

Department of Defense Bloggers Roundtable With U.S. Army Major Jeff Hall and His Wife, Sheri Hall Via Teleconference Subject: Real Warriors Campaign Time: 2:31 p.m. EDT Date: Tuesday, September 6, 2011

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PETTY OFFICER WILLIAM SELBY (Office of the Secretary of Defense for Public Affairs): I'd like to welcome you all to the Department of Defense's Bloggers Roundtable for Tuesday, September 6, 2011. My name is MC2 William Selby with the Office of the Secretary of Defense Public Affairs, and I will be moderating the call today.

Today we are honored to have Sheri Hall and Major Jeff Hall, who are part of the Real Warriors Campaign.

A note to the bloggers on the line today: Please remember to clearly state your name and blog or organization in advance of your question. Respect our guests' time, and keep your questions succinct and to the point. Somebody else just joined us? (No audible response.) I guess we'll wait for the name.

With that, Major Hall or Ms. Hall, if you have opening statements, you can go ahead with those now.

MAJOR JEFF HALL: Well, I appreciate the opportunity. This is Major Jeff Hall; I appreciate the opportunity to come back and speak to the Bloggers Roundtable. I'm currently stationed at Rock Island, Illinois, with the First Army headquarters working in the G3 training office there.

My story is coming all the way from -- I don't -- I hate to call it an attempted suicide, because it really -- I will say I was about to commit suicide. Sheri saved my life. I went from that back to an active Army job and G3 training at the First Army headquarters, and I'm training soldiers to be deployed at this time.

PETTY OFFICER SELBY: Thank you very much, sir.

Ms. Hall, did you have anything you wanted to say to open up?

SHERI HALL: I'll just say thank you for having me and Jeff here today. And I'm just ready to listen and answer any questions.

PETTY OFFICER SELBY: Thank you very much.

And somebody else joined us. Could I have your name, whoever joined?

Q: Hi, this is Bart Bigner (sp). I'm with the Vet Transitions.

PETTY OFFICER SELBY: Roger that. Thank you very much.

And Dale, you were first on the line, so you can ask your question.

Q: Good afternoon. This is Dale Kissinger from militaryavenue.com. And my question is really for Sheri, for military families. And by the way, thank you for your service as a military spouse.

What was the turning point when you decided that you needed to seek outside help?

MS. HALL: For me it was Jeff basically saying he didn't want to live anymore, and I knew I couldn't let that happen. And I didn't understand what was wrong with him, so I reached out to his commander, and he was able to help me get Jeff to get some help. For two and a half years I did -- you know, tried to encourage Jeff several times, you know, to go seek help. But I think it was that point when Jeff said he just didn't want to live anymore and I got scared. I was -- never really feared for his life during his deployment. But when he said, you know, he was done living and wanted to leave this world, I had -- I got scared.

And I -- so I reached out to his commander, and that -- he was a huge help to us.

Q: And so it was two and a half years before he made that decision to reach out to the commander then, when you noticed symptoms?

MS. HALL: It was -- no, I noticed the symptoms right after his second deployment -- or the return from his second deployment. But it was two and a half years from that point to where Jeff got to where it was so bad that he was contemplating suicide. It went on for just -- over a course of two and a half years.

Q: OK, thank you, Sheri.

PETTY OFFICER SELBY: And Phyllis, you're next.

Q: Yes, Phyllis Zimmler Miller, mrsliutenant.blogspot.com. I write a lot of posts about encouraging people in the military to get help, especially for PTSD.

So what can you share -- why does it take so long? Why wouldn't people know that they have these symptoms? Is it just stigma on their service record or the inability to admit that they have a problem? What could help my readers be willing to get help?

MAJ. HALL: Ma'am, this is Major Hall. For me, it was -- it was a complete cultural change for me. This was early on in the -- in the campaign to defeat the stigma. As a matter of fact, I don't even know if there was a campaign going on at the time. It was -- it was 2006 on my return from my second tour when it really started to come down on me, and it wasn't until 2008 to the -- it got to the point where I couldn't bear it anymore.

It was stigma-driven, and it was also -- it was -- it was -- it was a culture in the combat arms where we just kind of suck things up and drive on. And I often say that when I finally got help, I actually believed that the cat was out of the bag. And what I meant by that was my career was over, in my mind.

