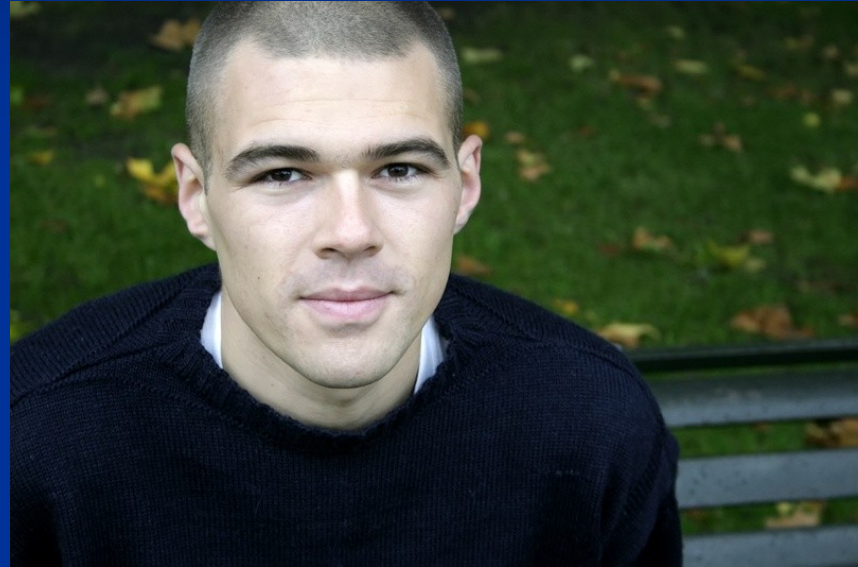


# A. K. A. – ONE Freedom's Approach

**A**wareness – of issues and possible symptoms, etc.

**K**nowledge – the neurophysiology of stress (brain/body)

**A**ction – self-regulation skills, accessing strength and resources



# How We Train Soldiers “Up”

Military training modifies behaviors, instills new norms, uses reward and punishment, provides regimen, and institutes the ‘group before the self’ mentality.

They are taught to crawl, walk and run in training, to maintain and sustain, until the habits become instinctual and reflexive.

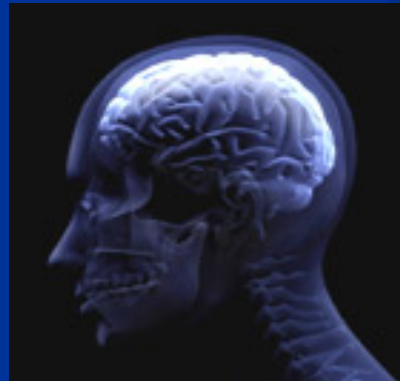


U.S. Air Force photo by Tech. Sgt. Ken Wright



# Mission-Centric

Service members are taught new skills, new methodologies and new beliefs, transforming what was a civilian mind into a military mind with a singular purpose: to accomplish the mission. The conditioned response becomes the operating norm on a bio-physical level.



# How To Train Soldiers “Down”?

Warriors and their families need a systematic approach to training down. They can learn new ways to regulate their responses, integrate their experiences and find strength through balance on the path from deployment to stateside, wartime to peacetime, military to civilian.



# The Leading Edge

ONE Freedom's methodology is based on:

- military training,
- performance optimization,
- sports science,
- the practices of wisdom traditions,
- current science involving the brain body connection to stress and trauma.



# Rationale for Reintegration Training

- Combat Operational Stress does not stop once the warrior has left the battlefield
- Families of Deployed also experience their own very real levels of stress dealing with deployment
- We must train the warrior and the family for Redeployment / Reintegration



# The Key Thing to Remember

Both warrior and family can make this journey together.

We cannot help the warriors without also helping their families.





# Education and Training

Education and experiential training are vital components of the multi-faceted approach to reintegration.

Education is Empowerment

Helplessness is the hallmark of trauma,  
empowerment is the antidote.





