

NARRATOR: There is perhaps no job in this world that holds as many emotional and physical perils as that of military service. From fighting on the front lines to assisting operations back home, a profession with the armed forces can have lasting emotional and physical impact on those who serve. In this video, you will meet three veterans who were deployed into combat and have experienced either posttraumatic stress or vicarious trauma as a result of their time there. As you listen to their experiences, think about how vicarious trauma and posttraumatic stress disorder have similar symptoms and characteristics, but also what makes each condition distinctively different.

CLAUDE BOUSHEY: My name is Claude Boushey, and I work for the Virginia Wounded Warrior Program as a veteran peer specialist. My military service started in 1983. I joined the army when I was 17 and retired in 2010.

STEVEN MATOS: My name is Steven Matos. I served in the United States Marine Corps from '98 through '05, and I served in Iraq from back in January '03 to August '03.

RICHARD MALMSTROM: My name is Richard Malmstrom. I'm a lieutenant commander in the United States Navy.

CLAUDE BOUSHEY: I was nearly killed in a helicopter crash, June 13, 2004, near Taji, Iraq. I was evaced out of theater, Iraq theater into Landstuhl. I broke my back and broke my leg, and they were saying that pretty much a good chance I might not be able to walk again or might have some issues or, you know, might not make it through. I went through four surgeries, one lasting about 16 hours, on my spine and my leg, and I got a bunch of hardware in my body now. So my initial goal for me was just to recover. The second goal was to get back in the cockpit and fly again, and the third goal for me was to get back to Iraq.

RICHARD MALMSTROM: Probably, the biggest experience or the most notable experience would be when I was assigned to the 3rd Battalion, 25th Marines. We were assigned to the Sunni triangle in Iraq just outside of Al Asad in 2005. We were at a place called Haditha, just along the Euphrates River, but while we were there for seven months, we had 48 Marines who were killed in combat along with probably several hundred who were wounded in combat as well. I didn't want to go out too far into the field. I wanted to get as far as I could without putting myself at undue risk, so I had to remain back a little bit quite often. And as men were being killed and injured, they were often brought back inside the wire, and I would go up with the aid station. And primarily, my first priority were those that were either already dead or those that were expected to die very soon, but by the time they got to me, they were usually in pretty bad shape by the time they were there. And I would make sure that they were secure. I would make sure that we put them into

body bags, that we identified them. I made it a habit of mine to go and put my hand on the remains and say a blessing for them. And I would, you know, say it for the benefit of those that were there around us and for the families, because I know it's important for them, but I would say a blessing over the body or what was left of the body. And soon after putting them into a body bag, we would, we'd put them on a helicopter to send them back home so that they could be interred with the family. But it was tough because I would go from there and then have to go take care of the marines that were left behind. It was a reserve battalion, so many of the men had been friends for years. They weren't just guys who met a few months ago and then started to deploy, but they were high school buddies and friends from grade school that they now saw blown to pieces, missing heads, missing arms, legs, so damaged that the bone structure just didn't hold anymore. You could flex the body any way you wanted it to or any way you wanted it to move so you could, you know, get it into the body bag. So I go right from putting them in the body bags and sending them home to taking care of their buddies as best I could.

STEVEN MATOS: I was part of the initial push into Baghdad. I don't think anybody's really ready for that, you know. It takes that first gunshot to go by your feet for you to realize, holy smokes, I'm really getting shot at, and, of course, I'm giving you the edited version. But that's, you know, it's--a lot of people say before they go, you know, I'm ready to do this, do that, and when that first shot goes over your head or hits the front of your feet and, you know, stuff hits the fan that, okay, I have to remember my training and do what I was trained to do. I got wounded the first day of war. March 21, 2003, we got caught in a minefield. It was a Iraqi gun position, but we went in through the position, we took over the guns. They were still hot, realized there was a bunch of holes in the ground, looked like rat holes, sand rat holes, realized that something wasn't right. Within about two hours of us being there, the first one went off, injured a chaplain and his driver. During that time, I ran down the field to tell everybody to get back into their vehicles. And about five feet from my truck, one of the staff sergeant's pulling out a gurney out of an ambulance to set up a triage for the ones that just got injured, and he took two steps back and set one off, and it took his right leg from the knee down. And it also hurt seven others, at the same time, myself. My injuries were treated on the spot. I was walking around with a limp for a couple of days and started smoking heavily. I wouldn't get out of a vehicle without checking the ground. I was just a little nervous on stepping on something myself. You've got a better perspective on what's going on around you, because you're always looking around and you're always trying to make sure that everything is okay.

