



*Trained
to Heal*

INSPIRED TO SPEAK

by Kelly McDonnell



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Healer at Home: Staff Sgt. Megan Krause surveys the city from her rooftop deck. Working from home allows her to spend time outside with her dog, Finnian. (Photo by Caroline Deutermann.)





// You maintain your weapon or your vehicle not because it's broken, but because it must work at maximum capacity when you need it—it's the same with your psychological health. //

It is a typical Saturday night for many at Penn State University. The sound of laughter and friendly chatter fills the air, as students gather at local food and drink establishments. Suddenly, a car backfires. Army Reservist Megan Krause, a student at the university, runs through the streets of downtown State College, Pa., fleeing from insurgents she believes are chasing after her. She runs through bars and restaurants, eager to remain one step ahead of her enemy. Breathless, she finally reaches her apartment but immediately notices that a light is on—one she swears she has turned off. Convinced that the insurgents have found her, she phones for help.

Eighteen months later, Staff Sgt. Krause calmly recounts this incident from her Washington, D.C., apartment, as she sits on her couch with her dog, Finnian, at her feet. She is animated but cool, and occasionally chuckles to herself at the images that come to mind of that night. With the help and support of her

friends, family and teachers, Krause checked into a nearby Department of Veterans Affairs hospital and was able to get the help she needed.

Krause joined the Army in January 2002 to become a combat medic. After completing four months of medical training in both clinical and combat environments, in addition to basic training, Krause's mission was simple—support every service member out there in the field. "They wouldn't go out there and fight the way they fight if they didn't think they would get taken care of if they got injured. So, as far as I was concerned, it was our job to reassure them of that," says Krause.

In 2005, she deployed with the First Brigade Combat Team to FOB Speicher, located just outside of Tikrit, Iraq. During her 11-and-a-half-month deployment, Krause split her time between patrolling nearby towns with the rest of her unit and treat-





In the Field: Staff Sgt. Krause was deployed as a medic outside of Tikrit, Iraq. (Photo courtesy of the Staff Sgt. Megan Krause.)

Split-Second Reaction: Whether treating an Iraqi civilian or a fellow service member, medics, like Krause, provide timely and effective care in theater. (Photo courtesy of the Staff Sgt. Megan Krause.)

ing patients in the battalion aid stations. She saw friends and fellow soldiers killed and injured as improvised explosive devices blew up in front of her, but she attributed it to being part of the job.

For almost two years following her return from Iraq, Krause was convinced she was fine. She went back to college to complete her degree and was just weeks away from graduation when she found herself running from imaginary

insurgents through downtown State College. Although Krause acknowledges in retrospect that there were signs and symptoms leading up to that point—like making poor choices, sleeping for much of the day and indulging in heavy drinking—there was never anything compelling that pointed to the need for help. She believes it was the additional stressors in her life—like her impending graduation, the pressure to find both a job and a place to live, and the possibility of her Reserve

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unit getting called up—that created the perfect storm. Still, she says, “I was lucky because I had my feet under me, I had a strong support network, and after I received my diagnosis, it was almost a sigh of relief. I thought, OK, I can finally deal with this.”

Her recovery combined pharmacological and psychological therapy. She had weekly appointments with a psychologist from the VA and bi-weekly ap-

pointments with a psychiatrist. After a few months, she was taken off her medications and eventually no longer needed weekly therapy sessions.

Now a successful consultant for America’s Heroes at Work, Krause’s job is largely dominated by projects focused on veteran reintegration services and education. Each day she works to combat the stigma associated with those experiencing psychological stress.

“I think it’s very unfortunate that there’s this generalization that a combat veteran in the workplace is going to be violent and unpredictable. So, the more education we can get out about anti-stigmas there, the better,” says Krause.

In the spring of 2009, through one of her work engagements, she connected with staff at the Real Warriors Campaign and volunteered to be a Real Warrior profilee. At the heart of



DCoE for Psychological Health and Traumatic Brain Injury

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury were created in November 2007 under the leadership of Army Brig. Gen. Loree Sutton. DCoE is the open front door of the Department of Defense for warriors and their families who need help with psychological health and TBI issues, promoting the resilience, recovery and reintegration of warriors and their families.

As the duration and frequency of military deployments increase, service members and their families are increasingly faced with the challenges associated with deployment and combat. DCoE partners with the DoD, Department of Veterans Affairs and a national network of military and civilian agencies, community leaders, advocacy groups, clinical experts and academic institutions to establish best practices and quality standards for the treatment of psychological health concerns and TBI. DCoE work is focused in five major areas: clinical care; education and training; prevention; research; and patient, family and community outreach.

