

This Week at VA

Episode # 29

Bob Wright – Army Veteran, Prostate Cancer Survivor

<https://www.blogs.va.gov/VAntage/37708/bob-wright-army-veteran/>

(Text Transcription Follows)

[00:00:00] Music

[00:00:02] PSA:

Man 1: I served in Vietnam.

Man 2: I served in World War II.

Woman: I served in Afghanistan.

Man 1: And VA serves us all.

Man 2: No matter when you served.

Woman 1: No matter if you saw combat or not.

Man 3: There are benefits for Veterans of every generation.

Woman 2: See what VA can do for you.

Man 4: To learn what benefits you may be eligible for, visit www.va.gov. That's www.va.gov [link to the VA website].

[00:00:27] Music

[00:00:38] OPENING MONOLOGUE:

Timothy Lawson (TL): Hello, everyone and welcome to Episode 29 of *This Week at VA*. I am your host, Timothy Lawson. I want to share a couple things that I typically include near the end of an episode to ensure that each of our listeners are aware. The first is, you can submit questions to be addressed here on the show by tweeting us @deptvetaffairs using #VApodcast or you can email us, newmedia@va.gov. So, let us know what your question is regarding – uh, regarding VA and I will do my best to address it here on the show. On Twitter, it's important to use that hashtag because we are included in a lot of mentions on Twitter, and referencing the hashtag gives a more effective way for me to reference it. Secondly, if you are ever interested in nominating a Veteran of the Day, visit blogs.va.gov [link to the VA podcast webpage], click on any Veteran of the Day post and at the bottom of the post, you will see information on how you can nominate a deserving Veteran for this recognition. And again, it can be any Veteran. They don't have to have any certain accolades, they don't have to be from any certain generation, they just need to be a Veteran that you would like to make Veteran of the Day. Lastly, to see more stories from the Veteran community, follow us on your social media of choice. We're @deptvetaffairs on Twitter [Link to the VA's Twitter page: https://twitter.com/DeptVetAffairs?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor] and Instagram [Link to the VA's Instagram page: <https://www.instagram.com/deptvetaffairs/?hl=en>] and we're at [Facebook.com/veteransaffairs](https://www.facebook.com/veteransaffairs) [link to the VA Facebook page]. Our own generated content, of course, is at our Vantage Point blog: blogs.va.gov. Now on to our interview, this week I talk with Army Veteran Bob Wright. Bob served in Vietnam with 101st Airborne as a battalion surgeon's assistant. Many years later, he was diagnosed with prostate cancer. Many years later, he was diagnosed with prostate cancer. Bob was introduced to me by an organization called Us Too, which is an organization that – uh, helps support and advocates for men at all stages of prostate cancer, whether it's diagnosis, survival – uh, or anywhere in that spectrum. Uh, Bob is going to talk to us about his experience with cancer, his service in the military, and his leadership now with support groups – uh, helping other men – uh, dealing with the same situation. Enjoy.

[00:02:56] Music

[00:03:01] INTERVIEW:

TL: Ok, Bob Wright, Army veteran. Sir, thank you so much for joining us this week on *This Week at VA*. Bob, tell us about – uh, we start every – uh, every interview with – uh, the question of why did you join the military. That’s something that we all have in common is – is that sense of ser – uh, serving our country. Bring us back to that day for you.

Bob Wright (BW): Well, I come from a military family which is all Air Force. My father was in the Air Force when I was in college. And basically, in the 60's, as most of us know in the 60's you were either in – in college and had a draft because of your - or an exemption because you were in college or you got out and kinda dodged or didn't dodge the bullet of the draft. And so, I made a decision between my sophomore and junior year in college to go ahead and enroll in Army ROTC so that if I did end up serving, I knew that I probably would go to Vietnam, that I would at least be with – with a branch of the service I selected. And I was a biology major with a minor in military science and that's how I kind of...that's how I got into the army.

TL: And so, do you have – is there a story or an experience you had during your time in the service either in Vietnam or in Gerizim that maybe sums up your – your time in the service or the epitome of it?

