

Rocky Mountain MIRECC Short Takes on Suicide Prevention
Season Four Episode: Duane France and all he brings

Dr. Lindsey Zimmerman

<http://denvermirecc.libsyn.com/podcast/duane-france-and-all-he-brings>

(Text Transcript Follows)

[00:00:00] Music

[00:00:13] Text Transcription Begins

Adam Hoffberg (AH): Welcome everyone and thanks for joining us for the next installment of the Rocky Mountain MIRECC Short Takes on Suicide Prevention podcast. I'm your host- Adam Hoffberg and joining me today is Duane France. Uh- Duane and I met- uh- probably a couple of years ago through the VA Mental Health Summit and Community Mental Health Summit and it's been really- uh- been a pleasure getting to know him and hear about the exciting work that he's doing for promoting Veteran mental health in the community. Duane is a director of Veteran Services with the Family Care Center and he also writes and speaks about Veteran mental health through his *Head Space and Timing* blog and podcast. So- welcome, Duane.

(DF): Well, I appreciate that- thanks, Adam.

(AH): So, welcome, Duane. We're really glad to have you on here today. Maybe let's just start off with a little bit about yourself and- uh- what you bring to the space of Veteran's mental health.

(DF): I appreciate that too- so, um, I am a retired Army non-commission officer. I spent twenty-two years in the Army- joined in the early 90's. I'm one of those that sort of spanned the pre and post 9/11- uh- spectrum. I have- uh- when I was in the Army, I was not in mental health. I was in logistics and- uh- did a lot of support for light infantry. Divisions- I was in the 82nd back in the late 90's. Um- finished up with five separate deployments- one Iraq, two Afghanistan's, North Africa- I finished out my career within the Special Forces group and then, Bosnia way back in the last century in the mid-90s. And- uh- as I was retiring, I- you always think about what you're going to be when you grow up and I really found that I had an interest in psychology in general and then as I started getting into it, I- um- there's a natural progression- I think-

between the sort of leadership, you know, lending the ear and- you know, "Hey, Joe, what's going on?"- to a more formal training as a clinician. So, I got my Master's degree in clinical mental health counseling in 2015 and I've been working with an organization in Colorado Springs that's doing some different things, mainly working with justice-involved Veterans in the Veteran's court. Um- I've been doing that since January 2014, even through my practicum and internship. Uh- and then- uh- continuing on with that, and- and really looking at how can community mental health providers collaborate with and support the mission of the VA and- uh- and sort of- we're all addressing the same needs. So, currently, I am a- um- uh- a clinician- a practicing clinician, but also run our Veteran's program for our community agency. But as you mentioned, I also write and speak about Veteran mental health on my own podcast and blog: *Head Space and Timing*. Um- because we- we mental health professionals don't always do a very good job of communicating to those that we're trying to help. So, I found it really beneficial to be able to sort of balance both of those things.

(AH):

Great- that's a nice intro. I really want to dive a little bit more into how you're sort of- uh- wearing multiple hats in this- in this scene. As a Veteran, you've had multiple deployments and- and tons of experience and then as a clinician, you're bringing this training and mental health expertise. So, tell us a little more about how that impacts your work.

(DF):

Well, I think that it's- you know- beneficial to have lived experience- you know, this is- even going back to- you know, Jung and the archetype of the wounded healer- um- when Jung was looking around, he saw some of the best psychoanalysts in his time had overcome the issues they were trying to help other people overcome. Um- definitely not comparing myself to Jung and his contemporaries, but the idea of having the lived experience of knowing what it's like- you know, I can find Ramadi on a map and- um- I know what's it like to almost literally be hanging off the side of a mountain in Afghanistan. Um- but it's also beneficial to sort of- um- cut through some immediate rapport kind of thing- you know, you come into my office and it looks like a retired First Sergeant's office, right- I got maps on the walls and coins on the table. So, it can help Veterans really- um- get to a place of understanding and not to say any clinician needs to- um- that's working with Veterans has to be a Veteran. I have many, many colleagues both in and out of the VA who never served in the military and they're extremely competent in working with Veterans. I- uh- I just know that, for me, I'm a native to the culture so to speak. We talk a lot about cultural competence and I think it benefits me to be able to say to the Veteran or sometimes, the