Multi-Talented: *As a nurse, Lt. Col. Iwona Blackledge spent most of her time at the hospital at Balad Air Force Base. Updating patient records was just one of her many roles as shift leader. (Photo courtesy of Lt. Col. Iwona Blackledge.)*

people, to see that getting help is not life threatening, has been extremely rewarding. Choosing not to get help is when the real problems start,” says Krause.

Sponsored by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, the Real Warriors Campaign is part of the overall Department of Defense effort to combat the stigma associated with service members who seek psychological health care and treatment. The leadership, unwavering determination and commitment to combating these stigmas from DCoE Director Brig. Gen. Loree Sutton have been instrumental to the campaign’s success.

“You maintain your weapon or your vehicle not because it’s broken but because it must work at maximum capacity when you need it—it’s the same with your psychological health,” Sutton says. “Seeking treatment is not a sign of weakness—it’s a sign of maintaining mission readiness physically and mentally.”

Krause says the broad spectrum of available Real Warriors

the campaign are volunteers like Krause who are proving through example that reaching out for psychological health or traumatic brain injury care works, and that it’s possible to receive treatment and maintain successful military or civilian careers. Krause says

one of the best therapies for her has been participating in the Real Warriors Campaign. “It is so helpful to be able to see other people having some of the same issues and surviving it. To be able to tell my story in a manner that I truly feel is helping other

Campaign profiles enables many to find a story similar to their own. “If you can’t identify with me, try Josh Hopper, the Marine Corps sergeant. He has one hell of a story to tell, very different than mine. If you can’t identify with either of us, try Maj. Jeff Hall, try Maj. Gen. David Blackledge. If those don’t fit your experience, keep viewing. Because there is someone there that you can identify with.”

Another profilee who has volunteered to share her unique story is Lt. Col. Iwona Blackledge. Both she and her husband, Maj. Gen. David Blackledge, experienced deployment-related stress and are volunteers with the Real Warriors Campaign.

Blackledge, an Air Force nurse, has deployed three times throughout her career and most recently served as shift leader in the intensive care unit at Balad Air Force Base in Iraq. The memories from her May to October 2007 deployment remain vivid in Blackledge’s mind today.

“I remember we had a burn patient that was burned over 99 percent of his body. The [emergency room] called and said they had a burn victim, but we never even took him to the [intensive care unit] for fear of startling the other patients. He was so burnt, we didn’t even know his race. He was just charred, and I didn’t know whether or not he could even hear me. I just sat

with him and touched him so he would know someone was there. And then the chaplain came and sang “Amazing Grace,” and I think that was when the patient finally said, ‘OK,’ and within seconds of the song ending and us all crying at his bedside, he let go and passed away.”

It is this kind of memory that permanently disrupted Blackledge’s life, and inhibited her ability to sleep for months following her return. Although her experiences during deployment changed who she is, treatment has helped her find a new normal. “I can never be normal—life will never be the same after experiencing things like that. But I can function and I am moving on,” she says.



The intensity and volume of the traumas she saw and cared for at Balad Air Force Base were different from her previous deployments. “They were constant and never-ending. Every injury I saw seemed worse than the last, and the hospitals were permanent tents that were 113 degrees with air conditioning,” she says. When Blackledge wasn’t treating service members she treated Iraqi civilians who would often wait at the gates hoping to get through. And if the intensive care unit was quiet she would support the physicians and nurses in the emergency room in caring for mass casualties.

Three months after her return, Blackledge completed the Post-Deployment Health Assessment and was referred to the behavioral health clinic for insomnia. She went to personal counseling and did some deep relaxation therapy, but she delayed addressing her own psychological health concerns in order to support her

husband, who was experiencing post-traumatic stress disorder. Once her husband was on the road to recovery, they both became involved in wounded warrior efforts, speaking about their experiences and offering advice to individuals and spouses deploying.

“We actually sat on a panel together at a DCoE Resiliency Conference to discuss our experience. I went as a wife of a service member suffering from PTSD, but then, they wanted me to tell my story and explain how I dealt with both his problems and my own, highlighting the stress I had experienced as a caregiver,” says Blackledge.

It was from this discussion that she became involved with the Real Warriors Campaign. Like Krause, Blackledge has found participation in the Real Warriors Campaign to be therapeutic.

“When I was deployed I had a friend to talk to who was going through the same thing.

And that is how we survived: having each other. Now, telling my story [through the Real Warriors Campaign] has been really rehabilitative. I think it’s one of the greatest things that has happened to me since I returned. That, and seeing the impact that it has had on others.”