BW: I think the story was I worked with some really neat physicians – um, at the battalion level or even the bedation level with the 101st Airborne that were really fully dedicated. And it was really a very neat thing to watch and be part of – uh, the medical profession, for lack of other words, under fire. You know, just in – in combat zones and stuff going on, because their skill set is – is very focused, it’s very practical – uh, and I – I learned to admire that and understand how important that was and I... What was really neat is that if I didn't wear my fatigue jacket with the little black lieutenant bar on it, [laughter] – uh, they would call me Doc. And from that I just realized at that point in time whatever is going on, I am their doctor and although I wasn't a medical doctor, I was their Doc and that kind of – uh, made me realize that this was really important. I was lucky, I came in country with five second lieutenants and I was the only medical service color three months later, three of the five were – were dead, artillery or infantry. So, I – I knew that, thank God, I was a medical service corps so um, that kind of, you – you know, that kind of – uh, changes everything.

TL:

You are currently a – uh, you – support group leader and a – uh, you're a survivor and an advocate – uh, for – with an organization called Us Too. It's an organization that – uh, that supports – um, survivors and those that are – that have been – um, inflicted with prostate cancer. Now, the – a member of the organization reached out to me asking if I wanted to – uh, feature anybody and – and this – uh, the subject of prostate cancer kind – uh, is a little closer to me because my – my family, my immediate family, is three for three on surviving cancer. Uh, I survived when I was 17, my mom survived breast cancer and my father most recently – um, survived prostate cancer. If you're comfortable with it, I'd like to hear your story first before we – before we move onto your advocacy and – and you as a support group leader. Would you mind sharing your story?

BW:

I have been... I come back from Vietnam and had been home for, you know, over 10 years and almost over 20 years. And basically was a very healthy person and had no signs or symptoms but was seeing a private physician in deep south Texas and – um, who noticed I had – I had a normal – uh, PSA blood test, which is 2.4. But, he never gave me a digital rectal exam to check out my prostate – uh, digitally. And – uh, basically, he kind of missed examining me and – but, he did send me to a gastroenterologist to have my colonoscopy every five years because my brother had colon cancer, and – uh, instead of every 10 years. And at that particular procedure the gastroenterologist when he was done, said, "well Mr. Wright you look fine, we took a couple samples, polyps and you should be okay, but you have a very abnormal prostate. You need to see a urologist". I was in the hospital business so it was pretty easy to get into a urologist office so I went to a urologist that I knew and when he examined me, I tell the guys in our groups that doctors don't say s-h-i-t out loud but his voice changed after he examined me and I could hear the – hear the concern in his voice. And he said, "well, we need to get you scanned and checked out", so I – they ran a bunch of scans. The good news was, they found nothing on the scans. Um, interesting enough, that when they did the biopsies, my Gleason scores, which is how they evaluate – uh, how aggressive prostate cancer is from 1-10, my Gleason scores, post-biopsy, basically were 9s. And so, I knew I had to do something fairly quickly, but we were...and then – uh, after they did the surgery and – and did the pathology my Gleason scores were 10s. So, but I – I still remember going to the urologist with my wife, here in Austin, who was a surgeon and he – um, my wife asked a question. She said, "what could have caused this?" and he said "well, we don't really know and he mentions exposures to – um, electronic things [inaudible] and he mentioned – and he said, "or herbicides" and