There was two things that happened. I actually was kind of relieved by it and at the same time scared to death because I didn't know what I was going to do. It was a real shock to me to find out that I was working for a commander, Colonel Daniel Panell (sp), who understood what was going on and guided us through our help, through the Deployment Health Clinical Center here at Walter Reed and beyond that. So yeah, it was -- it was definitely just a loss of identity and a culture shift for me.

Q: OK, and is it really changed now that it's 2011?

MAJ. HALL: I would say if you would have known me in 2008 to -- (chuckles) -- to now, I have completely changed myself. As far as the culture in the Army, I do believe at the higher levels of leadership, the culture has changed. There still is, down at -- in the line -- because you're going to have to understand you're changing an entire -- an entire culture of faking, especially down in the combat arms arena, where we are just taught to be tough. I mean, what we do is a -- is a brutal mission. And if you're -- if you're not taught to be mentally tough down there, you'll fail in your mission. So you have to learn to say hey, look, enough is enough; I can't -- I can't do this anymore. I have seen a shift, but it has been slow.

Q: OK. Thank you so much.

MAJ. HALL: You're welcome.

PETTY OFFICER SELBY: Thank you very much.

And Amy.

Q: Hi, this is Amy Bushatz. I'm a blogger and reporter with military.com. My question is actually for Mrs. Hall. I was wondering if you could tell me maybe what the most important or most helpful resources you use in supporting your husband through this were.

MS. HALL: At the time, my resources for me were just, like, through Colonel Panell (sp). But I can tell you what I've learned over the last couple of years. The Real Warriors Campaign has done more for us -- and I'm sorry, I'm -- it has really done more for us in being able to tell our story and get the word out that help is out there no matter what your -- what your circumstances are, what your rank is, where you lie in your career. The resources that they have available now -- they have -- the DCoE outreach center is 24/7 trained professionals for you to call in. They have an 800 number. They have a live chat on their website.

And it's a -- it's an outreach center for -- you know, anybody can call in and use -- family members, soldiers. And then, they have it -- what's new is a mobile site that you can get on your smartphone. And it -- again, you can access that outreach center 24/7. And I emphasize the 24/7 because there's a lot of times that in the middle of the night is when a lot of families and soldiers experience their biggest issues.

The video profiles that Real Warriors do are out there. And we have had -- Jeff has had quite a bit of feedback from his own soldiers that have seen those profiles while they're in theater in Iraq or Afghanistan, and comment back to him on how just him telling his story has helped him tremendously.

There are many articles on realwarriors.net. There's message boards where you can put questions up; questions are answered for you. Just -- and lots of educational materials that you can go to their website and you can download for free.

Q: When you were going through the initial stages of this, did you find that your fellow military spouses were a resource at all? Did they understand at all what you were going through?

MS. HALL: No, not in the beginning. I thought I was the only military spouse in this world that was dealing with a husband who was having issues with post-traumatic stress. Had it not been for Colonel Pannell and his wife -- she understood just as well as he did, and so I was able to kind of talk to her a little bit. But in -- but in the very beginning, I honestly thought that I was the only one. And I have since found out that almost every spouse feels the very same way in the beginning.

Q: Thank you.

PETTY OFFICER SELBY: Thank you, ma'am.

And for everybody on the line, if you could do me a favor and mute your phones if you're not asking a question. We can hear some -- a little bit of typing -- no big deal.

But next on the line is -- let's see, we had Amy, and then Bret -- or Bart (sp), I'm sorry. Bart are you still there?

Q: I am, but I just muted my phone. (Laughs.) PETTY OFFICER SELBY: Oh, roger that. Thanks. Did you have a question, Bart?

Q: Oh, sure. Jeff, this question is for you. I know the Army's doing quite a bit now with resilience development and positive psychology and some other work, to try to mitigate the effects of -- aftereffects of traumatic exposure. There's, also, I think, a good body of knowledge on post-traumatic growth. And you described a few minutes ago some changes that you believe you've made in yourself which probably are related to traumatic exposure.

Do you have any thoughts on the balance between that? Is the -- is there a likelihood that resilience development will mitigate the effects of traumatic exposure? Or we just have to continue to get better at helping people that have had that exposure after the fact?