military spouse I'm working with, that I know the lifestyle, but I also have this clinical training and the work that I'm doing with the clinical research, a lot of the stuff that's coming out of Rocky Mountain MIRECC. So, having both the lived experience and the clinical training really makes it beneficial for a lot of Veterans to be able to get to a place of ease soon.

(AH):

Mhm, yeah- I totally agree with you. So, let's- uh- turn to your work with the Veteran's Services Family Care Center. Um- I was really intrigued when you said you work with justice-involved vets- that's definitely an area we're really interested in covering and- and helping, you know, sort of shed some light on what's going on in this area. So, could you tell us a little bit about the work you're doing- in that area?

(DF):

Yeah, so, here in Colorado Springs- um- is the 4th Judicial Veterans Trauma Court and this is one of the first trauma courts in the nation. Of course, it started out- many who understand the history of Veterans Courts- the first- I think- major, official one was in Buffalo. But this court was constituted in El Paso County and Teller County- 4th Judicial Court in 2009. And so- um- we've expanded- I think we're up to six Veteran courts in the state. There are Veteran courts throughout the nation and the idea is that the reasons for misbehavior in 2008 or 2018 are very different than the reasons for misbehavior in- you know, 1998. We understand that exposure to combat and multiple stressors- um- do make an impact on not only an individual's mental health, but also their behavior. As I was- um- getting ready to transition out of the military in 2014, the court had already been there for a couple of years. My agency that I came to work with had already been working with the Veteran court in 2012. Um- there are many different Veteran courts throughout the country. They have different criteria. One of the unique criteria about the- uh- El Paso Veteran Court here Colorado is that we have a mix of participants in the court program that aren't necessarily eligible for VA services. Um- we have five military installations down here. We have- uh- it's the only county in the United States that has five active military installations within its geographic boundaries. So, we have a large military population. Uh- then we also have those Veterans that- um- who- for one reason or another- don't qualify for the Department of Veterans Affairs whether it's- obviously- we- we talk a lot about bad paper and the needs for caring for those Veterans and whatever reason they got out of the service with that characterization. Um- but also, sometimes, we have the ability to react quickly- to sort of bridge the Veteran until we can get into the VA. If there's- you know- some specialized treatment that they might need, they might have a longer wait period. So, we provide the community support in

conjunction with our Veterans' Justice Outreach down here. Uh- to be able to give a mental health provider's perspective to the team that's also trying to handle the judicial aspect.

(AH): So, are you consulting with the team to help them sort of understand, recognize, and respond to some of the mental health needs of these Veterans going through the program or-

(DF): Yeah and a lot of it has to do with- um- what is the- um- what are we dealing with kind of thing. We do preliminary assessments to determine if the Veteran is even appropriate for the program. Um- not all Veterans who are involved with the justice system are suited for this type of program- um- and this program always isn't appropriate for every Veteran, so we do some of that. But also, it's a matter of- if we're going to talk of Veteran mental health, then, of course, mental health professionals can and should be involved and- and when it comes to mental health, especially justice-involved Veterans' mental health, you know, we have specialty courts like Recovery Court for substance abuse, Domestic Violence Court for those types of situations, DUI Court, and- and they're very specialized in addressing that particular problem. What we see is Veterans is you have all of that combined in the same individual- right. You could have a Veteran who's had a couple of DUIs, who's experienced a domestic crisis that resulted in a domestic violence charge, as well as having the psychological concerns- PTSD, TBI, purpose and meaning. Um- and so, being able to have a program that sort of encapsulates all of that and then me and my colleague, as well as- again- our VGO, are able to sort of give the psychological and the mental health point of view for the team as a whole.

