

VA BUTLER HEALTHCARE  
VA STREAMING AUDIO PODCAST

Date: Thursday, August 5, 2010  
12:00 p.m. - 12:35 p.m.

Topic: Vietnam Veterans VA Health  
Benefits & Services

Presenter: Dr. Mark Urich, Lead Psychologist &  
Local Recovery Coordinator

Moderator: Cynthia Closkey, MSM, MSCS,  
President, Big Design

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1 MS. CLOSKEY: Welcome to the VA Butler  
2 Healthcare Brown Bag Lunch Chat. I'm Cynthia  
3 Closkey. Our topic today is Vietnam Veterans VA  
4 Health Benefits and Services.

5 Today in our chat, we'll be talking  
6 about medical care and behavioral health services  
7 that are available for Vietnam veterans, who is  
8 eligible and how to find the right benefit or  
9 service for you or your family member. We're  
10 also going to go over some myths and truths about  
11 the war in Vietnam and put it into context.

12 With us today is Dr. Mark Urich, who  
13 is lead psychologist and local recovery  
14 coordinator for VA Butler Healthcare. Mark Urich  
15 is the lead psychologist and local recovery and  
16 local evidence based psychotherapy coordinator at  
17 VA Butler Healthcare.

18 He has been with the VA since 1990,  
19 joining VA Butler staff in 1991. He has played a  
20 critical role in individual and group therapy  
21 programs for Vietnam veterans for 20 years.

22 Dr. Urich has also accompanied groups  
23 of veterans on trips to the Vietnam Veterans

1 Memorial Wall in Washington, D.C., and was part  
2 of the interdisciplinary team that brought the  
3 Vietnam Veterans Moving Wall to VA Butler  
4 Healthcare.

5 Recently Dr. Urich has been working on  
6 the introduction of a new recovery-oriented  
7 program, including the mental health intensive  
8 case management program and the peer support  
9 services program. He also serves as staff  
10 liaison to the Butler Veterans Mental Advocacy  
11 Group, an all-volunteer effort lead by veterans  
12 to offer direct feedback and suggestions  
13 regarding mental health programming at VA Butler  
14 Healthcare.

15 Dr. Urich earned a BA and a master's  
16 in Education from the University of Pittsburgh  
17 and a Ph.D. in counseling psychology from the  
18 State University of New York at Buffalo.

19 Welcome.

20 DR. URICH: Thank you. Thank you,  
21 Cindy.

22 MS. CLOSKEY: We have a lot of  
23 interesting topics to cover, but why don't we

1 cover some basic things to start. Are Vietnam  
2 veterans who have never come to the VA still  
3 eligible for VA care?

4 DR. URICH: In almost every instance,  
5 they would still be eligible for care. We want  
6 to get the word out to the veterans who might not  
7 have felt comfortable coming to see us for 30 or  
8 40 years. We still want to hear from them.

9 In most instances, all that is  
10 required is an honorable discharge or even a  
11 general discharge. If they have a DD-214, they  
12 can come see us, and we can get them registered,  
13 and we'll take it from there.

14 MS. CLOSKEY: Fantastic. Are you able  
15 to help veterans with disability claims?

16 DR. URICH: We can help. The way we  
17 help best, I think, is to help family members  
18 understand the claims process because the VA  
19 actually is a three-part organization. One part  
20 is benefits, the second part is cemeteries and  
21 the third part is veterans health. We're the  
22 health aspect.

23 We don't actually make disability

1       determinations, but we can help in evaluations  
2       and we can help them with the inevitable  
3       frustrations of working their way through a big  
4       bureaucracy. It's been altered and over the last  
5       couple of years, there are backlogs in the claims  
6       system. We appreciate that's frustrating for  
7       them and we can help them with that.

8                   MS. CLOSKEY: Fantastic. Let me take  
9       a moment to say, if there is anyone who is  
10      calling in and has some questions, we would love  
11      to hear what your questions are. You have a few  
12      options.

13                   If you have dialed in by phone -- and  
14      it looks like we have a couple people who have  
15      dialed in and they are on mute right now. I'm  
16      going to unmute the lines in just a second.

