

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH STAFF SERGEANT MEG KRAUSE, U.S. ARMY RESERVE, REAL WARRIORS CAMPAIGN VOLUNTEER; LIEUTENANT COLONEL CHRISTOPHER ROBINSON, SENIOR EXECUTIVE FOR PSYCHOLOGICAL HEALTH, DEFENSE CENTERS OF EXCELLENCE, VIA TELECONFERENCE SUBJECT: SIGNS, SYMPTOMS AND TREATMENTS OF PSYCHOLOGICAL HEALTH CONCERNS TIME: 1:06 P.M. EDT DATE: THURSDAY, MAY 20, 2010

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CMDR. RENE CAMPOS (deputy director, Government Relations, Military Officers Association of America): This is Rene Campos. I'm U.S. Navy, retired. I am a line officer, 30 years, of the Navy, and deputy director of Government Relations at the Military Officers Association of America.

I work wounded, ill and injured, seamless transition, military and veterans' health care for the association. I want to thank this -- you know, the folks at DCoE and everybody here for this opportunity -- participate in the Bloggers Roundtable. This is very exciting.

A little bit about my organization, for those that may not be familiar with it. We are the largest association of military officers. We have about 370,000 members. We provide services and advocate on behalf of the military, to include enlisted officer, active duty, Guard and Reserve, retired, veterans, survivors and family members, on all issues that are related to compensation and personnel and quality of life.

And we do this in connection with larger organization called the Military Coalition. That represents 34 military and veterans' organizations. And collectively, we're a pretty powerful voice. We have about 500 -- 5.5 million members.

And so we are strong advocates for policy issues related to health care and personnel programs.

So thank you again for allowing us to be here today. And I'll be glad to talk a little bit more about some of our advocacy and outreach activities in the area of psychological health and so on, but I don't want to hog this -- the time here. I'll turn it over to the other individuals here.

COL. ROBINSON: Good afternoon, everybody. This is Lieutenant Colonel Chris Robinson, and I'm a clinical psychologist. My background is clinical psychology, and I'm currently the senior executive for psychological health here at the Defense Centers of Excellence.

And I have kind of a varied background.

But most recently I returned from Afghanistan, where I was -- I spent part of my tour there at a small FOB actually taking care of our servicemembers. And then the second half of my tour there, I was the commander at Bagram for the mental health detachment.

We had about 35 mental health professionals providing combat stress services for the soldiers, sailors, airmen and Marines in RC East in Afghanistan. So I came back, redeployed about a month ago, and now am back in my -- in this position here at DCOE.

So I just want to thank everybody for participating in this call. And look forward to answering any of your questions or talking to you about any of those related issues.

So I'll turn this back over to -- I think it's Sergeant Krause, is that correct?

SGT. KRAUSE: Yes, sir. How are you? COL. ROBINSON: Good.

SGT. KRAUSE: Very well.

Hi, everybody. My name is Staff Sergeant Meg Krause. I am a combat medic with the United States Army Reserves. I did five years of active duty from 2002 to 2006 and returned from Iraq, in 2006, thinking that I was going to be just fine.

I talked about my experiences with friends and family, enjoyed using my experience as part of discussions in the classroom, and kind of just figured that a few nightmares or flashbacks here or there were normal, and did my best to cope and avoid triggers I knew bothered me such as movies or crowds and things like that.

But as it turned out, I was actually facing a larger struggle than expected. And as the stress -- of graduation, finding a new job, the potential of a mobilization to Louisiana, since I had joined the reserves after leaving active duty, and other family issues -- began to compile, my nightmares got worse and worse and worse, to the point that I began to drink very heavily.

It got to the point that I wasn't going to class.

I was partying more than your average college student. I was failing to meet my commitments to the Reserve unit, and eventually just didn't show up for a formation one morning because I was too hung-over and, frankly, really didn't care any more about the Reserves or my commitment, or anything to that effect. And I was so concerned that if I

showed up I was going to be in so much trouble that, you know, it was almost worth just avoiding it and not showing up and, you know, kind of fading off into the sunset.