– uh, my wife said, “you mean”, she just out of the blue said, “you mean like Agent Orange” and he said “yes”. And at the time he said yes, he not only said yes but he made a note in the – my medical chart, you know, “Vietnam veteran exposed to Agent Orange”. And then I got to an oncologist with Texas Oncology here in the state of Texas. And he had said “well, you are very lucky” and I asked – I said, “I know I was lucky because I’m still alive”. And I ask, “why do you say that?” And he said – uh, he said “Bob, in 12 to 18 months you would have been inoperable”. So, I am a prostate cancer survivor exposed to Agent Orange who is still here because... I think – um, I got to a gastroenterologist who noticed I had an abnormal prostate. But um... and then I got diagnosed and I had Da Vinci robotic surgery. Uh, had my surgery – um, the night of the surgery you are supposed to get up and walk around because there is a lot of CO2 gas in the abdominal area to move the organs away from the prostate and – uh, I was hooked up to an IV... I just share this with you because – um, being diagnosed prostate cancer and having the treatments were – um, precipitating factors that were causing me to have PTSD again. And uh... and I didn't know all this stuff, I just knew how I was reacting and – and my family had been there. My wife was still in the room, one of my daughters had just left and the nurse said to me “Mr. Wright, would like to get up and walk around?” and the IV's were hooked up and I said sure. But they pulled the – uh, blanket off of me and some of the sheets down and part of the dressings were soaked in blood and I was a medic and – um, it triggered a reaction in me somehow and I – I coded, my blood pressure bottomed out [laughter] and they called the code team in. I – I didn't – I wasn't out very long but when I opened my eyes there were all these people [laughter] and – uh, it just told me – um, as a Veteran that my issues with PTSD were not over with. And uh... I'm sorry, this – I still get... I don't share this with very many people, but it's important that particularly Vietnam Veterans who carry, being in Vietnam and close to Agent Orange or just Veterans in general, carry a lot of emotion baggage that can precipitate and somewhat limit their healing if they're not – if they don't get help. Um, and I was a very depressed and kind of a little poor old thing, and I was getting my wife's oil changed at a Toyota dealership once and there was a guy sitting there with a 101st Airborne hat on I went over and said, “hey” and I had a little blue – prostate cancer guys get a little blue wrist band, that's what my surgeon gave and said that, now you are a survivor. And this guy looked at my little band and said “hey, what is that” and I said well that's prostate cancer. And I knew nothing between the connection of prostate cancer back at the VA, I knew nothing about that, he said, “well you need to go to the Vet Center, and – and they can help you”. Well the Vet Center in our county helped me connect to a private psychiatrist with the PTSD

issues and then helped me, also connect with the VA to see what they could do and – um, in this journey, I basically made a conscious decision and I kinda – I'm a spiritual person so I said, "okay God, I – I wasn't brave enough to asked to be healed but", I said, "if you will keep me well enough, I'll help other men". And then I ran into a guy from Austin, Texas who I was referred to from a guy that I knew in the valley, whose name was Mike Jones. And he started a chapter with Us Too International which is a national prostate cancer support education advocacy group in Austin, Texas. And I came, met Mike and he just kinda took me under his wing because all the stuff we learned medically in doctors' offices and scans and all the stuff they do to us, doesn't really necessarily give us the wherewithal to heal emotionally. And – uh, Mike just took me under his wing and taught me a lot of stuff that will be helpful and I knew that – uh, you know, he came and he helped us start a chapter in McAllen and I ran that chapter for several years. And I think the positive thing – and we have a lot of veterans in our groups... guys who go to support groups, and they're not – I say, not all support groups are the same. Some groups that I've been to are death and dying groups and everybody's so remorseful and, you know, and I – I made a decision not to go to those groups, but – uh, we're very proactive and very support and education oriented and they begin to share with each other and talk to each other. And what I did, is I volunteer at the VA and I just wanted to make sure Veterans got help – uh, because... and I think it really helps, if Veterans can get out of the umbrella of the environment that's kind of bringing them down, which could be around other Veterans, and get out into what I call the quote-unquote "normal community" and get around other civilian Veterans or non-Veterans or Veterans uh... it can be very helpful. And so I just – I've been doing it and I think what the difference is, if you become not just a survivor, a survivor can be just defined as I'm still alive and I'm not – no longer sinking in the water – uh, but if you be – you have to have a reason, a reason for surviving and – uh, my reason was and has been – uh, helping other guys. And it's an amazing purposeful thing, cause when you get kind of focused on yourself and the phone rings and it's another Veteran or another prostate cancer survivor who just needs someone to talk to, and each of our journeys are unique, each patient is unique but in your uniqueness, you can be a special chapter in a book about everybody else's journey that makes you unique and helpful to someone who's taking the same path that you're taking, so.

TL:

Yeah, in the support groups what sort of... what's being shared amongst the – the men that are involved?