(AH): Nice. Really important work. With your work in the Veterans' Services Family Care Center, you also mentioned that you work sometimes with the spouses to kind of take a more holistic approach. Tell us a little about- you know- some of the counseling work that you do.

(DF): Right- so, when we- and this actually is something that arose out of our work with the- um- with the Veteran's Court is- we all know- at least if any six (?) or a Captain, you know, gets out of the military after six or seven years- um- they have support from the VA- but many times those- those spouses or family members that served with that Veteran don't have a lot of that same of mental health support. This is a big gap that we see in the community. My wife and I- um- just celebrated our 20th Anniversary and she was with me four out of my five deployments. Um- she experienced those deployments in a very different way than I

did and so many times- um- it- it can be beneficial to be able to have an opportunity for military spouses to come in. So, our agency does of course accept TriCare. We do a lot of with, you know, retirees and active duty's family members here with Fort Carson and Peterson Airbase. We also have a grant funded program that we're currently in our third year of that enables- enables us to provide some of that gap support for those individuals that- uh- that may not have access to services. So, we do support military spouses and- again- family being defined whatever way the Veteran does. It doesn't mean you have to be- um- you know, you have to be officially married. It can just be long term girlfriend. It can be just a caregiver- uh- for a Veteran. So, in that way, we see ourselves as complementary to the VA. Uh- we are a choice provider for both medications and mental health. Um- I sort of term ourselves as a civilian vet center. So, if your listeners are familiar with the way vet center works, that's really what we're trying to do- um- to be able to sort of cover those gaps which exist in the community.

(AH): Yeah, I love that and obviously, also, I want to say congratulations- twenty years is no small feat.

(DF): No and especially- I mean, many people- you know, many Veterans- um- it sometimes doesn't work that long. Uh- you know- and especially with our multiple deployments, I think there was not a solid year before 2006 and 2013 where I wasn't gone for most, if not all, of the year. So, you know, working through that can definitely put a strain on the relationship, but also- you know as well as I do- the studies show that a strong, supportive relationship can also be beneficial to Veteran mental health. So, Veteran mental health impacts the family and the family impacts Veteran mental health and so, addressing, as you said, the holistic- the entire part of it- um- is really important.

(AH): You know, we also keep touching on this idea of your lived experience and expertise and I was wondering- you know- a lot of the research and a lot of our experiences working with Veterans is that sometimes the transition out of the military is one of the most difficult times. Um- also, we know some cases- this is a period of heightened suicide risk. So, I was just wondering, you know, how your experience was and what you would want to say about your transition experience out of the military.

(DF): Yeah, certainly. I tend to say I had an atypical transition. In looking at it, I recognize that I was incredibly blessed to- to be able to have quote/unquote "a smooth transition", but if I was just looking at it