Thankfully, when my unit finally got to me on the phone, rather than discipline me, my first sergeant asked to speak with me, and we had a fantastic discussion that involved not only tears, but laughter. He admitted that he was seeking treatment for post-traumatic stress disorder. And what I ended up discovering was that there is absolutely no shame in admitting that I needed help, and that my fears about losing my military career or my security clearance, my soldiers, my platoon, were completely unfounded.

Through sharing my story with others in the unit and, since then, fellow veterans, I've gained more respect now than I ever had while failing to be the NCO I wanted to be because I was not coping with my issues. I've taken their advice, gotten the help I needed for post-traumatic stress disorder and have since built a successful career consulting veterans on -- consulting on veterans' reintegration issues, such as education, employment and mental health.

Through that work, I found the Real Warriors Campaign, which I wholeheartedly believe is a fantastic education campaign, helping veterans, transitioning servicemembers, current active-duty and Reserve or National Guard members, who are in a similar position that I found myself in a few years ago, understand that seeking help for post-traumatic stress disorder is so important to not only your psychological health, but your overall lifestyle; and that there is no shame in admitting it; and that if addressed appropriately, you can still have a highly successful military career. I've watched this education campaign impact so many, just because I get e-mails regularly, "Staff Sergeant Krause, thank you for sharing your story.

I saw it online, or I saw this." People walk up to me in the hallways or after presentations that I give and say, you know, "You've helped me understand that I can seek help, that I can get help, that I can face this and I can address these issues rather than continuing to try to hide them and really not get anywhere or not be where I want to be."

So it's been almost therapeutic for me to be able to continue to help others even though I'm not standing next to them on the battlefield. And I think it's a fantastic way to get the word out about seeking help and continuing to be a successful military service member.

LIEUTENANT JENNIFER CRAGG: Great. Thank you for the excellent rundown by all of our subject matter experts.

While you were speaking, there were a couple people that just called in. Can I please get your names so I can call on you in the order that you called in. Can you please repeat your names? I do have Karen on the list. Please let me know who called in. (Pause.) Simply state your name.

Okay, we're going to go around the room. And if you would like to add your name, you'd like to ask questions, please state your name after Karen asks her questions.

Dale, you were first on the line. Please go ahead.

Q Good afternoon. This is Dale Kissinger from MilitaryAvenue.com. I'm a retired Air Force guy. And first of all, thank you all three for your service.

My first question is, what is the biggest challenge for military families with a member who is suffering from PTSD or TBI? That would probably be Lieutenant Colonel Robinson's question, but I'd like to hear it from others too, if they have something on it. COL. ROBINSON: I think that probably the biggest challenge is often related to what Sergeant Krause was talking about, which is the mental health stigma that I think exists out there. Oftentimes the families hear from their loved one that if -- you know, I'm having all these difficulties, but, you know, if you're to go forward or if I go forward and tell somebody, that my career is going to be ruined and I'm going to be at risk for losing a lot of what I've worked hard for.

And I think that's really the crux of the Real Warriors Campaign. I mean it's more than just a website, but it's a program designed to reduce the stigma of mental -- seeking mental health services. And it's getting traction now, and it's about a year old now, but I think that the program itself is designed to help this problem, I think that mental health thing that is very real out there.

That's all I have on that.

SGT. KRAUSE: I have to say that my family in particular has -- (audio break) -- to me, that some of the biggest struggles that they faced were the fact that they really didn't know how to approach the topic with me. You know, everybody else around me saw the signs and symptoms far before I did, or was at least willing to admit that I was exhibiting the signs and symptoms of, you know, having PTST and needing to seek help.

And they didn't know how to bring it up to me in a manner that wouldn't make me feel like less of a soldier or less of a person, or a bad daughter or a bad sister or some of those scenarios. And, you know, rather than say, hey, maybe we need to put you into rehab, how do we come up with a great way to approach this without feeding into that stigma?

