Alfred Wylie, Public Relations Coordinator, Vietnam Veterans of America

Testimony of Alfred Wylie Public Relations Coordinator Vietnam Veterans of America before Senate Committee on Veterans= Affairs

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on

The State of VA Care in Hawaii

Gentlemen,

I have been asked to speak to you about my experience with veterans who have PTSD.

First I wish to clarify that PTSD is in essence emotional wounds that are just as crippling as physical wounds, especially in personal and social relationships. In fact there is neurological damage from the traumatizing events of war. This damage is exemplified by the veteran who hits the ground when he hears a car backfire thirty years after the stressor occurred. What happens to those of us who are emotionally wounded is that certain stimuli will trigger a flash back that is in essence a short circuit or a hardwired response that will be with the veteran unto death. This hard wiring of our neural circuits will never be resolved. It is with those of us who have PTSD for life. What can be improved is our emotional reaction to these specific triggering stimuli. The reduction of our emotional reactions is a long term process called psychotherapy.

The issue of psychotherapy is a double one. First, there is the emotionally wounded veteran and then there are those who develop secondary PTSD which is primarily the children of the veteran.

The issue of secondary PTSD can be resolved if the veteran him/herself is treated prior to the conception of the children.

The issue of the veteran can be resolved by the VA developing procedures to identify those veterans with PTSD at the time of discharge and then integrating them into a mandatory therapy program immediately upon separation. This would save the government an enormous amount of money in costs of future treatments and care.

The government needs to truly understand that intensive psychotherapy programs such as the VA intensive program in Hilo, Hawaii and its follow up procedures are effective for the older veterans and would be double effective for newly released veterans with PTSD.

Again, I must emphasis that the neurological hardwiring from the chronic death threats will

never go away. But with psychotherapy that focuses on processing the repressed death threats the emotions the veteran experiences will diminish in time. Going through the shakes of fear and letting out the tears of grief are necessary for the healing process. Unfortunately, the veteran with PTSD is usually unconscious of his emotional wounds since the environment that caused them required that he/she numb out to such feelings. This numbing out process to emotional feeling is a natural process that occurs in human and non human primates as well as numerous mammals exposed to high levels of stress.

So here we have a veteran fresh from the high stress zone who can be taken care for his emotional wounds (PTSD) in an immediate manner or he can be released into society where he will become a liability for many years. Most veterans don=t become conscious of the actual cause of their disability until they are older when they can no longer produce enough ephiphrine (adreline) to suppress the emotions. Depending on the individual veteran this occurs around 45 65 years old. This by no means, means that the veteran is symptom free but just that he will start having reality level flash backs when he can no longer produce enough adreline to suppress conscious memory of traumatic events and life style.

The second issue concerning veterans is the secondary PTSD they cause their children. Being a parent who has caused emotional wounding to my own children from my own emotional wounds (PTSD) I speak with authority on the subject as well as speaking for other veteran fathers. Please get us into therapy before we have our children.

Of course there is the moral issue of the government=s responsibility to its emotionally wounded veterans. However, after sixty-five years of life I conclude that the real moral issue is money. Therefore, from this point it is much more cost effective for government to provide emotional therapy soone after separation from service thus avoiding the cost to the social system of years of veterans who are emotionally wounded and the subsequent burden to the social welfare system. Secondarily, getting the young emotionally wounded veteran into emotional therapy will prevent generational cost in as much as the emotionally wounded veteran produces emotionally wounded children.

In conclusion the government in the long run will save money if veterans with PTSD are identified and entered into emotional therapy programs upon separation from service. Another benefit of entering young veterans into therapy soon after separation is stopping the secondary PTSD that develops in children of PTSD parents, which in turn become an economic drain on the economy