myself, I wouldn't say it was very smooth. Um- one of the things that I think was different for me is I knew- I was already working towards what was going to happen after the military for five years before I had gotten out. So, you know, I generally say I started to plan my transition at seven years, which was very, very atypical. At that point, I didn't think I was going to be a mental health professional but I started thinking about what is life going to be like. I'm not going to be in the military. I have a colleague of mine that says, "When we're in the military, we have to parallel plan- what is our path if we stay in and what is our path if we stay out?" And the sooner we can do that is better- um- so, after my second Afghanistan tour, I came back. I knew that my time was winding down. I got sent to an absolutely great unit, spent a couple more years than I had originally planned and ended up doing twenty-two years instead of getting out at the twenty mark. Even then, when we talk about going fully into the transition, my wife and I had started talking about when do we drop my retirement paperwork, so I really did- or we as a family started to officially move into planning for transition- um- at about eighteen months before we got out. So, the people listening to this say, "Wow, you know, you had a lot of time". It didn't feel like a lot of time for me. Even that much time still felt like, "What the heck am I doing?" and like I said, I spent three years in the 82nd. A lot of it felt like I was jumping out an airplane without, you know, any knowledge or even a reserve parachute and I mean- it was an anxious time. Um- thankfully, I did not- I was able to locate a job. I worked for about eighteen months as a program director for a Homeless Veteran's Program. Um- which- um- which was really beneficial for me to see how that impacted. Um- and- and then I transitioned into the clinical work that I'm doing now. So, you know, knocking on wood, I don't have the- um- a lot of the challenges that many Veterans had gotten out when it came to transitioning. [INAUDIBLE] I was able to remain employed. I was able to maintain my housing and you know, I've got my retirement and all of these different things- um- that provide a sort of stability that keeps me from- has kept me from really experiencing some of the major stressors. But that's not always the case and I often say this experience of when I was a program director at the homeless program- I had a resident of the program who was the same rank as me- was deployed at the same time as me- doing the same job as me- and he was the- he was a resident of the program and I was the program director for the program. Um- and- and so- while some people would say, "Yes, you had it easy. You walked in from one job to another." I absolutely recognize the beneficial chance that has come around- that has made my transition stable- uh- and I recognize that it could have been just one more deployment or even one more patrol or one more incident- um- when I was in the military and I

could've come home to an empty house. It all goes into- some of it was blind luck and, you know, god's provision, and some of it really was a focus on, you know, very deliberately looking at the transition and sort of "how do we set this up in a certain way".

(AH): That's really powerful- that image in my head- almost two brothers that are, you know, the same and discover different paths and end up in different places. But that parallel there where, you know, just the idea that the transition is something that you started planning well in advance and I can see how for a lot of folks that isn't a luxury or- or maybe they hadn't thought that they needed too. So, they exited the military and ended up just sort of stepping into this new life that they hadn't prepared for.

(DF): Right! Absolutely and- again- you know- I'm not making it sound like- I guess I am making it sound like everything was wine and roses, uh- but it's not, right. Yeah, I had five deployments, but- but- uh two of the deployments were- were very, very significant. I've been diagnosed- I am diagnosed with Post-Traumatic Stress Disorder. Um- I've experienced bouts of Major Depressive Disorder. Likely, looking back on it as a clinician, number one- it's something that's been there my entire life, but as we often know- um- those kinds of problems get exacerbated when you're in the military and so- you know- even then, the concept of Jung's wounded healer- moving beyond those kinds of things, but- you know- the best preacher is a former sinner kind of a situation. Um- and being able to say, you know, I know what it's like because I've been there and this is how- not just how I got out of it, but this is how I got out of it and it takes sort of that- the veteran or the veteran's family to really step out and kind of- um- reach out for that kind of help on their own.

(AH): So, I want transition now to talk about some of your writing and some of the work you do outside of the Veterans' Services Family Care Center and in particular, highlight one of your books which has received quite a bit of interest online. It's called, *Combat Vet Don't Mean Crazy*. Tell us about that writing.

(DF): Sure. So, again, all of this sort of emerged out of- um- some- some things that really happened during the transition. Back in 2016, um- our organization went through a bit of shift and I had been advised to really kind of start, you know, making an online presence and things like that. So, I started a blog and- um- and one of things again is that we're not really talking much about mental health. Mental health professionals