CMDR. CAMPOS: I think these are all very good points. This is Rene Campos. And I think one of the challenges, again, is that stigma that we all talk about, but we also have institutional stigma, how we as military and civilian leaders create an environment and create a culture to -- by which people can feel comfortable talking about -- when we're in uniform and we are trained to compartmentalize and to make our -- you know, to react based on our training, it's hard to turn a switch on and off.

And so we have to create environments by which people can feel comfortable.

And I think the greatest challenge is providing more peer support -- we -- and everything is not always about the clinical side of things but again through leadership examples, and folks like Meg here who are willing to share their stories.

And that's the power of the Real Warriors Campaign, is to be able to tell those stories. So I think the other thing that we have to address too that I think members -- servicemembers and veterans aren't sure how to handle are the moral injuries of war. And I'm learning a lot about this issue. I'm at a combat operational stress conference here in San Diego that the Navy and Marine Corps is hosting. And it's just such a huge issue that we're just kind of -- you know, kind of tapdancing around it.

But there's real challenges on the battlefield. And our members -- our servicemembers and their families are having to deal with these things in silence. So I think the -- I think we've got a lot more to talk about and address in the area of moral injuries.

Q Thank you very much.

LT. CRAGG: Thank you, everyone. I appreciate it. And thank you, Dale.

Shelley (sp), you were next. Please go ahead.

Q I just wanted to ask the question. I know we hear post-traumatic stress disorder, post-traumatic stress.

Could you please distinguish what you guys define as the difference between the two, and why we focus on post-traumatic stress disorder over post-traumatic stress?

And you know how the media embraces that and pushes that information out.

COL. ROBINSON: Well, this is Lieutenant Colonel Robinson again.

So if I understand the question, the difference between post-traumatic stress disorder and post-traumatic stress, you know, really the basis for the disorder is when you've been exposed to a traumatic event that is beyond what -- you know, is beyond any normal event that most people would be exposed to, such as combat, for example, and then you develop a set of symptoms related to that. And some of those symptoms include nightmares. They include things like avoiding -- withdrawing from your family and loved ones, and some -- certainly some substance abuse issues can be related to that, sleep problems and other associated symptoms that you're -- that the medical folks would be asking you about and then can diagnose you with post-traumatic stress disorder, versus post-traumatic stress, which I -- if I understand that right, I think is just the normal reaction to a traumatic event and (it ?) doesn't

necessarily (mean ?) that every time we're exposed to a traumatic event that we develop us a disorder of some sort. I think that it's a normal reaction of human beings to react to difficult things with difficulties. That doesn't mean you're abnormal. It's just a normal way of responding to a traumatic event.

So it's a very -- a very real issue is -- I think, is this notion that, you know, I'm somehow flawed or broken if I -- if I respond to a traumatic event with a stress reaction. I'm -- what I want to get out there is that that's a very normal reaction to an abnormal event. So I'm not sure if that addressed your question directly, but if it's -- if not, please chime in and let me know how I can redirect.

Q No, that was good. Thank you.

LT. CRAGG: Okay.

Thank you very much. Megan, please go ahead. Q Yes, I'm wondering about the post-deployment behavioral health questionnaires. There seems to be a lot of folks who come back and they take that questionnaire and don't raise any red flags and then have problems down the line. I'm just wondering if you think that means that the questionnaire needs revising. Does it still hold value if it's not catching so many service members?

COL. ROBINSON: That's a great question. It's one of the things that we're looking at here at DOD, is how to make that question more sensitive and specific. I think that one of the problems with it is that you -- you know, if I -- if I want to continue to kind of keep my symptoms under wraps, I can -- I can easily underreport them and just say everything's fine.

So, you know, there's no perfect solution to this, because, you know, if -- let's say were to decide, okay, what we're going to do is have every single person seen by a mental-health provider. The problem with that approach is that -- first of all the resources and second of all that you're going to still have a lot of false positives and false negatives.