MAJ. HALL: Well, that's actually a really good question. I worked at Fort Riley for a time as one of the leads on the resilience effort there. And we had put together on Fort Riley a resilience learning center where we could have soldiers come in and receive a lot of the resilience training.

However, I will tell you, I'm a "one plus one equals two" type of person, and I kept asking this question: Would somebody define what resilience actually is, besides just able to snap back? What is the Army actually calling resilience? And I really still am kind of confused on that. There's a lot of talk about it, but I don't really know what the physical aspect of teaching resilience.

One of the things that I do know with helping people come back from injury is to not just fake it. You hear a lot in the psychological world: Sometimes you have to fake it to make it. I've always hated that. Sit down with soldiers that are -- that are troubled, and really listen to them. You'd be surprised at how much you actually learn. Part of -- part of my duties when I was at Fort Riley was to actually sit down with groups of soldiers that were in the WTB who were lost in the med board process.

And as they continue to lose their identities from being soldiers to being patients, it was nice for them just to hear somebody come back and say, hey, look, I've been through this before and this is how you can defeat it.

And I did. I physically watched resilience, if you will, come back into some of these soldiers and say, you know what, I would like to return to the line if I possibly can. And I think that's what the point of a lot of the resilience training is supposed to be.

Now, the closest thing I've seen to real resilience training was not supposed to be resilience in the first place, and that was with the Army Center of Enhanced Performance. It's a really, really good program and it just kind of teaches soldiers how to rethink easy issues and make them better at thinking through.

Have you heard of that program, sir?

Q: I have. I'm not intimately familiar with it, but I have heard of it.

MAJ. HALL: I experienced it the first time at Walter Reed as I was going through the Navy Intrepid Center of Excellence. And I was really, really impressed with it because it was -- instead of kind of feeling-sorry-for-yourself-type training or feeling-sorry-for-others type of training, it was more of the sports medicine-minded thing where you learn to look at problems from a holistic side and tackle them, you know, not just -- I don't know what I'm trying to say -- you don't tackle them from just one angle; you tackle them from a full whole-minded angle, and you can use whole groups to do so. And it makes large problems small. And I see that as a great way to do the resilience training in the Army today.

Q: I think that is. As a matter of fact, it's an area of developing, I think, above the problem, rather than being down and immersed in it. That was something we ran into working with Vietnam veterans for years as we kept people in the problem rather than bringing them out and above it.

MAJ. HALL: I hope I answered your question, sir.

Q: You did, thank you.

PETTY OFFICER SELBY: Thank you very much, sir. And was there anyone on the line that has not been able to ask a question yet that would like to?

OK. In that case, we'll get back around to Dale.

Q: Yes. I wondered for Jeff and Sheri, about their daughters, what kind of resources would you recommend for a military family that -- you know, our military brats are resilient as we speak. But after going through something like this with their dad, was there something that should be taught, or should we offer it to them?

MS. HALL: The -- I believe Real Warriors has the military family brochure. And there's also articles on their website that are very, very useful.

For our girls, our girls are older. They're in their teens. And in the beginning, again, I did not know about resources and I kind of kept this all hidden from them; I didn't really want them to know too much about what was going on. But we're very open and talk about it now.

And I do encourage, you know, soldiers and spouses -- especially spouses with children -- to definitely check the Real Warriors website for those articles, and -- because there are lots of other resources on there where they can go to and get to family -- things to help families, especially young children who really don't understand.

Q: Are there support groups or anything like that for them?

MS. HALL: You know --

MAJ. HALL: They do have some things with the Army community services on different installations. They have looked at a training model called the New Normal that they train in a lot of DOD schools.

And at Ford Riley -- it's the best I can talk about -- they send people out to the local school districts that have a lot of military children in them and kind of teach the faculty about what we do. And better to let them look for signs of wear and tear on the children.

So I -- there are some really good things out there. I'm not the smartest guy on the children thing because we didn't do probably the best with our children early on. Well, I will tell you, I was completely out of my mind, so I didn't know. But we hid them from that. And I have learned from that -- is to talk to your children early and often and, especially at the ages of our children; they know a heck of a lot more than what we gave them credit for. And it would have -- it would have saved us a lot of pain to just include them in on the family -- on the family problems that we had.

Q: OK. Thank you very much.

PETTY OFFICER SELBY: Thank you very much.

And Phyllis?