RICHARD MALMSTROM: The Mobile Assault Platoon, as they called it, they dropped me off down in Heet and they took off to go take care of some other missions. And I was getting myself settled in, getting ready to do some services, and I felt a blast. My door actually popped open. I could feel the impact from a

blast, and I thought, you know, something just hit right outside my door, so I grabbed all my gear and went outside and didn't see anything immediately, so I went to the battalion aid station and I could see the plume of smoke from the other side of the Euphrates River. So it was quite a ways away and, again, I had to sit and wait for the injured and the KIA to come in. One of my close friends was medevaced out and waited for weeks to hear of what happened to him. And in the meantime, they brought back one of the KIA, and from the torso down, he was gone. He was hit by a suicide vehicle-borne IED, and it took him--from the waist down, there was nothing left. And they brought him in. We had him in the body bag. I said my blessing, and what they called the Combat Operational Center called up and said, do we have all the pieces and parts or do we need to go looking for everything else? So we open it back up and started looking through, and we found two left feet and two right feet. We found the feet of the bomber along with the feet of the Marine who was there, and we started to have this conversation. Well, what do we do with the feet of the bomber? And the gut reaction of a lot of the people there was to throw him out in the dumpster, you know, throw him out with the garbage and let the dogs take care of these feet. And as chaplain, part of my job of being command advisor, it was my task to stand up at that point and say, no, you can't do that. We have to treat them with respect and dignity. We have to put them in a bag. We have to send it off to Al Asad, and we need to return it to the family if we can. We need to do whatever we can, you know, for his grieving mother to return these body parts so they have something. And that was a pretty difficult spot to be in to have to argue on behalf of the man who just blew up your Marine who's laying right there. That was a difficult one. The most notable, aside from that, was just a sheer volume that we had. I was very close to our snipers. Their hooches, we call that the place where they lived, was just right down the hallway from me at Haditha and so we got together all the time. I was very close with one of the corpsman who was attached to them. And one day they called me up and they said, well, we just lost two of our sniper teams, so seven of these snipers, their position was compromised, and they were killed. Excuse me. So they asked me to go in and tell the other snipers what had happened. And to make matters worse, one of the younger brothers of the sniper, he was so impressed with his brother, so enamored by his brother that he decided to join the Marines as well, so he was in our battalion also. The insurgents had taken his body and we couldn't find it, and they were doing things to his body, so I had to sit with this young Marine while we waited for his brother to be found. And I had to sit and counsel with him, get him calmed down and try to refocus him on what was now his new task while they were waiting to find his brother. And then immediately following that, we sent out some quick reaction forces to try to find the men who had done this and we lost 14 men in--it's called an AAV, an amphibious assault vehicle, so we lost 21 guys in three days. It was overwhelming. You can't even imagine what that's like to lose so many people in such a short amount of time, and you kind of go through a funk for a while afterwards until--for several years afterwards. It takes a while to get past something

like that. There were times too where I would see the aftermath of an event and take care of those Marines as they came in. And then as my corpsmen would come in, they would describe to me all the things that they'd done to try to keep these Marines alive. And they would describe in detail, you know, everything, the way the scene looked, how the bodies were positioned, the extent that they went through to try to keep these men alive. And, you know, one of them, he was trying to give mouth to mouth resuscitation on one of these Marines, and there was so much internal bleeding that this Marine had vomited blood back up into his mouth as he was trying to resuscitate him. So he had, you know, the smell of blood on his breath, you know, and I could smell that. And having him describe everything that happened along with seeing the aftermath, oh, it's another one of those images that gets imprinted on your brain that you can't escape from.

RICHARD MALMSTROM: I was having the flashbacks, the intrusive memories. I can remember probably the worst one I had was, as a reserve chaplain, I was serving as a school administrator along with being an associate pastor, and I had set up some training for my teachers. And I set up a room for them to get training on CPR, and when I walked into the room to see the dummies scattered all over the floor and it's just the training dummies that just has the head and the torso and, you know, in my mind's eye, I was seeing the real thing, not just a training dummy and having the same visceral reaction to it, the increased heart rate, the sweating, the inability to concentrate, all of those things. It was just like I was back seeing these things again. So I had a lot of the intrusive memories, so I had trouble concentrating. I had trouble remembering simple words like telling my kids to pick up their bowl to put it in the sink. I had to motion to the pick up your, you know, your--the thing, and my boys would say, do you mean the bowl? And I'd say, yeah. I couldn't even think of that. I think what really freaked me out was I was sitting at a stoplight one time and not knowing where I was. I had stopped at a stoplight, and, you know, for a good minute or so I didn't know if I was going to work or coming home from work, why I was in the car, what time of day it was, I had no clue what I was doing in the car, period or how I got there. And it shook me quite a bit, found myself very short tempered. I could go from 0 to 60 just like that, and it took nothing to get me to lose my temper, didn't want to even go outside for a fireworks display around Fourth of July. The sounds, the sights, the smells, all of it was too familiar, even just driving down the road seeing an animal that had been hit with a car, it would bring back memories and I would see these things. Even in the church giving communion, I would see the faces of some of these dead marines sometimes. It was very difficult. You had a lot of the intrusive memories, numbing as well, had a hard time showing empathy. One of my secretaries, when I returned home, her son was murdered on his doorstep. He was shot in the head in front of his daughter, and my immediate reaction was, oh, there's just one, what's everybody so upset about. It's only one, let's have the funeral and let's get back to work, and I didn't see the problem with it. I was smart enough not to say that out loud, especially