So we're trying to -- our best to make those questions better. And we're about finished with our completion -- or with our -- the completion of that project now. But we do recognize what you're saying, because I just think that it's -- you know, it's easy to fake good or fake bad on those.

But I do believe, though, that it's -- we've got to -- we've got to rely on family members and friends and peers and buddies and -- as well as the military leadership to help us, because they are the ones that are going to be observing these folks. And what -- when Sergeant Krause was talking about her first sergeant, that's a great example of a good leader rolling in and providing the interaction and the intervention right when it was at a necessary time.

That's all I have here.

CMDR. CAMPOS: I'd like to add, too, to what Colonel Robinson said, that it -- there -- I think we have to have lots of tools in our tool bag, and that's one tool. And there are a lot of different touch points, and we just have to use all those tools in our tool bag. And I think we have to all -- have to challenge us, all of us, to be willing to reach out to troops, veterans and their families and, you know, be willing to say thank you for their services and sacrifice, because you never know when that door opens up for those that are struggling, because you could be the link that, you know, gives them, you know, help in terms of healing and hope.

SGT. KRAUSE: And if I could just add something to this -- I'm sorry, I know you're getting a really extended answer to your question -- but when I -- when I came back and we redeployed, we got this questionnaire that we were supposed to fill out. And it was like: Well, I could tell the truth and get help, but that might kill my military career, and I don't know if I want to get out yet. I might not be able to leave base or go home or see my family. They might pull my security clearance. Maybe I know I'm getting out of the service, but I want to be a police officer, and I can't lose my security clearance or have something like this on my record. So I'm actually going to avoid the problem, and ignore it.

And I think that's why campaigns like the Real Warriors Campaign are so important, because the more soldiers that we can reach out and touch with this and show them that all those stigmas that are in their head are not -- are invalid, that you're not going to lose your security clearance, you're not going to not be able to see your family, your career's going to be able to continue if you want to career -- continue -- the more -- and I'm sorry, when I say "soldiers," I mean service members as a whole; it's the Army in me -- but the more sailors, you know, Marines, airmen, soldiers, will actually come out and start using that tool effectively, rather than trying to hide from their signs and symptoms.

LT. CRAGG: Thank you, everyone. Thank you, Megan.

Let's go to CJ. CJ, you were next. Please go ahead.

Q Yes, thank; I'd -- thanks. I'd also like to thank all the panel members for being here. And I definitely want to thank Meg for being on the show as -- or being on this call as an NCO and setting that example.

And so I kind of have two questions, but I'll save my second one till absence and the end of the conversation. But my first, I guess, is for Colonel Robinson or maybe Commander Campos. I'm here at Fort Hood, and I recently left Redstone Arsenal, where I started seeking treatment last year. And here it's a completely different program that I learned about called Smart Star (sp). Are you familiar with that?

CMDR. CAMPOS: I'm not familiar with that.

Q The -- and I guess that's kind of the crux of my question. Is there a major Army push out there to really help soldiers understand where they can go and what they can do? We all push Military OneSource, but I found out about Military Star (sp) only because I actually ended up going to a chaplain after a bad episode and I was recommended. But I'd never heard of this program before. And so I guess my question is, how can we help to educate our troops about what is available out there to them, as well as the leader so that they can put that stuff out at the ground level?

COL. ROBINSON: That's a great question, CJ. I think that one of the mistakes we often make in some of these positions we're -- is we develop these great programs and we then just assume that everybody knows about them like we do. And that's certainly not the case. It sounds like you're -- it wasn't the case for you as well.

You know, we -- I think it's also one of those things that once -- you know, we all get deluged with information all day, and oftentimes you have a filter up.

But it's not until you actually need resources. That's when you need to have one place you can go to, to find your answers, kind of a compilation or a repository of different resources.

So you know I'd encourage you to have your folks go to the DCoE website. We list -- we have a great list of resources for warriors and families there, along with key websites that can help you, as well as the Real Warriors website.