Q: Yes, I'm thinking about the influence of fictional stories on people's willingness to get help. I have to admit that my husband and I watch "Combat Hospital." It's a TV series just this summer; deals with a military hospital in Kandahar. And over and over again, there's this story line of someone who really needs help but won't get it because they don't want to leave their buddies. So how do you overcome that? How do you get a commanding officer who can spot people in time to get them help?

MAJ. HALL: Oh, that's -- I think that's the million-dollar question, ma'am. One of the things that I will always bring up every time is for a line company commander, he needs 125 riflemen in his -- in his company, to function at full speed. And unfortunately, we don't always have that. And then when you have soldiers that are deteriorating due to unforeseen wounds, things you can't see, it's very difficult for this man, who has been given a mission that he is going to have accomplish overseas -- for him to pay attention to something that he cannot see.

But I will tell you, with the campaign going full-blast and, like I said, the senior leadership in the military trickling down to those companies, we have -- we have learned to assess our soldiers a lot better than we used to. There was once a time when soldiers were physically hurt, and we still kind of made fun of them, trying to push them along to make them function. And it -- and it worked for quite a

while, until the soldier was completely broken. Psychologically, we've done the same thing.

However, the longer this war goes and the more psychological trauma that these soldiers receive over five, six deployments, many of the commanders are starting to see that because a lot of our leaders started this war as lieutenants; are starting to move up into, you know, mid-level leadership, making major, moving into battalion leadership slots. They understand what these soldiers have gone through down on the street, down in the -- down in the valleys, up high. So I think it will get better, as our leadership is more in tune to what these soldiers have actually had to do on the ground. Q: Thank you. That's very interesting that because of the length of time that people have been moving up, that it could really help. Thank you so much for that information.

PETTY OFFICER SELBY: Thank you very much.

And Amy?

Q: Yeah, I actually don't have any further questions, so thank you.

PETTY OFFICER SELBY: You're welcome.

Bart (sp), did you have any more questions?

Q: Yeah, one follow-up question, and that has to do with the -- I guess, the leadership moving on up. There was a report that came out a couple of weeks ago that the effects of post-traumatic stress were not particularly pronounced in theater but they -- in other words, the soldiers that are there don't have any higher level of apparent stress or stress disorder than, you know, the average population back in the States. But once a soldier transitions back into a civilian environment, then the stress starts manifesting itself. Is that consistent with your own personal observations, and if so, could you comment on what you think might be the cause of that or what triggers that change to occur?

MAJ. HALL: I'll use two cliches, I guess, my own made-up cliches here. You know, if anybody's ever been in a boxing match, after you've been smashed in the face a couple times, it doesn't seem to hurt as much during the fight. It's after the fight that it begins to hurt and you start to swell. Well, it's kind of the same thing. And I've told my soldiers that I've been in contact with, and also with the soldiers that I've -- that I've reached out to back in Fort Riley, that it isn't the war that was hard to -- that was hard to survive; it's surviving the peace.

One of -- one of the things that I realized with my own self was the power that is given these young people -- and I was an older captain; in my first tour, I was 33 years old. The power that is at your fingertips, and the real things that we are really, really doing on the ground there that, quite frankly, is life or death for some, it gets --

it gets inside you and you -- and you're completely in-tuned with that while you're in country.

It's when you come home and everything else starts to take effect -- things that don't seem to be as big of a priority to you but it is to everybody else, it doesn't seem to matter -- things like that will start building up on your back and it will actually crack you after a while. And I think that's what manifested in me more than anything; it was I actually missed being deployed.

Sheri will tell you that while I was at JRTC, I did everything I could to try to get back in country because I missed it. I missed the -- it was addictive, I guess. Like I said, surviving the peace, coming back to what didn't seem like reality anymore, weighed heavily on my mind.

I hope that answered your question, sir.

Q: In spades. Very, very great answer. Thank you.

PETTY OFFICER SELBY: And did anybody else have any more questions? Dale? Phyllis? No? OK.

Q: (Off mic.) Thank you.

PETTY OFFICER SELBY: Oh. You're good, Dale? OK.

Major and Ms. Hall, if you have any closing statement, you can go ahead with those, with that now.

