

Announcer: Welcome to the Vets First Podcast, a research-based conversation centered around the VA health care system, its services, and patients. From Iowa city, Iowa, here's your hosts: Dr. Levi Sowers and Brandon Rea.

Levi: Hello, everyone, and welcome to the Vets First Podcast, pilot episode. I'm Dr. Levi Sowers and my co host, Brandon Rea is here.

Brandon: Hello everyone.

Levi: Today we're gonna be exploring the topic of headaches and traumatic brain injury, otherwise known as TBI, and you'll hear it referred to as TBI throughout this podcast. For this particular topic we're going to have three guests, two Veterans and a researcher on the topic. The first guest will be Doug Lanphier. You'll hear him on today's episode and then on the next episode, you'll hear an anonymous Veteran who also has TBI, and then Dr. Russo who's a leading researcher in the field of headaches and traumatic brain injury-induced headaches.

So this particular topic hits pretty close to home for us because Brandon and I both study migraine research here at the University of Iowa and at the VA. I'm specifically associated with the VA and work on TBI-associated headaches, or what we call post-traumatic headache. You know headache is an interesting topic in society because I think that there's a particular stigma that's attached to headaches. It's often referred to as an invisible disease, not unlike some mental health problems. People can't see that you have a headache. They often don't even believe that you have a headache. You know, hearing from patients that have headaches, there can be a real problem with getting people, and even doctors for that matter, to understand that these Veterans have headaches, that they really are in a lot of pain, and they seek treatment for this pain, and in fact most migraine patients go without proper treatment. Even with the newest line of drugs, only fifty percent of people who receive these drugs, which are targeted to a peptide called CGRP, will even have a treatment or, will have treatment of their migraine symptoms. And so you know, it's quite difficult for people that have headaches. There's a higher rate of posttraumatic stress disorder in Veterans that have headache, there's a higher rates of suicide in Veterans that have headache. So a headache, you know, migraine headaches specifically, is what we're talking about, are more than just a headache, and Brandon can you tell us a little bit about what a migraine actually is?

Brandon: Right As Dr. Sowers stated, a migraine is more than just a headache, in particular for people who don't experience migraines. Migraine involves unilateral pain, so pain on one side, sometimes located behind the eye, as well as light sensitivity, or photophobia, and sound sensitivity, or *phonophobia*, and is also accompanied by nausea and or vomiting and as well as the normally associated pain with migraine. This can be particularly invasive in everyday life where some people may only get migraine once in a rare while, while other sufferers have migraine attacks daily.

Levi: So the people who only get migraine once in a while, maybe once or twice a month, we called them episodic-migrainers. People who get it more than fifteen days a month we call them, chronic-migrainers here.

And what's interesting is that the difference between migraine and post traumatic headache, which we discussed a little bit ago, is a prior history of TBI, or traumatic brain injury, which are followed by headaches. The headaches that come along with TBI, actually they present just like migraine headaches, and without the prior history of the TBI, oftentimes these people just be diagnosed with migraine. So there seems to be underlying connections between the two disorders, and part of the research that we're doing here, the cutting edge research we're doing here at the VA is to understand brain areas that are involved with this type of disorder and how can we treat those these particular disorders with new drugs and different types of methods that were actively researching and in my lab and others.

So you know in terms of Veterans that suffer from migraine headaches, about thirty percent to six percent of Veterans who served a one year deployment in Iraq or Afghanistan, will show signs of migraine at some point in their life.

Brandon: In particular Veterans who had TBI also experience higher rates of headaches with the frequency as high as sixty three percent amongst Veterans were exposed to multiple sources of trauma.

Levi: And you know thirty three percent of Veterans at a polytrauma center, according to one's British journal of pain study, who had suffered a traumatic brain injury, they often need to be referred to a neurologist for assessment for headaches, particularly tension headaches, as well as migraine headaches. In 2011 alone, about 56,300 Veterans were diagnosed with migraine headaches and these were prominently among women Veterans. Whereas even in the general population migraine headaches affect women more than two and a half times the rate of men. Despite like we're discussing, despite these frequent diagnoses of migraine in Veterans, they often have a stigma attached to them. These migraine headaches can be quite debilitating. People don't understand this, even some doctors. It's very difficult and oftentimes for Veterans to continue to work at the level they were used to. In fact Veterans who have chronic daily headache or four to five times more likely to be discharged or military personnel are likely to be discharged with the medically related condition if they have headaches. With rates as high as twenty percent of operation Iraqi Freedom, and Enduring Freedom Veterans experiencing traumatic brain injury this is a serious problem.