17                   If you're listening to this over the  
18      web, you can also speak if you have a microphone,  
19      or you can call in. From the website you can see  
20      the dial-in number. Just dial in, enter the Call  
21      ID and the pound sign and you'll be able to ask  
22      questions.

23                   For anyone who is on the line right

1 now, are there any questions out there that you  
2 would like to ask Dr. Urich?

3 (No response.)

4 MS. CLOSKEY: I'm hearing a lot of  
5 quiet and that may be that people are finding the  
6 right words. We'll keep talking here and we'll  
7 have another opportunity in a little bit for  
8 questions.

9 We actually have so much to talk  
10 about, I'm not sure that -- someone said we could  
11 spend the rest of the day.

12 One another idea, if anyone is online,  
13 you can also type your question into the chat  
14 window and then we'll read it and we'll answer.

15 All right. I wanted to talk through,  
16 what issues do you see most frequently with the  
17 Vietnam veteran population?

18 DR. URICH: Most of the veterans who  
19 come to see us will present with more than one  
20 problem. The thing that we see, I think, most  
21 often in the Vietnam veterans who come to us is  
22 probably some form of mood disorder.

23 Depression is very common with the

1       populous in general, and so the same base rates  
2       would apply for the veteran population.  It's  
3       about ten percent of people in America will have  
4       depression in their lifetime.

5                   MS. CLOSKEY:  Is it that high?

6                   DR. URICH:  It's that high.  So about  
7       10 percent of veterans will have depression, as  
8       well.  We are going to see a lot of depression.

9                   At our age -- and I am the same age as  
10       the Vietnam veteran population.  Our age cohort  
11       also is now facing unfortunately medical issues  
12       because as we get into our late 50s and early 60s  
13       we're dealing with heart disease and  
14       hypertension, arthritis and back injuries and so  
15       on.

16                   All of those things have a negative  
17       impact on your lifestyle, and dealing with  
18       medical care, dealing with limitations on your  
19       lifestyle can lead to depression.

20                   So we see lots of mood disorder.  
21       We're going to see a fair amount of PTSD that's  
22       been unrecognized or underaddressed up until now.

23                   Sometimes people are able to suppress

1 their PTSD features or even their mood features  
2 until such time as they reach retirement age, and  
3 without the distraction and the structure for  
4 their day that work provides, they are sitting at  
5 home for the first time in a long time reflecting  
6 on their life and things start to pop up, and if  
7 they are watching a lot of TV news, I can assure  
8 you things will pop up because there will be  
9 reminders on the daily news about their  
10 experiences 40 years ago.

11 MS. CLOSKEY: And that would be  
12 particularly unexpected if they feel like, wow, I  
13 put that behind me, and then here they are facing  
14 it again from seeing it on television.

15 DR. URICH: Right. We see a fair  
16 amount of substance abuse problems because  
17 substance abuse is also epidemic in our culture.  
18 The base rates for substance abuse are, like  
19 depression, ten percent of Americans will have a  
20 substance abuse issue in their lifetime. So  
21 those same base rates apply to the veteran  
22 population.

23 What we have to understand is that the

1 military subculture back in 1960 was when you're  
2 off duty, what do you do, go over to the VM club  
3 and drink beer. And so people learn that  
4 drinking beer is a pastime, and it's also a way  
5 to cope. So if you carry that on into your life,  
6 you can accidentally step over the line into an  
7 abuse issue, and if that's not recognized for a  
8 long time, it can become a dependence issue and  
9 that leads to many other issues in your life. So  
10 we see a fair amount of that.

11 Sometimes these things present in one  
12 individual, all the problems are interacting and  
13 we have to piece that out.

14 The other thing that we have to talk  
15 about in terms of what we see is people having  
16 difficulty adjusting to the phase of life  
17 problems that people all face, retirement,  
18 divorce, children, and especially now, the adult  
19 children of Vietnam veterans whose lives are  
20 getting problematic. So they bring all these  
21 kinds of issues to us.

22 MS. CLOSKEY: Let's take a moment  
23 again to ask if there is anyone who -- I'm

1 opening up the phone lines. Does anyone else  
2 have a question they would like to ask?