So I don't know if you have those websites, or if people online have those websites. Or do I need to give them out?

Q If you could, give them out, sir. I think a lot of us would appreciate that.

COL. ROBINSON: Sure.

The DCoE website is www.dcoe.health.mil. And the Real Warriors website is www.realwarriors.net. And both of those are great resources for -- that list other resources in addition.

So I think that's a good way to get the conversation going with your folks, so that they can take a look at it and decide what would be useful for them. Or if they -- if it doesn't -- you know, it doesn't hit the mark, then we need to, you know, redirect them over to some -- maybe some more local resources that might be able to help them get in touch with what they need.

CMDR. CAMPOS: CJ, I'd like to add, that's is an absolutely great question. And we see it across the board in terms of, you know, there is so much information. It's almost mind-numbing. But also we try to encourage -- we're a grassroots organization. So we encourage folks to engage with organizations at the local level. Be a member of a military or a veterans service organizations, because they can advocate

on your part. But also they can provide you and link you up with resources and help kind of navigate some of these systems that are more local.

So I'd encourage you to -- and I -- and there's -- I belong to a lot of different organizations besides just MOAA, because we all have our unique capabilities and strengths. And so find one that fits you and others. And we have a great chapter in the Pike's Peak area that works with wounded warriors. So I'd just encourage you to look around and look at veterans' and military organizations as a resource.

LT. CRAGG: Thank you, everyone.

Thank you, CJ.

Karen, you were next. Please go ahead.

Q Hi. I'm trying to figure out -- we've got wonderful programs. And like CJ said, we often can't figure out what's available where. And Military OneSource can't do it for us.

And what I'm hearing -- I mean, I spent a morning instant messaging with someone from somewhere that should be nameless. A soldier was asking for help. And he's been told, "You can go see someone in July."

Now that's kind of a long time for a man who just put his wife into the emergency room. So what can we do, as bloggers, as military family members to make sure that people aren't sort of being told, "Suck it up and you'll be fine, and just, you know, show up at formation"? Because that is still going on, even though I think from the top it's good. You know, the top understands. I think it's sort of the -- I hate to say this CJ -- the first sergeant or the platoon sergeant who's saying, you know, "Yeah, right. You're fine. Keep going."

COL. ROBINSON: This is Lieutenant Colonel Robinson.

It sounds like you're talking about a similar question that CJ was saying?

Q Yes. And I'm trying to find out what we as bloggers can do. I mean, this is what we do. We try to get information out to the people who follow us. And we've all got different followers. And there doesn't seem to be a good place for us all to be able to send them.

COL. ROBINSON: Well, I do know that the -- our outreach center has a chat function, as well as the Real Warriors website that I mentioned earlier, that also has a chat function. So I'm not sure if that's something that would be useful for you and the folks that follow you.

Q It could be, because, I mean, you know, you've got people who are looking for help and they don't know where to turn. COL. ROBINSON: Right.

Q And unfortunately, they're getting the wrong message from commands.

COL. ROBINSON: Let me give you the DCoE outreach center number, as well, because that's a good way for people that aren't -- really aren't bloggers out there but just want to call the number. It's 1- 866-966-1020.

Q Thank you.

COL. ROBINSON: But in addition to that, then our DCoE website, as well as the Real Warriors website, has a chat function.

Q Right. Thank you very much.

SGT. KRAUSE: And I just also say, you know, if someone needs help, there are a variety of resources in place throughout the military that they can turn to. And, you know, it's unfortunate that these situations are occurring, and perhaps the service member is going to need to turn to more than one resource before they finally get the help that they need. But between your sick calls and the emergency room and the chaplain -- I can't tell you how often I use the chaplain as a resource, not only for myself but for my soldiers now. And there's another stigma about the chaplain: "Well, he's all this religious stuff."

The chaplain is not there for religious purposes only. He's there for community well-being as well. Use the chaplain. The chaplain will help you find the right people.