For more information on our  
programs and methodologies please contact

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[Steve@OneFreedom.org](mailto:Steve@OneFreedom.org)

Cell 540-537-1758

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Toll-free 888-334-VETS

**Please Continue to Review The Numbers and**



# THE NUMBERS

| Casualty Category   | Afghanistan War (OEF)       | Iraq War (OIF)               | Total of Both Wars   |
|---|-----------------------------|------------------------------|----------------------|
| Dates   | Oct. 7, 2001 - Dec. 8, 2007 | Mar. 23, 2003 - Dec. 8, 2007 | Through Dec. 8, 2007 |
| Total Deaths  | 464                         | 3,877                        | 4,341                |
| Total Wounded, Injured, and Ill   | 8,158                       | 58,846                       | 67,004               |
| Total War Casualties  | 8,622                       | 62,723                       | 71,345               |
| <b>Source: Department of Defense</b>  |                             |                              |                      |
| <b>Afghanistan War (OEF):</b>   |                             |                              |                      |
| <a href="http://siadapp.dmdc.osd.mil/personnel/CASUALTY/WOTSUM.pdf">http://siadapp.dmdc.osd.mil/personnel/CASUALTY/WOTSUM.pdf</a>       |                             |                              |                      |
| <b>Iraq War (OIF):</b>  |                             |                              |                      |
| <a href="http://siadapp.dmdc.osd.mil/personnel/CASUALTY/OIF-Total.pdf">http://siadapp.dmdc.osd.mil/personnel/CASUALTY/OIF-Total.pdf</a> |                             |                              |                      |



# Impact of Iraq and Afghanistan Wars

- Cumulative U.S. service members deployed to the two war zones: 1,700,000
- U.S. service members deployed to the two war zone twice or more: 700,000+
- Service members who deployed still remaining in the military: 849,000 (53%)
- Service members who were discharged and who are now veterans: 751,000 (47%)
- Veterans who filed a disability claim against VA: 224,000 (31% of eligible veterans)
- Veterans approved by VA for a PTSD claim: 19,015 (37% of those diagnosed)

**Sources:** VA: "Analysis of VA Health Care Utilization Among US Southwest Asian War Veterans," October 2007; "VA Benefits Activity: Veterans Deployed to the Global War on Terrorism," June 2007. Freedom of Information Act had to be used to obtain VA documents. Harvard University: "Soldiers Returning from Iraq and Afghanistan: The Long-term Costs of Providing Veterans Medical Care and Disability Benefits," January 2007; VA Congressional testimony on March 9, 2007, and July 25, 2007.



# Impact of Iraq and Afghanistan Wars

- Veteran patients treated at Department of Veterans Affairs (VA) medical centers since their return home from a war zone: 263,909 (35% of eligible veterans)
- Diagnosed by VA with a mental health conditions: 100,580 (38% of patients)
- Diagnosed by VA with post-traumatic stress disorder: 52,375 (21% of patients)
- Diagnosed by VA with drug abuse or dependency: 43,933 (17% of patients)

*Sources: VA: "Analysis of VA Health Care Utilization Among US Southwest Asian War Veterans," October 2007; "VA Benefits Activity: Veterans Deployed to the Global War on Terrorism," June 2007. Freedom of Information Act had to be used to obtain VA documents. Harvard University: "Soldiers Returning from Iraq and Afghanistan: The Long-term Costs of Providing Veterans Medical Care and Disability Benefits," January 2007; VA Congressional testimony on March 9, 2007, and July 25, 2007.*



# Impact of Iraq and Afghanistan Wars on VA

Comparison of Active Duty claims with National Guard and Reserve claims:

- Percent of Active Duty veterans who filed a VA claim: 37%
- Percent of National Guard and Reserve veterans who filed a VA claim: 21%
- Percent of Active Duty veterans' claims rejected by VA: 6%
- Percent of National Guard and Reserve veterans' claims rejected by VA: 16%
- Veterans provided with readjustment counseling by VA Vet Centers: 185,000 (26%)

*Sources: VA: "Analysis of VA Health Care Utilization Among US Southwest Asian War Veterans," October 2007; "VA Benefits Activity: Veterans Deployed to the Global War on Terrorism," June 2007. Freedom of Information Act had to be used to obtain VA documents. Harvard University: "Soldiers Returning from Iraq and Afghanistan: The Long-term Costs of Providing Veterans Medical Care and Disability Benefits," January 2007; VA Congressional testimony on March 9, 2007, and July 25, 2007.*



# Harvard University estimate of human and financial costs of two wars over 40 years:

- Veteran patents and disability claims:  
Low Estimate 700,000
- Cost to taxpayers:  
\$350 billion to \$700 billion



# Veterans and Attached Stigma

By: Abel Moreno



# What will be covered

- Personal story
- Statistics of Military Personnel
- Possible solutions:
  - Overcoming Stigma
  - Recovery

# Personal story

- 7 years in the 82<sup>nd</sup> Airborne Division
- Afghanistan: July, 2002-  
January, 2003
- Iraq: September, 2003-  
March, 2004



The background of the slide is a stylized American flag. The top-left corner features the blue field with white stars, while the rest of the image is composed of horizontal stripes in a light pink color. The flag appears to be waving, with soft shadows and highlights on the stripes.