3 CALLER NO. 1: I have a question.

4 MS. CLOSKEY: Go ahead.

5 CALLER NO. 1: Hi, Dr. Urich, what  
6 issues do you see most frequently with the  
7 Vietnam veteran population?

8 MS. CLOSKEY: Well, we've covered a  
9 few of them. Maybe you can talk a little bit  
10 about, Dr. Urich, these issues, are they  
11 unexpected or are they things that we're seeing  
12 with some other veterans?

13 DR. URICH: They are not unexpected.  
14 We are seeing many of the same issues in terms of  
15 the PTSD and the mood disorder and also the  
16 substance abuse problems with the veterans  
17 returning from the current conflict in Iraq and  
18 Afghanistan.

19 It's quite striking how common those  
20 three things are with the returning veterans,  
21 whether they are regular Army and Marine Corps  
22 and they are discharged or whether they are  
23 Reservists or National Guard Troops.

1                   Western Pennsylvania is full of  
2 Reserve and National Guard units, almost all of  
3 which have been deployed multiple times.

4                   We're seeing mood disorder,  
5 depression, substance abuse and family problems,  
6 although for these veterans, the current crop  
7 coming home, the family problems are with their  
8 life now, as they often have elementary school or  
9 adolescent children at home who are having  
10 difficulty adjusting. We see all of that, as  
11 well.

12                  MS. CLOSKEY: Thank you. That's an  
13 excellent thought. Thanks for helping us clarify  
14 that. Any other questions that might be out  
15 there?

16                  CALLER NO. 2: I have a question.

17                  MS. CLOSKEY: Super.

18                  CALLER NO. 2: What treatment options  
19 does the Butler VA offer for Vietnam veterans who  
20 are still having war-related issues?

21                  MS. CLOSKEY: Great question. Doctor?

22                  DR. URICH: We have a pretty good  
23 array of treatment. The first thing we do for

1 people is the diagnostic piece. Many times  
2 veterans come to us either because they can sense  
3 that something is just not right or family  
4 members will tell them something is not right,  
5 you need to talk to someone. So the first piece  
6 is the diagnostic piece and that's done by the  
7 psychologists at Butler. We do the diagnostics  
8 and we have a number of people, we have a good  
9 group of psychologists there who have excellent  
10 training and experience, and we help piece out  
11 what is the actual problem, is it a PTSD issue,  
12 is it a depression issue, do we have to really  
13 put this on the table as part of the reason  
14 you're getting in trouble is because of the  
15 alcohol.

16 Most folks have a difficult time  
17 hearing some of those things and the truth is --  
18 and again, this is true for the general  
19 population -- there is still such a stigma  
20 attached to having a mental health diagnosis. In  
21 our time, it's still the case that most people  
22 would still rather be told that you have cancer  
23 than that you have a mental illness because

1 cancer is not socially disapproved.

2 When I was a young man -- and this is  
3 interesting. When I was a young man, if people  
4 had cancer, that used to be whispered. That used  
5 to be a word that people whispered and you  
6 couldn't go to the home of a person who had  
7 cancer when I was a youngster because the fear  
8 was you would catch it. So there was a big  
9 stigma attached to the "cancer" word.

10 That stigma also, of course, applied  
11 to mental health problems. When I was a young  
12 man, no one acknowledged a mental health problem.  
13 In our lifetime, we have seen the stigma attached  
14 to mental health decrease gradually because  
15 people would acknowledge depression and substance  
16 abuse and so on and that's very important, but  
17 there is still a tremendous stigma.

18 Inside the military culture, there is  
19 a great stigma attached to acknowledging you have  
20 mental health problems. So we can help folks  
21 with the diagnostic part and say to them, yes,  
22 you have posttraumatic stress or, yes, you do  
23 have a form of depression and normalize it for

1       them. That's the first piece. We tell them  
2       you're like one of 3,000 people that we're  
3       currently caring for in our clinic.

4                 The other part we can do is educate  
5       them and their family members about what does  
6       this mean, what is PTSD really all about, where  
7       does it come from, how does it work, what are the  
8       treatment options, and we give them choices.