MAJ. HALL: I have a very unique situation right now working with deploying of National Guard and Reserve units, working in the 1st Army headquarters. And what I found is, through interviews that I've listened with Sheri on and some outreaches that I've done on my own is with our National Guard family and our Reserve family, left out there thinking that they are not privy to a lot of the resources that we've had as active duty members. That is as far from the truth as possible.

The Real Warriors Campaign is a great, great catalyst for a lot of the different things that are out there for everybody. They're not -- you don't get cut off just because you're not Title 10. They can steer you in the right direction, and in many ways a lot better than the Army One Source, because we've used the Army One Source, it's not a bad source, but it seems like the Real Warriors is a little bit more direct. And there's people that know each other and can work on this thing. I'm hoping that if there's any National Guard and Reserve people that can access what you write or can listen to, have them understand it may be a little bit more difficult for them only because they have to go look for it themselves. They don't have an ACS or somebody to point them there every day like we do on post. But there are things available to them. And again, the Real Warriors website is a great place to start with that.

And I hope -- I hope that the campaign continues and the amount of stigma goes down with the command, because like I said, I do believe

that is happening. And I appreciate everybody listening to me ramble for the last 30 minutes.

PETTY OFFICER SELBY: Yes, sir. Thank you very much.

Ms. Hall, did you have anything you want to say?

MS. HALL: I guess I have to say that everything Jeff said I completely agree with. I do, when I speak -- I have a lot of National Guard and Reserve wives, soldiers, that come up to me, and I always point them in the direction of the Real warriors campaign because I know that they have tabs on there and information, articles, everything for Guard and Reservists and their families. It is hard for them because they do come back and then they go out to their little -- back to their communities and their jobs and their families, and they don't have what we have in the active Army as far as staying together and accessing the Army community service or, you know, any of those other things that we might have on our installation.

So I think this is a great resource, a place for them to go where they can seek help.

PETTY OFFICER SELBY: Thank you very much for your comments. And thank you, everybody, for your questions today. As we wrap up, I just want to say today's program will be available online at dodlive.mil, where you'll be able to access a story based on the call, along with source documents such as this audio file and a print transcript.

Again, thank you very much, Major and Ms. Hall, for your time today. And this --

MS. : I'm sorry. Hi. (Inaudible) -- the speaker from NIMH to speak a bit and answer some questions?

JANE PEARSON (chair, NIMH Suicide Research Consortium): Hi. I can make it very brief.

This is Jane Pearson at NIMH. And I'll just use the segue of talking about the stigma piece. We do have some guidelines for bloggers and media that I guess could be on the website. Erin (ph), does that sound right? We could refer people there?

MS. : To the NIMH website or to the Real Warriors?

MS. PEARSON: I sent you a web link. I don't know if you could post it there.

MS. : We can.

MS. PEARSON: OK, great. It's just a two-pager that says -- fortunately, in this case we're not talking about a suicide death. It was somebody contemplating it, so we're really happy you're alive -- (chuckles) -- and you're able to tell the story. But if there's future

events or you want to talk about this for Suicide Prevention Month coming up, we have some -- this is a two-page piece.

And there's one other comment I would make, and that's -- when we say there's a lot of stigma around something, we just end up reinforcing that, yeah, there is stigma. So if there is a way to talk about getting help the way the Real Warriors website does and the way you were actually, you know, both acting on this -- you just go do something, you figure out what you can do, you figure out how you can help people -- that's usually more effective than describing the stigma.

You can talk about people's ideas of why treatment wouldn't help or why it seemed like, you know, it wasn't a problem till you got home in peacetime. And you can talk about what would be more helpful -- noticing the problem sooner, things like that. If you can just avoid saying the word "stigma," I think we'll actually make some headway.

That's all.

PETTY OFFICER SELBY: Thank you very much, ma'am. I apologize, I didn't know that you were -- you wanted to have a statement. (Chuckles.)

MS. PEARSON: No problem.

PETTY OFFICER SELBY: But thank you very much for your statement. MS. PEARSON: Sure.

PETTY OFFICER SELBY: Once again, this program will be available online at dodlive.mil, where you'll be able to access the story based on today's call along with the source documents as the audio file and print transcript.

Thank you to everybody on the line, and this concludes today's event. Feel free to disconnect at this time.

MS. PEARSON: Thank you.

PETTY OFFICER SELBY: Thank you.

MAJ. HALL: Thanks, everybody.

END.