BW:

It's really very interesting, because when – um, when men first come, I – I – I call them the brave, only the brave ones seek help. Now, what's happening different in our groups, when we first started, we seldom ever got men newly diagnosed or we seldom ever got men pre-treatment. Now, because the physicians referring them to our support groups, we get men, some of them, you know, will come in and have been diagnosed, you know, the week before. And what usually happens is, we do a round table always when we begin because we always usually have really good speakers but when the round table people get to kind of update everybody else in the room on what their status is. And you can just see the guys that are there, particularly when they're new, they're thinking "wow this is neat, this is really interesting because there's other guys here just like me and – uh, they're – they're managing and they're getting through things". And we – cause we have some newly diagnosed all the way to 25 or 30 year survivors and it's – it's an interesting kind of... and the kind of thing now, kind of – and it's anecdotal somewhat, but we're seeing younger men in their 50's now, coming in, being diagnosed and so uh...And we just – we just share, I mean it's free and now nothing goes outside the meeting, you know, about anybody else specific to what they may have said in the meeting. We never can speak by name disparagingly about a physician or a hospital. Um, now, one-on-one – if I'm one-on-one with a person – uh, or there's another survivor one-on-one, they can – you can share whatever you want to, one-on-one. But we cover the full gambit, including impotence and incontinence. And what we're doing now, we do a summer session, we're gonna call it, instead of "chemotherapy" we're going to call it "emotherapy", which is short for emotional therapy. And do a three-month session on the emotional aspect of survivorship. And - uh, guys, just – you just see them, you know, they just get better because they are in a support group, so.

TL:

Yeah – um, what - what do you get out of those support groups, being a leader?

BW: I get better [laughter], I get the satisfaction of knowing that I've been kept around for special purpose. Uh, and – uh, that purpose has meaning, and I can contribute to that, and – uh, but I also have to heal too emotionally and other things. And – uh, their journey is part of my journey. My journey is part of their journey. And – uh, I guess, I get the real deep inherent feeling of I've helped somebody else, now – and really that goes back to the military. Once a medic, always a medic. It's part of your DNA [laughter]. You – it's – it's kind of part of who you are. It's how you were trained, it's how you were educated – uh, and it – it stays with you.

TL: What's a - what's a skillset that you got from your time in the military that you find is contributing to your involvement in helping others?

BW: I think it probably had to be as an officer, even at the lowest level, you know, second lieutenant, that you are responsible for, and accountable for, and – um, compassionately – um, driven by taking care of your – your fellow soldiers. And – uh, it's just – it's part of... that's what you get out of leadership. [Laughter] So –

TL: Yeah

BW: And it kept... it kinda kept us going.

TL: I noticed, here in the – in the – in the list of prostate cancer facts, the top one is that prostate cancer has no symptoms until the disease is advanced.

BW: That's pretty much true. Um, I – I – the only symptom I had was, you know, I'm not – it's not – I had – I had blood in my semen, and it scared me. And so, I went to the same family doctor and he gave me some medicine because he thought I had an infection, but he didn't do too much. But that was my very very first and only symptom and he didn't respond to it and of course – uh, I didn't either, at the time because he wasn't worried. But, usually – um, by the time... if you wait till there are symptoms it usually can mean that the disease is becoming metastatic. Now, either at the cellular level or it's showing up in your PSA blood test or at the tumor level where it can be seen other places in scans. Now, the problem is once it leaves the prostate then you – you have a harder time doing surgery to eliminate it or doing radiation to eliminate it. You have to chase it with other things, one of the things is hormone therapies which take away your testosterone and then there are some chemotherapies out there now that weren't available 10 years ago. But

– uh, it's much more difficult disease to manage, there are 185 thousand men a year get diagnosed with prostate cancer, about 26 thousand of them die. Um, and it is, if caught early, early means, pretty much, within the prostate and treatable, it's probably about 90% - uh, treatable, so – but it has to be – has to be caught early.

TL: With – with a lot of the veterans and - and just any of the men that you work with, what do you – what do you see as being their – um, I guess I mean I suppose death is the easy answer here, but what – what is their biggest fear? What – what uncertainty are they – uh, most scared of?