9                 Then we look at the treatment options  
10       we have. Certainly we do individual counseling  
11       and therapy, and we have groups that we run for  
12       veterans from Vietnam, groups for veterans from  
13       the OEF conflict. We bring in family members.  
14       We talk to family members in our offices all the  
15       time. We have medications available. We have  
16       wonderful psychiatry at our place.

17                So we have a whole range and we are  
18       introducing -- in the last year, we have  
19       introduced cutting-edge treatments for  
20       posttraumatic stress, one called prolonged  
21       exposure, which is a very rigorous intensive  
22       approach to veterans who've had extremely  
23       traumatic episodes.

1                   The other is called cognitive  
2                   processing therapy, and our staff has gone to  
3                   various training conferences that last over a  
4                   week, a full week's immersion in these training  
5                   techniques, and then have months of supervised  
6                   additional training afterwards by the experts  
7                   nationally.

8                   MS. CLOSKEY: That's excellent. Are  
9                   these effective?

10                  DR. URICH: The treatments are  
11                  effective. You need to think, though, about  
12                  living with PTSD or depression as opposed to  
13                  expecting a complete cure. The best way I can  
14                  describe it to people, and I frequently do, is to  
15                  suggest to them something like this. If you ever  
16                  had a catastrophic ankle injury or knee injury or  
17                  in my case I just had my shoulder rebuilt a few  
18                  weeks ago --

19                  MS. CLOSKEY: You look fine, by the  
20                  way.

21                  DR. URICH: Thank you. You're not  
22                  going to be quite the same as you were before.  
23                  The rehabilitation is painful and difficult and

1       there may be some changes in your range of motion  
2       or how comfortable you are or you may have  
3       ongoing pain with old activity.

4               Depression and PTSD are very much like  
5       that.  When you have catastrophic life events,  
6       you're permanently changed by them.  There is an  
7       impact on your thinking and your emotions and --  
8       for lack of a better way to put it -- your soul  
9       and your spirit.  There is an impact and you need  
10      to accept that.

11              We can help you get better.  We can  
12      help you get back to where you used to be, but  
13      you might not get all the way there.  You might  
14      have to alter some things in your lifestyle, just  
15      the way you would if you had heart disease or  
16      arthritis or diabetes or --

17              MS. CLOSKEY:  Sure, change in diet and  
18      changes in exercise for those cases and in the  
19      case of -- maybe even some of those can help also  
20      in some of these things, too --

21              DR. URICH:  Right.

22              MS. CLOSKEY:  But whatever it is,  
23      you're given the tools then and that may be

1 helping them just understand how it could have  
2 been caused.

3 DR. URICH: Right. Let me think about  
4 what else we provide. I talked about  
5 diagnostics, individual groups, medications. We  
6 also in the case of our veterans who have the  
7 most difficulty recovering, we can refer them to  
8 our residential treatment centers.

9 In our VISN -- the VISN is a VA  
10 activated co-region. In our region, we have two  
11 excellent referral sources, one being at the  
12 Coatesville VA where you can go and reside in  
13 their PTSD program for up to three months, and  
14 while you are there all we do is work on the PTSD  
15 symptoms and learning how to cope and recover.

16 We have another program down in  
17 Clarksburg, West Virginia, and we send some  
18 veterans down there for similar programs.

19 MS. CLOSKEY: So there are lots of  
20 resources available and lots of levels of --

21 DR. URICH: We do have levels of care,  
22 yes.

23 MS. CLOSKEY: We were talking through

1 the different treatment options. There are some  
2 people -- I'm trying to find the right way to put  
3 this. Posttraumatic stress disorder is in the  
4 news an awful lot. As much as it gets covered, I  
5 think there is within some people a question  
6 about is it a real disorder.

7           Could you talk a little bit -- we  
8 talked about how we are treating it, but could  
9 you just talk about really what it is? We've  
10 talked about the stigma. Can you go into that in  
11 a little more detail?

12           DR. URICH: I would love to. It's  
13 unfortunate, but there are still people in our  
14 society and even people -- and we need to  
15 acknowledge this -- even people within the health  
16 care professions who tend to think that mental  
17 illness is "all in your head."