aren't necessarily talking as much about mental health as much as we could or should. So, you know, I started doing it and of course, for me, it's satisfying me. It's something that I used to do a long time ago. So, this is one of the things I rediscovered after my military career that I hadn't written in a very long time and I enjoy writing. So, that book: *Combat Vet Don't Mean Crazy* is actually the second book in- um- everything really ties in together because the first book I put out that is currently an e-book- um- was generally a collection of blog posts- uh- that I put together. Um- you know- El Paso County Jail, on a given day, has a hundred and fifty to two hundred incarcerated Veterans- uh- and- um- again, in our jail and in other- this is starting to take on around the nation. Um- they're actually putting Veterans all in the same ward or in the same pod or the same cell plot. So, a number of Veterans came to me and said, "Hey, you know, we want to start a group" and- and it is still going on. This group is called Warriors First. Um- but they wanted to start a group where they would actually talk about different topics and they wanted a number of articles or a number of information- you know, something like the blue book when we go to AA and- and- you know- read a portion of the blue book or the big book, then you talk about whatever that is- um- you know, the topic of the day. So, I originally put together fifty-two separate articles and they used that and they still use that here in our county jail and now they're actually using at the- uh- at the state level because there's a Veteran's cell block at the state penitentiary. So, um, that's really how the ideas of the books came about. As a another way to kind of communicate this situation, so the *Combat Vet Don't Mean Crazy* book is a compilation of articles grouped together in certain concepts that like you said- really- the audience is three-fold. Essentially, the service members and veterans themselves to help them understand- "hey, I'm not crazy just because I went to combat, just because I jump at loud sounds- that doesn't make me crazy." It means that, you know, this is an experience just like any other. Uh- but also, it's helped family members to understand or for those working with Veterans to understand that there is this stigma of the crazy combat Vet. We come up with these stereotypes as the Veteran as a villain, especially if we're talking about justice-involved Veterans. There's this idea of "You went to combat, so you're going to end up like John Rambo taking over the town." Um- or there's this stereotype of, you know, the victim. Like, "Oh, you poor baby." I actually had another clinician- um- We were at a retreat in California. Um- and he said, "I love working with Veterans. They're so wounded and fragile and- you know- three legged dog and broken wing bird- and me and the other Veterans were very offended, because we're- we're not that. We're not victims. And then- also- you hear it all the time that we're not heroes either, right. We're as human as the rest

of them. So, that's really what the writing has been able to try to communicate and what the book has really tried to do. They- you know- give people a glimpse of what most people are not understanding about the military and specifically focused on mental health.

(AH):

Yeah. I'm really glad that you- you know- mentioned some of these stereotypes that are pervasive, you know, and it's unfortunate and I feel like we read about them in the media. We, you know, see them in character portrayals in various cinema and things like that and it's so powerful to hear you talk today and also, to hear all these Veterans that you may hopefully be influencing who are going through, you know, a rough patch in their life and to see- yeah, combat doesn't make you crazy. We aren't a stereotype. We're human. Everybody's dynamic and diverse and- and- you know- I'm just glad that you're putting that out there.

(DF):

Right and these are the critical conversations, because- you know- Veterans are thinking this inside in their own minds- right- you know, "Well, of course, I must be crazy. Everybody's treating me like I'm crazy." You know, if they're treating me like a horse, then I must be a horse kind of a thing and really, to be able to say "no" and we talk about it often. So much that it might be cliché- you know- it's a natural reaction to an abnormal situation and things like that, but we're emerging into- We're really not emerging into. We're seventeen years into a form of conflict that really is- has not been known in current memory or even through the history of our nation. Before, we would talk about two war vets as someone as being in World War II, and then Korea or Korea, then Vietnam or Vietnam, then the Persian Gulf War. I can rightly be considered a two war vet, but it's simultaneous. It's not consecutive. Um- and it's- it's repetitive, right? You know, the World War II heroes definitely see them as that. They went there till the job was done- spent three, four years in Europe or in the Pacific and then, came back to their homes and there was this time before and after- uh- you know, it's rare for a Vietnam Veteran to have more than two tours, definitely more than three tours. Um- now- I'm actually on the low end of individuals that have had combat tours through the global war on terror, because I had four, arguably, the last one was to North Africa, which wasn't necessarily combat. But- um- but then- it was going home. It was coming back. It was- you know- it was going there and understanding that the different environment that we're working with here- we have to communicate that to Veterans. Change the way we think about ourselves, while we also try to change the way that the Veterans in the community think and talk about mental health.