Though Blackledge’s story has touched the lives of many people who she will never know, her Real Warriors Campaign profile also had a profound impact on someone very close to her—her roommate from Balad.

Lt. Col. Mary Carlisle was already a nurse when she joined the Air Force 20 years ago. She had deployed once before to Oman in support of OEF, and felt confident in her critical care expertise as she prepared to deploy a second time. “Patient care—that’s not going to be a problem. I’ve seen it all, done it all,” she says. “I think it was the second day I was there when I realized the casualties that were coming in were things I’d never seen before. And I thought, this is not going to be at all what I expected.”

Like Blackledge, Carlisle remembers the endless casualties that came into the hospital, the seemingly inescapable heat and the noise of the helicopters landing outside that eventually faded into the background. “Things happened so quickly, and casualties came in one after another, and I felt as if I didn’t really have any time





to recover from the previous [casualty], or deal with it. I was so physically and emotionally drained,” says Carlisle.

When she first arrived, Carlisle noticed that many of her fellow nurses and medics seemed to be very angry, but she couldn't understand why. But it wasn't long before she began to notice that she, too, was becoming increasingly agitated and angry. She kept a journal of her time there, and, looking back, she finds it difficult to associate with the

angry, stressed individual who comes through in her writing.

During Memorial Day weekend 2009, she was watching a tribute celebration on the National Mall with friends. A video scrolled on a projector screen showing photos and video footage of seriously injured service members, bringing her back to her experiences in Balad. “It was just this flood of anguish and emotions that came over me, and it was then that I realized I can't do this anymore, I really need help,” she says.

Support at Home: Lt. Col. Blackledge credits her husband, Maj. Gen. David Blackledge, with giving her the support she needed to tell her story. (Photo courtesy of Lt. Col. Iwona Blackledge.)

Healing Center: Lt. Col. Blackledge checks on a patient's fluids in the Balad Air Force Base hospital. The hospital serves as the primary site for all who need medical treatment. (Photo courtesy of Lt. Col. Iwona Blackledge.)

“ Seeking treatment is not a sign of weakness—it's a sign of maintaining mission readiness physically and mentally. ”



Carlisle received the treatment she needed to cope with her PTSD and then some. “I developed so much insight into my own coping mechanisms—why I reacted the way I did while I was deployed—because of things that happened throughout my life. I developed some resiliency techniques and things that I can take with me for the next time,” she says.

Once she completed her treatment, Carlisle was ready to share her story, “I knew there were many other medics,

doctors, nurses and med techs who experienced very similar things, like I did, and had problems coping, like I did, and I knew I wanted to do something to spread my message—I just wasn’t sure what to do,” she says. It was then that Carlisle reconnected with Blackledge, who told her about the profile she had done for the Real Warriors Campaign.

Carlisle said the Real Warriors Campaign was the perfect platform for her to tell her story, and from the feedback



The Real Warriors Campaign

The Real Warriors Campaign website, www.realwarriors.net, provides useful information that is tailored to meet the psychological health needs of the military community. The website also provides numerous opportunities for members to connect with others who may have had similar experiences, through message boards and social networking tools such as Facebook and Twitter.

Visitors with questions regarding psychological health concerns or traumatic brain injury can connect with health consultants at the DCoE Outreach Center via a live chat feature on www.realwarriors.net, by calling (866) 966-1020 or e-mailing resources@dcoeoutreach.org. Health consultants have a master’s level or higher education and are available 24 hours a day, seven days a week. All conversations are confidential.

Individuals interested in volunteering for the campaign or authoring a profile can contact a Real Warriors liaison through the Web site (www.realwarriors.net) or send an e-mail to dcoe.realwarriors@tma.osd.mil.

Saving Lives: *The opportunity to treat local children was just one of the ways Lt. Col. Mary Carlisle made a positive impact on people’s lives during her deployment. (Photo courtesy of Lt. Col. Mary Carlisle.)*

Hidden Turmoil: *Lt. Col. Carlisle’s smile masks the stress and anger she felt throughout her deployment. It is only after seeking treatment that Carlisle is now able to look back at photos of herself in Balad and recognize her experiences have had a positive effect on her life. (Photo courtesy of Lt. Col. Mary Carlisle.)*



she's received from those who viewed it, there is no doubt in her mind that it was exactly what she was looking for. "I wanted my message to go not only to the medics and younger folks but also to senior leadership. I wanted to say, 'Hey, there are people out there who have not dealt with this, and have not had the courage to seek treatment, and leadership needs to support this, and let them know that it's OK, and it is not going to affect your career.'"