18           PTSD and depression are real  
19 biological disorders. We can and we have  
20 conducted MRIs and CAT scans for people and we  
21 can show changes in the brain structure and  
22 function for people who have PTSD versus people  
23 who don't.

1 MS. CLOSKEY: What does it look like?

2 DR. URICH: Well, there are certain  
3 parts of the brain that are more stimulated than  
4 the other parts. It has to do with certain  
5 emotional triggering and regulation pathways. It  
6 takes less of a stimulus to trigger an adrenalin  
7 response in PTSD -- let's call them survivors --  
8 than it does in so-called normal people.

9 The best analogy I can give you is if  
10 you were going to go to the circus and hit that  
11 big hammer at that game and try and ring the  
12 bell, for a normal person you have to hit it  
13 really hard and you put a hundred pounds of force  
14 into that swing. For the veteran who has PTSD,  
15 you might only have to put 20 pounds of force  
16 into that swing and they'll ring the bell.

17 MS. CLOSKEY: Why?

18 DR. URICH: You need an adrenalin  
19 charge which causes lots of physical and  
20 emotional reactions. In that veteran, it's a  
21 biological response.

22 The other thing that I try to get  
23 people to understand is that everything you're

1       experiencing, everything you experience is a  
2       chemical event in your brain. The sound of my  
3       voice across this network going to people's ears  
4       produces a chemical event in their brain. Your  
5       memories are chemical structures. Anything you  
6       can imagine is a chemical event in your brain.  
7       So it would be foolish to think that our  
8       experiences aren't producing actual chemical  
9       changes in the brain.

10                The other thing that's striking is  
11       that you might accuse people of making things up  
12       in their mind and creating their own problems,  
13       but two days ago, a story came out about a dog  
14       that was used as a bomb sniffing dog in Iraq  
15       having come home a year ago and being diagnosed  
16       by the Army veterinarian as having PTSD.

17                MS. CLOSKEY: Really? How did it  
18       manifest? How did it --

19                DR. URICH: It was frightened all the  
20       time. It wouldn't go through certain doorways.  
21       It wouldn't go around corners because it had been  
22       used to sniff out explosives and was exposed to  
23       too many explosions that way.

1                   So the dog's experience of being  
2                   exposed to constant threat was to develop  
3                   hypervigilance and overreactive responses and a  
4                   general suppression of energy, just in the way --

5                   MS. CLOSKEY: A sensible learned  
6                   response.

7                   DR. URICH: It is a completely  
8                   understandable learned response happening to a  
9                   dog who cannot make up symptoms. It's a striking  
10                  story. So it's very real.

11                  The other thing I would suggest to  
12                  people who might be out there and who think I'm  
13                  not sure that it's real, I think PTSD might be  
14                  made up, all I would ask them to do is to think  
15                  about some time they were in a car accident or  
16                  perhaps they saw someone get injured or perhaps  
17                  there was a fire somewhere in their neighborhood  
18                  or perhaps they remember ten or twelve years ago  
19                  there were tornados that came through Northern  
20                  Butler County and destroyed farms and barns and  
21                  took away livestock and so on.

22                  Think about that happening to you  
23                  today and then it's going to happen again

1 tomorrow and then it's going to happen again the  
2 day after that and it's going to keep happening  
3 to you for the next month, and even though you  
4 know that you don't want to go to that same scene  
5 where the car accident happened, you don't want  
6 to go back to the place where your house burned,  
7 you have to stay there and it's going to happen  
8 again and again and again for a year. Think  
9 about how that would have an impact.

10 As we sit here and I see the look on  
11 your face, it's clear that that's unimaginable  
12 that we would ask normal people to do that and  
13 that's what soldiers do every day.

14 MS. CLOSKEY: Right. That's the  
15 sacrifice they make.

16 DR. URICH: That's what they do.  
17 That's why they have the experiences they have.  
18 That's why they come to us months, years later  
19 and say something is not right, Doc. It's real.

20 MS. CLOSKEY: The war in Vietnam --  
21 we're in other wars right now, but the one in  
22 Vietnam 40 years ago, some family members will  
23 sometimes think that these Vietnam veterans

1       should be over it at this point, that the time  
2       has passed.