(AH): Great. We will absolutely include some links to this work, so folks can take a deeper dive. Obviously, we can't cover everything in one conversation today, but I did want talk also a little more about your writing and also, your podcast and, you know, um- it was kind of helpful to hear that your writing started off as blogging and then, morphed into a full-on book. So, I was wondering if you could talk to us a little bit about your path to podcasting and I understand now you're approaching your 100th episode?

(DF): Yes, and- and just like with my writing, I thought I'd run out of stuff to talk about years ago. [Laughter] So, the podcasting has also come out of the blog and the blog had come out of what I was hearing from the Veterans in the clinical space. Um- so, as I started writing, some of my Veteran colleagues and some of my mental health colleagues had started to say, "Hey, you know, come on and have a conversation about the work that you're doing." Um- so- um, I was on a number of different podcasts- Veteran focused podcasts back in the beginning of 2017 and- uh- I ended up on a podcast called the Changer POV podcast. It's run by a couple of Veterans- um- a Marine Corps Veteran Bennet [not sure how to spell his last name] and an Army Veteran Eddie Lazare [not sure if that is the correct spelling] . They had had a show that focused on really sort of that transition aspect of interviewing, but they also occasionally talked about the things you've talked about like moral injury and what's the difference between moral injury and PTSD. So, after I went on their show as a guest, they reached out to me and said, "Hey, how about you go ahead and do your own show?" Of course, I have a congenital birth defect against saying "no" to anything-

[Music 30:08]

[Excerpt from Head Space and Timing Podcast begins 30:15]

(DF): Welcome to the *Head Space and Timing* Podcast. A show dedicated to breaking down the stereotypes around Veteran mental health. My name is Duane France and I'm a retired Army non-commission Office and a Combat Veteran in both Iraq and Afghanistan. After retiring from the Army, I took on a new mission as a clinical mental health counselor for my fellow service members.

[Music 30:31]

(DF): If you served in any branch of the military and you're familiar with the M2 Machine Gun .50 Cal, it's one of the most effective weapons in the military's arsenal. But if the weapon's head, space, and timing wasn't set correctly, it was just a useless chunk of metal. Veterans can be rendered inoperable if their head, space, and time is not set correctly either. That's my goal with this show- change the way that we think and talk about Veteran mental health and reduce the stigma against seeking support.

[Music 31:00]

(DF): Each week, we'll talk with mental health professionals, Veterans, and those who support service members and their families. We're gonna have honest conversations about a topic that most just don't like to talk about- Veteran mental health. Let's jump into this week's conversation.

[Music 31:18]

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(DF): So, I said, "Sure, why not." Not- not realizing- I mean- it's- it's- you know- it is a time commitment, but it was another way to communicate this and so, um, in a- in July 4th actually- July 4th of 2017, uh- was our first show. We launched on the Change Your POV Podcast network. My focus is really to bring on- uh- Veteran service members who have experienced their own mental health journey, to highlight mental health professionals, to be able to- to let Veterans know that there are people out there who understand and who- who get what you're doing. Also, different programs and how they impact mental health. As you said, we're approaching our 100th episode and we just recently transitioned to a stand-alone podcast. Before, we were part of a group of podcasts on the same channel. But we've had some really great conversations. I think definitely you and I have had some of these communications between- we had Joseph Currier on a show at University of South Alabama talking about moral injury and I had the extreme honor of having a- a Dr. [not sure how to spell his name] from the VA- um- talking about- um- sort of the origins and history of mortal injury. So, we've had a lot of really great conversations- uh- about Veteran mental health and really about how we're trying to change- again- change the way we're thinking and talking about it and getting it out in the open.

(AH): Excellent. Yeah. Is there any- I know you just gave a few examples, but is there any particular episode that really stuck with you throughout this time that you've run the podcast?