Brandon: Today our first guest is Doug Lanphier and this is his story...

Announcer: We would like to warn listeners that the following content of this podcast may be triggering for some. If you're experiencing troubling and or suicidal thoughts please call the Veterans crisis line at 1-800-273-8255 or text to 838-225. If you have hearing loss call 1-800-799-4889 to be connected via text telephone.

Brandon: And with that I'd like to introduce Doug Lanphier. He is a Veteran of Operation Desert Storm and served in the Air Force, who suffered a traumatic brain injury, and is here to tell us about his experiences with that and the care with the VA.

Levi: And today we're gonna be talking to Doug about his TBI that he experienced in Operation Desert Storm and his experiences with the TBI moving beyond his time in the service, into the VA system, and how he has struggled with posttraumatic headache throughout his life.

Welcome, Doug and thank you for coming today. He comes from us to Iowa City from Memphis Missouri, which is about a two and a half hour trip I want to say.

Doug: About two and a half hours.

Levi: Doug welcome! So the first question I have for you is; tell us a little bit about yourself, how you joined the military and how'd you end up serving in Iraq?

Doug: Okay my name is Doug Lanphier, originally from Oskaloosa Iowa. I joined the Air Force, you know, twenty nine June, of nineteen eighty one. I come from a family, a very large family. My dad had seven brothers, seven sisters. All seven brothers were Veterans mmhm combat Veterans from World War two to the end of Korea.

Mmhm so growing up with seven very patriotic Veteran uncles, it was never a question of whether I would go into the service, it was a matter of which service would I go into. Mmhm I had always had a fascination with airplanes and science and everything so going into the Air Force was kind of an extension of the Boy Scouts for me.

It's like the proverbial Norman Rockwell painting of the young cub scouts standing up on the chair, you know I just really couldn't wait to get in there. So I joined as soon as I could after I graduated from high school.

Levi: Were you eighteen when you joined?

Doug: I was eighteen years old. Yeah I was eighteen years old and off to basic training I went.

Levi: What, may I ask what year this was?

Doug: Nineteen eighty one.

Levi: Nineteen eighty one.

Doug: Nineteen eighty one. I think I'm like a lot of a lot of people, I think a lot of young people go in for the military depending on which branch you go in, they offer a 2-year active duty on and four years reserve home. The Air Force offers a minimum of a 4-year active duty commitment and two years reserve irregardless of which branch you go in to, your military service obligation is six years. So it didn't really matter to me because I went in knowing all right away I was gonna probably stay for twenty years, I was gonna make it my career, at least that was my intention. So going forward mmhm I had joined without a specific job guarantee. It

didn't really matter to me what we got. It was more of the thrill of being able to go into the Air Force. Mmhm. I scored very, very high on the ASVAB. Well the ASVAB, being the All Services Vocational Aptitude Battery. And who based upon the needs of the Air Force at the time, became media and intelligence, mmmm... The term is Intelligence Operations Specialist. It's a very broad category mmhm in you can do everything, from becoming an intelligence analyst, briefer, target plating specialist, etcetera. Up from nineteen eighty one when I completed training, all the way through well my deployment, to Kuwait, Approximately mmhm eight days after Iraq invaded Kuwait...Had been in that career field, with different assignments, mmhm to include a, essentially, a flying assignment to Keesler Air Force base - an EC-130 airborne command post.

I guess with about ten years in the Air Force and ten years in my career field, I was considered to be one of the more experienced individuals, and was in fact the senior ranking NCO of our organization. Our wing was an A-10 Warthog wing. The A-10 is specifically built for close air support of Marines, soldiers on the ground. By its very nature, the A-10 has to be relatively close to the enemy so that um, the airplane can do what they call multi-turns in other words, take off, fly, expend its ordinance, return to base and get refueled, rearmed, and then fly another mission. And the way that happens is the pilots never get out of the airplane. They pull up to a series of different pit stops and they receive mmhm in one pit stop, the pilot will be debriefed for intelligence observations and weapons expenditures. That is conducted by one of the members of my team.

At the same time mmhm as they're debriefing with the intelligence people, their crew chief is going over there plain looking for any type of weapons damage or anything else they need to repair immediately. Keep in mind that the engines are running on this airplane so it's not necessarily a real safe environment...Accidents can and did happen.