3                    Could you talk a little bit about why  
4       some Vietnam era veterans might take longer than  
5       others from the same war or from other wars and  
6       what's the challenge for them coming to terms  
7       with their experience?

8                    DR. URICH:  It is interesting that  
9       some family members think people should be over  
10      it by now because it happened 40 years ago.  Just  
11      this past weekend, I was reading one of Tom  
12      Brokaw's books about World War II, The Greatest  
13      Generation.  Of course, the World War II  
14      veterans, obviously they had our gratitude  
15      because they saved our country.

16                   What's interesting is when you read  
17      their accounts 60 years later, 60 years later,  
18      they are writing now, I haven't been able to  
19      sleep for all these years, I never told anyone, I  
20      haven't felt as close to my wife as I did before  
21      I went to the war and she's always known it, but  
22      she's a good woman and she stayed with me.

23                   It's over and over and over, even

1       though they have suppressed it, they suppressed  
2       it with work and building a family and so on,  
3       they have it. The point I would want to make is  
4       that being in combat is a life-changing  
5       experience. You are not going to be the same as  
6       you were before.

7                   It's especially remarkable that we  
8       take young men, 18, 19, 20, 21, 22 years old in  
9       their formative years, we train them, provide  
10      them a new identity and then we send them halfway  
11      around the world and put them in these incredibly  
12      dangerous, threatening, death-filled experiences  
13      and expect that they should be the same. That's  
14      actually not realistic.

15                   Why does it take 40 years to get over  
16      it? Often because what men are taught is -- and  
17      I'll just use the military language -- suck it up  
18      and move on. Veterans have met me in my office  
19      this week, that's the motto. There is a job to  
20      be done, let's get moving.

21                   In truth, when you're on the  
22      battlefield, that's true. If a member of your  
23      unit gets hurt or killed, you don't have time to

1 stop and grieve or mourn or think about, oh, my  
2 God, that could happen to me. You have to  
3 complete that mission.

4 If you do stop -- and veterans have  
5 taught us this. If you do stop, you put other  
6 people at risk. You have to maintain your focus,  
7 suppress your emotions and move on and do the job  
8 which requires remarkable strength of character  
9 and energy and focus, but it changes you and you  
10 learn suppression. So you suppress and suppress  
11 and suppress.

12 For the Vietnam veteran, a crucial  
13 factor is that most of those guys came home  
14 alone. They didn't come home with their unit.  
15 Because of the way the Vietnam War was fought,  
16 the men were introduced to the war and to their  
17 battlefield as individuals. They didn't send  
18 whole units over, whole Reserve units, whole Army  
19 battalions and so on. They were individually  
20 placing soldiers who were rotating out at the end  
21 of a 12-month tour or 13 months in the case of  
22 the Marine Corps.

23 So they came home alone, and when they

1       came home, they came home to a country that was  
2       split right down the middle about the war and  
3       there were demonstrations in streets, there were  
4       demonstrators at airports.

5               There was an awful lot of controversy,  
6       and they were actually advised in many  
7       circumstances, take off your uniform, put on your  
8       civvies before you leave the airport.

9               MS. CLOSKEY: That's got to put people  
10       in a tough spot.

11              DR. URICH: So what they learned was  
12       don't talk about it, nobody wants to hear about  
13       it. They found often that if they went out  
14       looking for jobs and they identified themselves  
15       as Vietnam veterans, especially after '68 and  
16       '69, employers were reluctant to hire them  
17       because they felt they were probably too edgy or  
18       too volatile or perhaps too dangerous. So they  
19       learned don't talk about it, no one wants to hear  
20       about it, and they shut it down.

21              As they shut it down, they are  
22       mentally rehearsing what they have told  
23       themselves about what it meant and that gets

1       pretty deeply imbedded in your long-term memory  
2       when you lie awake at night all those years just  
3       rehearsing that, what you think about. That's  
4       why it's been so hard for them to overcome. We  
5       can help them if they come in.

6                   MS. CLOSKEY: I wanted to take a  
7       moment -- as we were talking beforehand, there  
8       are a lot of hot buttons around this particular  
9       war. As we look at the efforts in Afghanistan  
10      and Iraq, there are also a lot of questions about  
11      those, but Vietnam has its own unique ones. One  
12      in particular is about herbicide exposure. What  
13      kind of things are we able to say about that at  
14      this point?