BW: Well, once they get over the big "C" word, which takes a while – uh, and the trauma of that. When men get a diagnosis of cancer, - uh, particularly military men, we become vi – like, vigilant warriors [laughter]. We go crazy and start searching the internet and they – and they – they get all the information they can from sometimes credible or incredible sources. And because they know that their next biggest challenge is now that it's there, what am I going to do about it, ok? And in the what am I going to do about it, each – any of those options have upsides and downsides and – uh, if – if they – if they think they've chosen the wrong thing and the outcomes are not good they carry a lot of burden for, you know, not choosing what they thought was the right thing. But – um, and – and, you know, there is the – you know, usually after that they check your PSA every 3 months. I'm – I'm 10 years out and still when I see my doctor annually, I always – the first score I want to see on my layout is my PSA score.

TL: So, you're – um, you're an Us Too support group leader and you said you volunteer at VA, are those two things... are those support groups happening at the VA or those two separate efforts?

BW: Nah, it depends on the VA. When I first started doing this as a patient, we started a spin off group of Us too. It wasn't Us Too, it had another name. It was called HOPE – it's called, Helping Other Patients Emotionally. And it was for all cancers and a – and a psychologist helped to start it, but, um the danger there, Tim, was in those groups – um, we weren't getting any referrals from the primary care docs although we would have meetings with them, and talk and make presentations. And a lot of the veterans would come but what we noticed... what was really depressing to me as the leader is, we lost a lot of them, they were dying. And – um, so I – you know, it wasn't – I – it wasn't fulfilling for me. Then I decided, well I won't try to get Veterans to come to a support group in the clinic but I will open our doors and really help – try

to help any Veterans who come to Us Too. And I – what I did is I made a point of, if I get a Veteran on the phone a lot of times I'll volunteer and go with them to – to their first, last, or middle oncology a – appointment so that the doctor there, be it a private doctor or even a VA doc knows that there's a fellow survivor patient advocate with them. I've also gone with them when they go on the benefits side to apply for benefits, so and that's rewarding because... I'm – I'm not – I'm not smart, I just learn from everything I've been around [laughter] so, I learn from doing these things and everything. I learn, I make sure I apply it to help somebody else in their journey. And, the VA can be very complicated because the medical side and the – and the – uh, the benefits side are kind of somewhat two different worlds. And – uh, but I've – I've enjoyed that advocacy role more in the VA, than I have the support group role because I had to go outside of the VA to have that kind of stay viable.

TL: Yeah. Do you – um, the – the support groups you lead, is it – do you – is it just for prostate cancer or do you – or anybody –

BW: Yes, it's just prostate cancer. Us Too is – uh, for prostate cancer survivors, their significant others, or their health care providers. So, it's specific to men with prostate cancer but it spills over into their care givers and their spouses and stuff.

TL: Yeah. It's – cancer is such a weird time in – in your life. It's - the dy – your – the dynamic and way in – in which people interact with you shifts.

BW: Yeah.

TL: And it's... even as the patient it's impossible to get people to – to not do that. Um, you know, like just the way they talk to you and the way they treat you and –

BW: Yeah.

TL: It's nice at first but after a while it's like – like I'm doing this it's – it's in my life but, you know, we can still have a normal relationship like we did before. [Laughter]

BW:

[Laughter] I think that's especially true, Tim, for the younger diagnosed patients who have a lot of social interaction and growth that – because you only want to hear that so much and then you say, listen, you know, cool it, I want to kind of just not have to process or think about this. Now the – the thing that catches most men with prostate cancer, the average age is 61, a lot of those men like myself are nearing retirement and so they're real – they're real purpose and – and connectivity in life had to do with their work and then all of a sudden that's transitioning and changing. So, they kind of have another major obstacle and challenge to deal with and – and if they are in the military it's even worse because in the military you've got all this infrastructure around you, this purposeful mission driven infrastructure that the civilian sector didn't have. I spoke to a group of prostate cancer survivors at the San Antonio Military Medical Center, a large group about 50 people, and I just made some observations. I said, first of all the wives come – the military wives come, in the civilian sector it's kind of hit and miss but the room was packed with most every survivor had a spouse with them. And I – and I – then I looked and saw that in military medicine everything connects, the medical record, where you go, what you do, everything is part of a system that automatically feeds back into anybody that accesses it on your behalf in the medical world. And in the civilian sector, we don't have that. We bounce around from this special to that special... we change insurances, we do all this stuff and I – and I told them in the group, I said listen, you guys are very fortunate, and they kind of know they are, and I said, not only are you fortunate you don't bear any of the financial burdens directly out of your pocket for the care you're given and I said, that's a real gift. So, and they – they understood that, but what I sensed in that group as compared to quote-unquote a “generalized civilian” group, is they're more mission oriented and mission driven. And – uh, I think probably have more comradery around them to help them, kind of. Now, then there is the ego, there's this ego in thinking I can do it myself and stuff but it's a – it's a little bit different...you know, in a way... it's kind of, it's pretty good – it's pretty good stuff, you know, for them to be in that arena, so.