Use your chain of command. If you go to your first-line supervisor and you say, "I need help," and your first-line supervisor says no you don't, utilize the open-door policy of that person's first-line supervisor and so on and so forth. Do not take no for an answer. If I had taken no for an answer, I would not be on the phone right now. Thankfully, I didn't get no for an answer. But if you are getting no for an answer, find someone who is going to say yes. I think that's very important.

CMDR. CAMPOS: Adding on to that, I would also say don't -- hold the leadership accountable. If you're a civilian, find ways to connect with the leadership on that installation or in that unit to let them know your concerns and what's going on and what you're hearing about or seeing.

And sometimes there's -- there -- they've got a mission to do, and they're very busy. But many are starting to use social-networking tools. So I think we have greater access than we've ever had before to the leadership. So sometimes they just don't know what they don't know. So don't be afraid to approach those -- that -- those leadership folks to let them know what's going on. LT. CRAGG: Thank you, everyone.

Now, I wanted to make sure I didn't miss anybody. Is -- anybody else on the call like to ask any questions of our subject-matter experts?

Anyone else who called in? (No audible response.) Okay. At this time what I'm going to do is I'm going to go around the horn just to make sure there's any follow-up questions before we wrap up today.

Dale?

Q I do have one (quick one ?) for Lieutenant Colonel Robinson. During your tour in Afghanistan you were in charge of, like, preventive measures. Can you describe some of those efforts to prevent PTSD?

COL. ROBINSON: Yes. That's a good question.

One of the things that -- one of our missions there was not to just sit in our offices and wait for the soldiers and sailors and airmen and Marines to come to us. Our mission was to go out and -- it's -- really is very similar to the (chaplain role ?), is, you know, kind of go out and be with the troops and get to know them. And I went out on missions with some of them and, you know, sat and watched football games with others, so that they kind of see you as a real person. So I think that's probably the first step so that they don't see you as some distant kind of egghead-type provider.

But -- so did that. And then some of the other things, we offered what we called walkabouts. Means you'd walk about their work areas and they'd see you, and they'd come up and they'd ask you questions about things, and then they'd start to say, well, let me tell you about what's going on with my wife. And we'd spend a few minutes there talking. So just kind of a -- those kind of relationships.

And then we also offered classes, different classes that were designed to help mitigate some of the combat stress: relaxation classes; we were involved with yoga nidra, which is a type of deep relaxation, deep breathing and relaxation; different things.

And the message was that we constantly gave -- or two things. One, here are some things you can do to help yourself before it gets so bad that you're -- that you're really struggling, really can't function anymore. And the second is that maintaining your psychological fitness -- just like staying physically fit, being psychologically fit requires effort and time that you have to -- you have to put into it in order to be psychologically fit as well.

That's all I have on that one, unless there's another follow-on question.

Q No, that was great. Thank you. LT. CRAGG: Shelly (sp)?

Q I'm good.

LT. CRAGG: Okay. Megan?

Q Yes, Colonel, I just wanted to follow up with you briefly about the questionnaire.

You said that you guys were almost finished revising and were making those questions better.

And can you describe what exactly you've done to make the questions better?

Is it a matter of being more subtle at how you're getting at the issue?

COL. ROBINSON: Well, we've consulted with a lot of subject-matter experts, because we realize that, you know, we're just a small subset of the population of people that know a lot about this.

So we're getting subject-matter experts to help us write the questions better. We're piloting them. Right now I don't have the questions here in front of me, so I can't read the exact questions to you. But the package is being staffed. And that will be rolled out soon.

It's been -- you know, as you can imagine, this is a pretty high-visibility and important topic, just because we want to make sure that we get this right, because of the very issue that you're talking to which is, you know, here you have an opportunity. And if the questions aren't written well, you know, you've wasted that opportunity.

Q Could you just describe a little bit about maybe what the discussions were that you guys had about the questions when you were revising?

COL. ROBINSON: Well, what we want to do is try to increase the true positives meaning, you know, you want to have questions that if someone really is in distress or has some sort of lingering post-traumatic stress symptoms that require help, those are the people that we want to capture.