(DF): Yes, actually and there's a couple and then, there's one coming up that has really blown me away. One of my favorites was one of the earliest- um- in which we had a conversation with Bryan Doerries of the Theatre of War Project. If your listeners haven't heard of this, this is where Bryan takes the work of- Philoctetes, I think- and the story of Ajax and shows how in- in that particular play, he ends up taking his own life. And- and they actually- the Theatre of War Project was- was created out of the Department of Defense and really helps. I mean- it tells the current tale in old language and Bryan is an example of someone who had never served, who had never even had military experience in his background, but yet had this certain skillset and recognized in ancient literature the same things that were happening when he was talking to mental health professionals and- uh- Bryan is someone- we talked about the civil- civilian-military divide. Bryan is someone on the civilian side trying to step into that gap and in many ways, translate the military experience for the service members- for the civilians, as well. So, that has always been a- a particularly strong episode. I've got a lot of feedback about it- about how his passion about it and some of the things he talks about kind of hits home. The other show is one that's going to be coming up-

(AH): I just wanted to say that I really love and find it so powerful when art helps share that story and- um- I'm looking forward to checking that episode out, so thanks for sharing that.

(DF): Yes and that is definitely- again- I think- I mean I've had people- friends of mine- who have called me up and said- yeah, maybe this is a trigger warning- I don't know- but they would listen to it on the way to work and they said they'd have to sit in the parking lot for a few minutes to gather themselves together because it's that powerful. And not powerful because anything I did, but Bryan's passion about his subject and just the story of the Theatre of War. Similarly, I've got another show that's shortly to be released as we're recording this with Sarah Verado of the Independence Fund. At this point, I've recorded well over a hundred episodes. Uh- and just her story- her personal story- um- I've probably not been as emotionally moved as I was when I was listening to her story and her passion. She is a caregiver of a catastrophically wounded- both physically and psychologically. Just- any one of the things she's doing is important. Everything altogether- she's an example

of someone who can help influence other caregivers and can really give a different look at the costs of what we've been doing for the past twenty years.

(AH): Mmhm. Yeah, you're doing some really fantastic work, some really excellent guests on your show. So, I do encourage our listeners to- uh- check out the *Head, Space, and Timing* Podcast. Uh- Duane- I know, we can't possibly cover everything today, but I did want to- first of all, thank you so much for taking the time out of your schedule to be here today and give you the opportunity to kind of put in some parting thoughts and closing words before we let you go for today.

(DF): Yeah, thanks for that. I think the biggest thing I've experience goes back to something we haven't touched on. My father and three of my uncles were Vietnam Veterans- um- my younger brother and I are both Iraq and Afghanistan Veterans- um- and there's going to be some long term impact. This is the first cross generational war in which- uh- this past year is the first time someone not born on 9/11 could enlist in the military with their parent's permission and go fight in the same war that they literally were alive when it really started. And that's never happened, especially in recent memories, even in the US- the oldest- you know- we're probably five or ten years away from, you know, the oldest global war on terror Veteran hitting sixty five and the youngest global war on terror Veteran has probably not joined the military yet. Um- and so understanding what this long-term psychological impact is going to be- uh- is critical and if we start getting out in front of it like you do with your show and we literally talk about Veteran mental health as common as it was talking about the weather, then I think we're going to be ahead of the curve whenever the need arises in the future.

(AH): Mmhm. Very well said and great thoughts to marinate on. So, um, listeners- I really hope you took as much away from today as I did and- um- Duane, as we mentioned, has a huge presence online, so, of course- we welcome you to follow up directly- shoot us some questions, give us some comments- feedback. Uh- subscribe to Duane's podcast and give it a listen. Until next time- join us for more interviews on important work in Veteran mental health, suicide prevention, and resilience. Thanks, Duane.

(DF): No, thank you. I had a great time.

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