If the airplane didn't sustain major bomb damage, or damage, then the pilot would get a new Intel briefing, we would give him an update as to where threats were relative to the battle space, any reports of any other downed pilots and changes in procedures. Then the pilot of course would write this stuff down on his kneeboard and have an update brief. He wouldn't taxi over to the next area and they would literally load all kinds of weapons on them, so much weapons the actual wings would start bowing on these things, you would see it. Finally when they would go over the last pit stop which was like fuel and they would only fill the airplane half full, because if they filled it completely full, it would have too much for the airplane to take off. So a compromise was made to fill it half full and load more weapons on there. And of course once the plane was airborne then they could hit a tanker and just fill up everything else. The pilots generally would fly three, sometimes four sorties a day off on that...So mmhm if you can imagine one of your pilots doing that for six and a half weeks or longer mmhm... It can be very stressful, and it was twenty four hours a day. Incredible stress on our young intel briefers and de-briefers out there, again the engines running, nighttime... Visibility isn't real good. In Saudi Arabia where sand is blown, and the sand is like talcum powder. You just suck it up, you drive on. You're at war, you do what you need to do.

When one more unit deployed, we had eighty percent of our authorized manpower. That meant that we were not fully combat ready to perform our mission. We were promised by our main headquarters back in the United States that they would increase our manpower to its full one hundred authorized strength, by filling in those gaps by activated reservists and national guardsmen. What they call the individual ready reserve, in that they would flow in.

We needed that manpower because my folks were working sixteen to eighteen hours a day, and never had the opportunity to get a day off. We needed a day off just to recuperate there. We had some mental challenges with that.. work folks that much room and all of the different stresses. Keep in mind that we were unsure whether the Iraqis were employing biological and chemical weapons, so our folks are out here in rather warm temperatures in full chemical ensemble, and alarms are going off all of the time. And we're trying to don our chemical mask and butyl hood as a quick reaction. You assume that you're being slimed with chemical, biological weapons and react on that, and you remain until given the all clear to do so. And sometimes it could be fifteen minutes, sometimes it could be two hours. It was a challenge. So that was kind of the Tempo that started. We knew approximately two days before January seventeen, that the war would begin. On or around the seventeenth of January. In. From that point on things became very focused. We knew for certain that we were going to be going to war. The big thing was when they issued us they bromide tablets, which was the tablets for nerve agent pretreatment. They're pills, and their instructions to start taking the nerve agent as a pretreatment tablet, caused a lot of concern because it was a medication that had not been approved or tested by the Food and Drug Administration, as well as the anthrax vaccinations. But I complied, I think most everybody did. Although many may have considered experimental during the middle of a situation facing an enemy that has employed chemical weapons against an enemy before. He had the means, he had the capability, and he had the intent to do so. So we took every precaution. Whether that has anything to do with headaches or not, I don't know. You know maybe science will come and find an answer at some point in time in the future, but it's really immaterial. To me, I saw it as a potential prophylactic, something that was better to take it, then to not. In case when we did get attacked with chemical weapons or biological weapons. And I think that was the general consensus with everybody. Both unlisted an officer that I knew. We never question that. Anyway we became very focused on it.

Levi: When you say on it you mean the mission?

Doug: On the mission. At that point in time we had been in the desert four to five months.

Levi: Before the war even started

Doug: Even before the war started. Keep in mind, the A-10s were not supposed to deploy until after the war had started. General Schwarzkopf, as soon as the Iraqis invaded, and had started moving massive amounts of armor in there, made the unilateral decision that, no, we need to protect the Saudi oil fields, and change the whole deployment flow to move the A-10s first. And probably was the smartest decision he made because as soon as the Iraqis saw that the A10s did deploy in theater, they thought twice about moving South. That, and the fact that the Marines

had also deployed in there. Heaven forbid that they did, because all we had was the thirty millimeter ammunition was in the A10s and a few missiles. We didn't have the ordinance that we needed to have done that, but it was meant to send a signal, and it worked. In time, in the build up in there, it was one of the largest buildups of ammunition that I think history would have ever seen. I remember seeing the C-5 cargo airplanes and C-141s everyday. Now twenty to twenty-five a day, just offloading munitions all for the A10s. Air to air missiles and everything else. We knew at that point in time that we weren't there to just hold the line. We weren't there to just move Iraq out of Kuwait, we were there to destroy an army?.