TL:

If – if someone listening – uh, has a family member or they, themselves are – uh, are exper – are new to prostate cancer, experiencing prostate cancer and are interested in a support group, how can they – how can they seek that out?

BW:

If they'll go to the Us Too international website [link to the Us Too website: <https://www.ustoo.org>] on the internet and click on support groups and click on the state they are in; they'll be able to find names of

where there are chapters. Now if there's a chapter, you know, if they click on Texas, they click on Austin they can find me. If there is not a chapter close to where they are then just being on the Us Too website itself with a lot of very, very, very good information will be helpful to them.

TL: Bob, I really appreciate you taking the time to – to talk to me and my audience about your time in the service, your – uh, your experience with cancer... and, thankfully you're – you made it on the other side and you're – you're now service other Veterans and other men who are going through a similar experience. And I think that's – uh, I commend you for that sir.

BW: Thanks, Tim, and I appreciate your calling

[00:28:16] Music

[00:28:20] PSA:

Man 1: Getting out of the military, I was missing this comradery.

Man 2: It's frustrating, when you try and talk to people and they don't understand.

Woman 1: I would be talking but I wasn't there with them. You just feel so alone.

Man 3: I still had the anger, I still had the addictions, but we didn't talk about that.

Woman 2: Came to a point where I was like, okay, I really need to talk to somebody about this.

Man 4: Family more or less encouraged me, you know, go to the VA. You're a Veteran, see what they can do to help you.

Woman 1: When you have family, friends. When you have the facilities like the VA and the Vet center, it gives me, it gives others encouragement to keep moving forward.

Man 2: It's okay to go get help, it's okay to talk to people because it takes true strength to ask for help.

Man 1: Talking with – with other Veterans was the best method for learning the road map to success.

Man 5: Hear Veterans' real stories of strength and recovery at maketheconnection.net [link to the Make the Connection website].

[00:29:19] Music

[00:29:21] CLOSING MONOLOGUE:

TL: I'm sure when they – many people think of VA, they think of a medical system that takes care of general health and battle injuries. VA actually does a lot of work with cancer, in both research and treatment. An example of treatment – uh, something you may remember in an earlier episode of the podcast, we spoke with Department of State employee, Michael Lumpkin, who chose to use VA to handle his cancer when he was diagnosed. On the research side, VA has been an early pioneer in – uh, many aspects and – on the research side, VA was an early pioneer in connecting smoking with cancer. We helped advance lung cancer screenings. The VA has been a major contributor to research on prostate cancer, colon cancer, testicular cancer, breast cancer, and more. The URL that has more information, this is a bit too complicated, so if you Google va.gov, space cancer, you should see a link to research on cancer [link to the VA's cancer research page: <https://www.research.va.gov/topics/cancer.cfm>]. You can use that page to see a long list of research VA has done – uh, involving that part – uh, of the medical field. Today's Veteran of the Day is Army Veteran Carl Woida. Carl served from 1962 to 8 – Carl served from 1962 to 1986. In his 24 years in the Army, he served as a warrant officer and missile technician in Germany and Korea. We thank Carl for his service. To read Carl's full writeup and to nominate your own Veteran of the Day, visit blogs.va.gov. That does it for Episode 29. Thank you so – so much for taking the time to listen, I know there are a lot of options out there for entertainment, so I appreciate you taking the time to listen to these

powerful stories. To have a question addressed here on the show, tweet them to us using #vapodcast or email us, newmedia@va.gov. As always, be sure to check out blogs.va.gov for more from our community. I'm Timothy Lawson, signing off.

[00:31:24] Music Out

(Text Transcription Ends)