And we want to -- we want to reduce the number of people that are -- that are not truly having trouble as well as, we want to -- we want to decrease the number of false negatives, the number of people that are -- that we say are fine and they're really not.

So there's a whole science behind this, you know, survey -- writing questions for surveys. And so we're trying to be as scientific in the database as we can. Q Thank you.

LT. CRAGG: Thanks, Meg.

And thanks, sir.

CJ.

Q Yes, I think my question is probably for Commander Campos.

I had a phone call last week from a guy who's gotten out of the military.

And I'm glad he called me, because he was having a very rough time. But his complaint was that -- probably more in the veteran line -- you know, he's been through so many counselors, and they keep coming and going, and he's just fed up and tired.

Where do we send those people who feel like they've given up, but clearly need help still?

SGT. KRAUSE: You mean in terms of using the VA medical centers, or are you talking about in just claims processing or --

Q Well, he's pretty much given up on the VA process, but he definitely needs help, you know, in counseling for PTSD. I'm glad he called; at least that's one avenue, he's got friends to go to. But I'm just concerned about what happens when soldiers leave and -- you know, whether or not that mental health counseling is available to them.

CMDR. CAMPOS: Well, I think that there, again, as we've all talked about in some form or another, there's no one size that fits all for everybody, and there's going to be some -- I mean, it takes a lot of strength, as we say in the Real Warriors Campaign, to come forward and seek help. And Meg is a good example of that.

I think that a lot of times -- and we're hearing this more and more, but the vet center programs are probably -- are very -- are so very popular that -- I mean, in terms of that is one avenue that many veterans feel a lot more comfortable in because they know that they're not in a clinical setting. In fact, the VA does as much as possible to keep the clinical side away from -- you know, from that program in terms of creating an environment that people can go into.

There's also a lot of community-based organizations that are really stepping out and, you know, doing a lot of great work. So if a person doesn't feel comfortable approaching VA or -- I mean, there's Give an Hour. There's -- as Admiral Mullen, the chairman of the Joint Chiefs, passionately talks about and we very much agree that there is this sea of good will out there. So there's a -- a matter of just -- there's a lot of, again, great community programs that are there, and using veterans and military service organizations is one place to start. Again, the most important thing is that the service member or the veteran or their family members feel comfortable, you know, going and feel comfortable in the environment that they're going in or the process that they're going to be going through.

So it's good to have somebody come alongside them like you, to say, "Okay, if this door doesn't work, try this one." Again, there's so many of those touch points that I think we all have to try to encourage for -- not to -- not to give up and keep trying to help them connect those -- you know, connect to those -- to the source that will help them heal.

COL. ROBINSON: I got something in addition to that. This is Lieutenant Colonel Robinson. Our -- one of the programs that we have is our In Transitions program, which I think might be of use to this particular -- in this particular case. And this is a program for service members that are receiving or need -- perhaps need mental health care and just making sure they don't fall through the cracks as they're transitioning from either a duty station or deploying or moving from DOD to Veterans Affairs.

So let me put this number out here. I think it's a really good program, where you -- these folks are going to be given or assigned to an In Transition coach, which is a licensed mental health clinician.

And they will help provide them and make sure that that transition is as smooth as possible, so that they can get connected with the care they needed.

So the number -- it's a toll-free number. It's 1-800-424-7877. And that's within the United States. And I'm not sure if people are going to need the number for outside the United States. But I have that number as well if anybody needs that.

But 1-800-424-7877 is the in-transition program.

Q And I'd like to also follow up with something that Meg said, that's very important, just because I'm still active-duty. But you know, and I think it was one of the other questions.

But definitely if someone goes to a leader, and unfortunately there are bad leaders in the Army or every service, I think, but they need to just keep going and remember that it's their mental health -- not that first sergeant's, not that platoon sergeant's -- that they're trying to get better, and to keep going up that chain.