# Possible Solutions

- Assigned Mental health professional per deployed unit
- Leadership development training
- Mandatory scheduled screenings



The  
End

# Mental Health Stigma and Military Culture



IRAQ AND AFGHANISTAN  
VETERANS OF AMERICA

Rob Timmins  
Field Director

# Introduction

- Upon return from Iraq and Afghanistan, 1 in 3 Iraq Veterans and 1 in 9 Afghanistan Veterans will require some degree of mental health care.
- There is a need to respond to the growing mental health crisis forming amongst this newest generation of veterans.

# Care Providers and Troops Falling Through The Cracks

- 90% of military psychiatrists, psychologists, and social workers reported no formal training or supervision in the recommended PTSD therapies, and there is a general shortage of trained mental health professionals in the military.
- The Pentagon screens returning troops for mental health problems via a system of paperwork. Studies have shown that many troops are not filling out their health forms, that there are serious disincentives for troops to fill the form out accurately, and that those whose forms indicate they need care do not consistently get referrals.

# Making Improvements...

The DOD and VA have been working to improve mental health of military personnel and eliminate barriers to care. In June of this year, the DOD Task Force on Mental Health acknowledged that “Stigma in the military remains pervasive and often prevents service members from seeking needed care.” The Task Force made dispelling stigma one of their goals.



# Barriers to Accessing Care: Pre-Existing Personality Disorder Discharges

Military Commanders, concerned with the readiness of their units, need to choose a course of action that appropriately addresses the mental health care requirements of their subordinates. It has been reported that too often, the quickest solution is sought: to remove a Soldier or Marine who might pose a “liability” to the unit’s readiness. Administrative separations or judicial punishments may be chosen, and can take a few days rather than a lengthy medical review process that can last over a year. This has unfortunately led to over 22,000 separations.

# Educating the Force

## Possible Remedies

- The military has a history of breaking down stigma barriers in the past (I.G. racial desegregation of the military after WWII). They can be national leaders in helping to reduce and even remove the mental health stigma that surrounds service members that are in real need of assistance.
- This will not be overnight. The military needs to strike a balance between the need to have a “warrior class” that is “mentally and physically tough”, and respond to the very real concern that a third of its combat troops needs help. This begins with education.
- Military care providers need to work in tandem with their civilian counterparts in order to think outside the military “culture box”, where mental health injuries can be perceived as either malingering, or having a “lack of intestinal fortitude”.
- The Army recently introduced its “Battle mind” video training program to introduce Soldiers to the need to be upfront about possible PTSD and Traumatic Brain Injuries. This has been implemented along with the Post Deployment Health Re-Assessment (PDHRA) Questionnaire to help screen Veterans for possible mental health concerns.

# IAVA Recommendations

- A mandatory and confidential counseling session with a mental health professional for all troops within 90 days of finishing a combat tour, and a plan to ensure all combat veterans receive six-month, one year, and two year follow-up calls with information about mental health care and VA benefits.
- A joint DOD/VA taskforce to address suicide prevention by reducing the stigma attached to mental health care, increasing early access to treatment, and ensuring a swift, effective, and continued response to troops and new veterans who present a suicide risk.
- An extension of the eligibility window for VA mental health services from two years to five years.
- A study to determine if the DOD has complied with previous mandates regarding pre- and post-deployment forms used to evaluate troops' mental health (DD Forms 2975, 2976, and 2900)



## More Information

*For more information, contact:*

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*Questions for discussion are generated by emails sent to the ADS Center. If your question does not appear below, please feel free to contact the ADS Center or the Presenters directly.*

## Questions for Discussion

- 1.) What can a local church do, by way of welcome home rituals or programming, to help veterans make a healthy integration back into civil society? Are there some model programs or best practices?
- 2.) There are so many contractors working in Iraq alongside the soldiers...is the stigma different and how is this being addressed?
- 3.) Whether out-processing from the military, or merely transferring back to the states, what hands-on, one-on-one programs are in effect to decrease stigma soldiers and their families may be facing?
- 4.) Our young soldiers coming home may not feel the effects of the trauma they have seen until months later, maybe even after they are discharged. How can stigma still be addressed at that later time?

*Please note: Questions may have been edited for content and clarity.*