talking with the mother. I knew the right thing to say to say, I'm, you know, sorry for your loss and this is awful and terrible, but inside I just couldn't connect. I just didn't think that it was that big of a deal, took a long time to regain some of that empathy. And eventually my wife, God bless her, she finally said well, you need to go get some help, and she was at the point of saying if you don't get some help, I'm gonna leave. So eventually, I said, well, okay, fine, I'll call the VA. They got me in to see a doctor right away and started seeing somebody and talking with them, but that took about three years of working on it. It didn't happen overnight, took about three years of talking with a counselor to get through to the other side and finally get on to an even keel and then to turn those experiences around and use them for positive experiences rather than negative.

CLAUDE BOUSHEY: The kind of things I went through through my recovery were both physical, mental and emotional. Believe it or not, the physical part was a lot easier to recover than the mental and emotional, because, you know, physically, you kind of know you got a broken leg and it needs to heal, the bone needs to grow back. You have a crushed spine so the spine, you know, needs to grow back. Those were easier dealing with mental part. I actually lost a buddy in combat during my recovery so that was pretty hard, I mean, in that portion--accepting what you are now, walking around or, you know, getting wheeled around in a wheelchair, walking with a walker or a cane, having things attached to your body that's not supposed to be there that help you recover, of course but it's mentally draining because you want your body the way it was before, before June 13, 2004. And once I kind of accepted that hey, this is the new you, things got better mentally and emotionally. I was a lot better, my family as well, and there was a time, rooms like this, I'd sit in the dark and just kind of hang out and relax and that was my time, because I just wanted to reflect on really what happened and you go through a phase of what was me, why me, why did it happen to me, why couldn't it happen to anybody else. I never did anything wrong. Why did it happen to me? So you go through that phase and you go through the phase of whoa, man, you know, I, you know, destroyed a \$6 million helicopter. I let my unit down. They were one less helicopter in the fight in Iraq, so you go through that phase, you know? It's like why, you know, I let my unit down. I wanna go back, so September '05 is when I went back on flying status and then we started gearing up for the next tour for Iraq, and I volunteered to get on the next boat over to the next tour of my unit. So that was a goal that I needed to fulfill 'cause, mentally, I felt that I didn't get the job done the first time 'cause I crashed right in the middle of the tour, so I got sent home, and I wanted to complete a full tour for me, mentally. I was offered other positions, the PCS, you know, to change duty stations and go somewhere else that's not deploying, but I elected to stay there and deploy with the unit.

STEVEN MATOS: I got back in August '03 and it wasn't really the best homecoming. You know, I ended up getting divorced, I ended up losing my

youngest son. I went home to see my mom and dad and my brother and grandmother back in New York, and, you know, that was nice, but living here in Virginia, I dove into my work. I just did everything that I could to keep busy, and my sleep was horrendous. I wouldn't fall asleep till 7:00 in the morning the next day. I'd be up all night just couldn't sleep until, you know, finally body was tired enough that I'd just pass out. Relationship-wise, well, the smallest things set me off. I don't care if it was a little bit spilled milk or just a dumb question and I'm jumping at the hinges and that's when I realized okay, something's not right. And I got in trouble, I had an incident at home where I got arrested, and I ended up doing time in jail for it, and that's when I realized yes, something's wrong. I need help because it's getting to the point that it's dangerous.

RICHARD MALMSTROM: I've met vets that have tried just taking the medications to make it go away, and I'm a firm believer that that doesn't work. That may be part of it for some people and may help them get over the hump, but I think, in the long run, just dealing with it, talking about it, getting it out in the open and dealing with it helps in the long run.