And if it takes them all the way up to General Chiarelli, then it takes them up to General Chiarelli. But I guarantee it will get fixed. And that's something that's something that we're addressing at the senior enlisted levels as well.

But definitely don't give up just because someone gives you a stupid answer. CMDR. CAMPOS: Great point.

LT. CRAGG: Thank you so much, everyone, and for CJ.

And then Karen, any final questions before we wrap up today?

Q No. Actually I'm on the road so I won't. But thank you all. And CJ, yeah, I think some butt-kicking is in order. Thank you.

LT. CRAGG: Thank you, Karen.

And also I'll make sure to get all the numbers that were referenced today. And I'll send them out in the e-mail with a

transcript. So in case you want to pass it along in your blogs or your posts, you can make sure.

With that, I'm going to turn it back over to Commander Campos, Lieutenant Colonel Robinson and Staff Sergeant Krause. I apologize, I think I said it wrong. And I'd like any final thoughts from all three of you. And then we'll wrap up today's roundtable.

The floor is all yours. Please go ahead.

CMDR. CAMPOS: I'd just like to thank you all again for joining us and allowing me and my organization, MOAA, to participate in this blog. I wanted to just let you know, we're going to continue this conversation in 4th Annual Defense Forum Washington, and we're going to be talking about the psychological health and welfare of our troops, veterans and their families.

And that defense forum will be September 10th -- that's on a Friday -- and I encourage everybody to be -- you know, to join us. That will be -- for more information on that, that's www.defenseforumwashington.com. Our theme this year is "A New Normal: How is the War Within Transforming Our Force and Families?" We want to continue this dialogue. We want to continue to keep the American public, DOD, VA and leadership engaged on these issues. And I thank you all for your support, services and sacrifices.

SGT. KRAUSE: Yeah, I would just like to echo what she said in thanks for everything you all do in helping those of us who are combating this issue continue on. I -- you know, my closing thoughts are, again, CJ emphasized it for me, but I cannot emphasize it enough. Please continue to get the word out about the Real Warriors campaign and get people convinced that they can seek help and that they will still be able to succeed. If they need a resource or they keep getting no for an answer, they can look me up on AKO. They would not be the first people to do it. (Chuckles.) So if worse comes to worse, that's -- you know, that's where, you know, they can turn to. And eventually we will find them someone that will get them in the program that they need, because it is vitally important to the overall mission of the United States military.

COL. ROBINSON: Thank you, Sergeant Krause. This is Lieutenant Colonel Robinson.

I guess the message I want to give, real briefly, is very similar. I mean, I just want -- you know, make sure you put the word out on your blogs that people are not alone, that there's other like-minded people that want to help.

That every warrior experiences some deployment stress. If you're exposed and sent to combat, you're going to come back with some degree of combat stress. It's very normal. That treatment and resources are available and they work. And I think that then a central message is reaching out is a sign of strength, not weakness. It means that you're

strong and have courage. So that's the message that we want to continue to put out.

So thanks again, everybody, for calling in and giving me the -- or giving each of us the opportunity to talk about this important subject.

LT. CRAGG: Thank you everyone. Thank you to our subject matter experts. This is Lieutenant Cragg, one more time, just to remind everybody they can get a transcript from this call if they visit www.dodlive.mil. And I'll add the transcript when it's completed by Fed News.

But I would be amiss if I didn't have Ruth Seeley of Real Warriors -- can you pass those phone numbers and those websites just one more time? And then we'll wrap up the call. Ruth, the floor is yours.

MS. SEELEY: Absolutely. So the DCoE website is DCoE -- D-C-O-E -- .health.mil. You can reach the DCoE outreach center via the live chat feature on the Real Warriors Campaign, which is www.realwarriors.net. And you can also reach it by calling 866-966- 1020.

LT. CRAGG: Thank you very much. And we'll also put that out in the e-mail one more time so everybody has it.

This concludes today's roundtable. Thank you, everyone, for participating. Have a nice day. Bye-bye.

END.