15                  DR. URICH: The VA and the government  
16      acknowledges at this point that Agent Orange has  
17      a very negative health impact for lots of Vietnam  
18      veterans. So there are a number of health  
19      conditions that have been agreed to and  
20      identified by VA that are clearly related to  
21      Agent Orange exposure.

22                  If veterans come in and are evaluated  
23      for an Agent Orange exam and they demonstrate

1 symptoms or we confirm that they have these  
2 disorders, we can help them file disability  
3 claims. I had in my office this morning a  
4 veteran who has late onset Type 2 Diabetes and,  
5 unfortunately, was just diagnosed with prostate  
6 cancer. Both of those conditions are stipulated  
7 by VA as being related to Agent Orange exposure.  
8 So we're going to help him get to the right  
9 offices to see what we can do to help him with  
10 those.

11 MS. CLOSKEY: So people might not be  
12 aware that maybe some understandings have changed  
13 over time, that previously it wasn't really  
14 acknowledged and now it is.

15 DR. URICH: More and more are  
16 acknowledged all the time.

17 MS. CLOSKEY: That's important for  
18 people to know.

19 DR. URICH: Right.

20 MS. CLOSKEY: I have one question. If  
21 a family member is concerned about a veteran but  
22 the veteran himself or herself is not able to  
23 come in, what would that person be able to do?

1 DR. URICH: That's difficult for us  
2 because we're required by the Congress to limit  
3 our services to registered veterans. If the  
4 veteran is registered with us and comes in for  
5 treatment, we can meet their families and educate  
6 them. We're limited though in terms of providing  
7 actual counseling and diagnostic services to  
8 family members.

9 MS. CLOSKEY: I was more thinking if a  
10 family member wishes that a veteran would come in  
11 and isn't coming in.

12 DR. URICH: That's a very difficult  
13 circumstance and all we do is just encourage them  
14 to come give us a try, just give us a try. We're  
15 really trying to undo the image of the old VA,  
16 and certainly there are lots of veterans who  
17 tried the VA in 1970 or '71, and we have to  
18 acknowledge this, they weren't treated well.

19 We try pretty hard to take good care  
20 of our people, and I think we do that. I think,  
21 especially at Butler, I deal with veterans who  
22 come to us who have been to other VA facilities  
23 in the country and they say that it's very much

1 appreciated, the personal care and the personal  
2 focus they get at our place and we're proud of  
3 that.

4 MS. CLOSKEY: That's fantastic, and  
5 you seem like an excellent person, not going to  
6 bite anyone for a while.

7 DR. URICH: I haven't bitten anyone  
8 for the last three years at least.

9 MS. CLOSKEY: Very good, very good.  
10 We also talked about a couple myths. I noted  
11 there were some myths that you run into often or  
12 people often bring up for you. Are there any  
13 that you want to make sure to cover that you  
14 think people really need to hear?

15 DR. URICH: One of the myths that's  
16 out there is that Vietnam didn't have enough  
17 actual combat to merit the kind of attention for  
18 PTSD that, for example, World War II does. World  
19 War II is the standard.

20 MS. CLOSKEY: It's the gold standard  
21 for wars.

22 DR. URICH: It's the gold standard for  
23 American warfare. The truth is that as far back

1 as the Revolutionary War, we have seen veterans  
2 suffering from PTSD. Most people aren't aware of  
3 this, but the first Continental Congress  
4 authorized the payment of rum money, rum money,  
5 to soldiers who couldn't quite adjust after  
6 fighting with George Washington in the  
7 Revolutionary War.

8 MS. CLOSKEY: Is that right?

9 DR. URICH: That's remarkable. That  
10 far back people have struggled with this. What's  
11 really important for people to understand,  
12 though, about Vietnam is that because of the way  
13 the war was fought with no frontlines, no  
14 battleground really except the jungle or the  
15 marshes or wherever the soldiers found  
16 themselves, the enemy was all around them. So  
17 it's a very different thing. They could be in  
18 combat for 30 days, 60 days, 90 days at a stretch  
19 and expect to be in action every single day.