CLAUDE BOUSHEY: Your body, mentally and emotionally, go up and down as far as the hardships on the family and on yourself as far as what you go through. You need people to talk to. You need people to encourage you. You need a mentor to kind of look up to and give you that next step to shoot for. I didn't have that. I had my wife looking out for me and my friends calling me quite often. So, having been down at the bottom, kind of got to know how it feels to give back a little bit. That way you can see into people's eyes as far as their recovery. You can tell them what you've been through in some cases and in that way they can be encouraged to move forward. Always give them something to move forward for versus, you know? It's pretty much like being on first base. You wanna get to second base and they circle first base forever, they can never get to home. So that's the kind of analogy I use is give them a resource or service for them to move forward or a goal.

STEVEN MATOS: If you're looking for a help for your PTSD, always know that you're not alone. You know, that's the biggest thing that we all look for is for being able to connect with someone that's either been there and done that or has done the same thing as you and is looking for, you know, for a helping hand. Never ever think that, hey, you know, you know, I might have done something that deep inside is killing me, but somebody else has done the same thing or not something that's just as bad or maybe even worse and there's always somebody on the other side who will like to help you. Most marines don't wanna admit that they have PTSD because it makes you look weak. You know, you don't wanna tell a leader, hey, you know, I think my head's messed up, you know. They're gonna tell you hey, go home and sleep it off and come back tomorrow and you should be okay, you know? So you just learn to put it in the backburner for as long as you can, and

that's the bad thing. You know, I got back home in '03 and I didn't have my first incident till '06. And when it happened, you know, it was just an explosion of emotions that were put away for so many years and, you know, which is why I got in trouble.

CLAUDE BOUSHEY: I got involved in the Wounded Warrior Program when I was injured and during my recovery, I knew how it was to recover from almost nearly getting killed, coming back, recovering, recuperating, rehabbing, going through with that whole experience, hit rock bottom pretty much and being able to come back and help other veterans, to help them with the issues that I faced and help them with other issues that they're facing. Most veterans today was my driving force for helping other veterans when I retired from the army.

RICHARD MALMSTROM: I encourage all the service members I come across to join things like the American Legion or the VFW, so they can find some of these kindred spirits to swap war stories, and it's more than just braggadocio, it's more than just that. You're not just bragging about what you've done, but it's more of sharing those combat experiences and lightening that load just a little bit.

CLAUDE BOUSHEY: I do a lot of outreach, try to bring combat veterans to the group, because once they come to the group, they can connect, get with other veterans, camaraderie, instant camaraderie, it's a peer-to-peer approach that we use, nothing clinical. There's no doctors, there's no clinicians, therapists or anything, it's pretty much a combat veteran talking to another combat veteran. It's a approach. It's not, you know, the best method. It's a method, acceptable method, so that's the approach that we use here at the Virginia program, Virginia Wounded Warrior Program. You know, what works for veteran "A" may not work for veteran B, so you got to use a different approach. Having a peer mentor or a peer veteran specialist like we do here at the program definitely will help someone guide through those hurdles and issues so we can get them to the right resource.

STEVEN MATOS: The Wounded Warrior Program is awesome because you've got, you know, guys from almost every service, you know. You've got your marines, you've got your army, you've got your navy, you've got your air force, you've got your reservists and you get to see from--every single perspective you can imagine of okay, marines do this, army does that and you get to kind of understand what their job really is and get to see what somebody else has gone through. You know, I've met a couple of guys that were in Iraq same time that I was, doing a complete different mission and hey, I didn't know about that, you know, that was pretty cool, you know, I wish I was there for that. So, you know, you get that perspective, and you also get that camaraderie and that family feeling that, you know, I look forward to Tuesdays, because it's like going to see a cousin or an aunt, because, you know, it's just that feeling of family. You know, I can go ahead, go in and speak

about my problems and also somebody's there that's gonna help me out that day. And we could go to a daily check in and see how your week was from last week, see if you have any issues at home that you'd like to talk about, see if anything's bothering you, you know. It might be the anniversary of the day that you got hurt or the day that you had you had to put somebody down and that always weighs heavy on folks, you know. And then we might find a topic, if somebody says something during their check-in that we could all talk about, we'll all talk about it.

RICHARD MALMSTROM: So talking about it is probably step number one or I should say recognizing that it's gonna happen, that you're not immune to it is step number one. Step number two would be to talk about it, talk about what you saw, find a counselor, somebody that you trust, so you're not breaking any confidences and then talk about those things with that other person along with how they're affecting you, how those images in your mind are sticking with you. You know, I could tell you hundreds of things that have, you know, stuck in my mind over the years of just things that people have described to me, and they become real to us as well, so they can really affect us the same way that it affects somebody else.