Since Carlisle came forward to tell her story, she has been promoted, and she was recently selected to be a squadron commander. She continues efforts to not only combat the stigma associated with PTSD but

also to acknowledge a forgotten population of individuals who have experienced psychological stress: military medical professionals. "The perception is that since this is our job, we should be able to handle it, when in fact this is not true. Medical people are exposed to awful situations day in and day out, and I don't want to take

anything away from the combat military men and women, but some of their experiences are periodic. They may be involved in a gun fight or an IED explosion, and these are awful, but they may not experience anything else for a long time. We were seeing this stuff every single day," says Carlisle.



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Real Warriors: Staff Sgt. Krause credits the Real Warriors Campaign with helping her heal and inspiring her to speak. The campaign's website, www.realwarriors.net, offers support, resources and information to service members and their families who are experiencing psychological stress. (Photo by Caroline Deutermann.)

As Carlisle, Blackledge and Krause can attest, the stigma associated with coming forward did not negatively affect them personally or professionally, and in fact, all have furthered their careers since seeking treatment, "I thought it might mean I wouldn't get the promotion I was up for. I thought I wouldn't keep my security

clearance. When I went into my unit and said, 'I have a problem, I need help,' they said, 'What can we do?' I got promoted the next day. Literally," Krause says.

By profession, these women are trained to heal others, but by speaking about their own journeys to recovery, they are successfully combating

and reversing the stigma and inspiring others to seek treatment. "These real warriors share their stories of resilience, recovery and reintegration in their own words. They are living proof that, with appropriate care, warriors can be back on the job and every bit as strong as they were before," says Sutton. ■



Additional Resources

Below are resources available within the Military Health System and its partner organizations dedicated to providing service members and their families experiencing psychological stress during and after deployments.

AIR FORCE WOUNDED WARRIOR

www.woundedwarrior.af.mil

The AFW2 program works hand-in-hand with the Air Force Survivor Assistance Program and Airman & Family Readiness Centers to ensure Airmen receive professional support and care from the point of injury to no less than five years after separation or retirement.

ARMY WOUNDED WARRIOR PROGRAM

www.aw2.army.mil

AW2 is the official U.S. Army program that assists and advocates for severely wounded, ill and injured soldiers, veterans and their families, wherever they are located, for as long as it takes. AW2 ensures soldiers, veterans and their families are connected to their benefits and services, including career and education, finance and health care.

NAVY CENTER COMBAT & OPERATIONAL STRESS CONTROL

www.nccosc.navy.mil

NCCOSC is dedicated to the mental health and well-being of Navy and Marine Corps service members and their families and was created to promote resilience and to investigate and implement the best practices in the diagnoses and treatment of post-traumatic stress disorder and TBI.

U.S. MARINE CORPS COMBAT OPERATIONAL STRESS CONTROL

www.usmc-mccs.org/cosc

COSC encompasses all policies and programs to prevent, identify and holistically treat mental injuries caused by combat or other operations.

NATIONAL CENTER FOR PTSD

www.ptsd.va.gov

The center aims to help U.S. veterans and others through research, education and training on trauma and PTSD.

TRIWEST BEHAVIORAL HEALTH PORTAL

www.triwest.com/beneficiary/BehavioralHealth

The TriWest online resource library was created to help support emotional health, educate individuals and families about deployment-related issues and enable individuals to access appropriate care through TRICARE or with the help of local and national support organizations.

DEPLOYMENT HEALTH CLINICAL CENTER

www.pdhealth.mil/op_stress.asp

Deployment Health Clinical Center works to improve deployment-related health by providing caring assistance and medical advocacy for military personnel and families with deployment-related health concerns.

INTRANSITION

www.health.mil/InTransition

InTransition provides support for service members' mental health and wellness through a one-on-one Transitional Support Coach, available by phone, who is a master's-level, licensed behavioral health clinician. Service members receive information about their mental health care and how to successfully change providers at the time of transfer or discharge.

MILITARYHOMEFRONT

www.militaryhomefront.dod.mil

MilitaryHOMEFRONT is the DoD website for Military Community and Family Policy program information, policy and guidance designed to help service members and their families, leaders and service providers. The website offers resources for family advocacy, relocation, and transition support services.

AFTERDEPLOYMENT.ORG

www.afterdeployment.org

Afterdeployment.org is a behavioral health resource site supporting service members, their families and veterans with common post-deployment challenges. The site provides self-care solutions for post-traumatic stress, depression and other behavioral health challenges commonly faced after a deployment.





coming next on health.mil

ANSWERING THE CALL

The DoD-USPHS Mental Health Initiative