20 Most Vietnam veterans wound up  
21 spending more days with actual gunshots fired,  
22 those combat soldiers, than did the fellows who  
23 invaded at Normandy. People don't think about

1       that.

2                   If you look at Normandy, and certainly  
3 we all understand Normandy after Saving Private  
4 Ryan, Normandy is a horrific event, but after the  
5 beach had been secured, there was a period of  
6 time when the Army regrouped, resupplied, got  
7 their forces together and then they went on  
8 another mission.

9                   Similarly, the Battle of the Bulge was  
10 a tense battle with horrific casualties, but  
11 after that, the battle is over and you don't have  
12 to look behind you for the enemy. In Vietnam,  
13 the enemy is all around you 24 hours a day, seven  
14 days a week, so there is no safe zone.

15                   That's a significant difference, and  
16 although veterans have told me it doesn't matter  
17 whether you were in combat a day, a week, a  
18 month, a year, if the right things happened you  
19 will be affected by it forever. We need to  
20 acknowledge we don't measure the worth of service  
21 by deployment.

22                   MS. CLOSKEY: Right. We're not  
23 diminishing what everyone has gone through, what

1 the World War II veterans have done. We can  
2 still appreciate --

3 DR. URICH: We appreciate every  
4 veteran that served us. You don't want to  
5 compare and contrast, but when it comes to the  
6 mythology, I think it's important to point it  
7 out. Vietnam veterans did a lot of fighting.

8 MS. CLOSKEY: Thank you so much,  
9 Dr. Urich. This has been fascinating and really  
10 revealing. I think it sounds like your major  
11 message is that -- well, certainly this is  
12 something that should be taken seriously, but  
13 also that you're here and you're willing to talk  
14 with people about these issues.

15 DR. URICH: Cindy, the bottom line for  
16 me is PTSD and depression and substance abuse  
17 issues are real. We don't want veterans to  
18 struggle with them on their own. If they come  
19 see us, we will try to help them.

20 MS. CLOSKEY: And you've got the tools  
21 available.

22 DR. URICH: And we do have the tools.

23 MS. CLOSKEY: Fantastic. Thank you

1 very much for talking with us today, and thank  
2 you everyone for tuning in. Thanks to our guests  
3 for their questions. They were very helpful.

4 Again, this is part of an ongoing  
5 series and we hope to be able to offer you lots  
6 of different information in the future. In fact,  
7 we have our next call already scheduled for  
8 September. I believe it's September 2. I'm  
9 pulling up that information for you right now.

10 September 2, we'll be talking about  
11 the VA's National Veterans Suicide Prevention  
12 Hotline, and our guest then will be Peter Albert,  
13 Pete Albert, so fantastic.

14 We covered a lot here, but you may  
15 still have some questions and I would like to  
16 share with you some ways to get more information.

17 The first is, of course, our VA Butler  
18 Healthcare Center on New Castle Road, 325 New  
19 Castle Road, across from the shopping center that  
20 used to be the Butler Mall -- that's how, of  
21 course, we identify everything here -- across  
22 from Target and Wal-Mart.

23 The phone number, you can call the 800

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1 number, 800-362-8262, and we also have a local  
2 number, 724-287-4781 that's available Monday  
3 through Friday, 8:00 to 4:30 p.m. You can call  
4 the 800 number at any time if you have an  
5 emergency, and they'll get some information to  
6 you.

7 We have a website. It's  
8 [www.butler.va.gov](http://www.butler.va.gov). We have a Facebook page, and  
9 on our Facebook page, we have discussions and  
10 questions. It's an opportunity for you to chat  
11 with us further. It's [facebook.com/vabutlerpa](https://facebook.com/vabutlerpa) or  
12 search for VA Butler and you'll find us.

13 Then there is a Twitter account where  
14 we're sending out up-to-the-minute news. That's  
15 [twitter.com/vabutlerpa](https://twitter.com/vabutlerpa).

16 Thanks very much for tuning in. We'll  
17 see you next month.

18 (End of audio recording.)

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C E R T I F I C A T E

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have been fully and accurately transcribed to the  
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