Same time, telling the Americans back home that, you know, we're gonna get Iraq out of Kuwait. It was quite a different story for those who were in Saudi Arabia. We knew from day one what the mission was.

Levi: So what was your role in supporting the A-10 specifically?

Doug: my job was to work directly on the flight line supporting no less than eight, de-briefing, re-briefing intelligence teams. Again we would have as many as eight to ten airplanes all coming in for rearming, refuelling, and then back out again. Everyone of them had to give, what they call a post mission report, and essentially, what did the pilots see? What did he do? What ordinance did he expend? All that information was all captured and sent out via message to US CENTAF and US CENTCOM. All the data went into their big meeting- their war plan. How many munitions was expended, went into the logistics side, because then, now, they have to look at whether they need to go back to the states and more more. How many targets were destroyed? So the intelligence guys could go in and say okay, we've destroyed this many tanks so we knew that they started out with this much, they destroyed this many. So now they're down to maybe, ninety percent combat effective. So every sortie that flew, had to be debrief. Plus, a pilot is in a great position to observe a lot of things that a lot of other people aren't - they're at that altitude. They're trained observers, they are great intelligence collectors. And, in many cases, there were tremendous sightings; we had several pilots come back and report that Iraqi's were trying to move or load up tanks on HETS or what they call heavy equipment transporters, with absolutely no threats in the area and had they had ordinance remaining, they would've been able to destroyed thirty tanks with just one, you know, a flight of four A-10s. Well, you know, you get that information back, you can quickly turn it around and rebrief it to another flight and they can go out there and pick those targets off, you know, in most cases.

Levi: So, when I sit here as an observer, thinking about your story, I'm like man how did someone who's involved with intelligence, that's working around planes, get a brain injury?

Doug: Our base came under attack several times by the Iraqi scud missiles - surface to surface missiles - but it wasn't so much that. Again, I go back to the point where we were promised additional manpower. All additional manpower came into the home run airbase which was about 20 miles to our east. We were responsible for picking up any manpower. I had finished my shift and this was, I want to say, somewhere around the twenty-third or twenty-fourth of February. I had finished my shift and we had one vehicle for thirty-two of us. Okay, and that was

to, you know, service all of our points along the flightline. I had to go and pick up two additional augmentees at Daharan I had traveled over there and was going to pick them up at the air terminal, and for whatever reason they didn't make it. I was on my way back to my base at King Fahd International Airfield, which was the main A-10 base. But I had a kind of an urge to use the restroom, and beings it wasn't really much out there, just kind of pulled the car off to the side, and was going to take a leak. I was out there, and all of a sudden you can hear the alarms going off from Daharan and as I'm starting to pull my butyl, you know, taking my butyl mask out and putting it on, I must have gotten hit because of a couple of the patriot missiles from Daharan had been shot and had hit an incoming scud missile, that ultimately blew the missile up, but didn't destroy the warhead. And that warhead landed on a barracks that contained a lot of soldiers and killed a bunch of soldiers, and a piece about that warhead or a piece of that scud missile and hit me in the head. I wasn't too far away. You can really look at, and probably feel it.

Brandon: Oh yeah

Doug: Ok. You feel it there. It hit me in the head as I was pulling on my gas mask and my butyl hood. You have to take off your helmet to be able to put on your gas mask and your butyl hood. At that point in time, I'm out.

Levi: You lost consciousness?

Doug: I lost complete consciousness...I was later told. My next recollections is, I wake up in this area where I see, what I assume to be, military physicians and medical techs, and chaplains, going from person to person, which I later learned is a triage center. And they're going through and checking to see which ones they can save, and which ones they can't. And I remember them checking me, and essentially them making the determination that I was essentially brain dead.

Levi: You remember them saying this?

Doug: I remember, faintly, I remember. And putting me off to the side where one of the soldiers, who had been very severely burned. And you know I remember you know, it's like I wanted to scream, "hey, I'm okay" you know, but you know the body is willing, but the voice isn't coming out. I didn't know how long I had been out, but in time, as time goes on, I'm starting to get a little better. My head hurts like hell. I mean there's still a little bit of blood and everything, I was kind of a bloody mess, but much to their surprise, when I get up, was you know, kind of, moving around a little bit, and I remember one of the med techs saying, "Hey this guy's alive". And they come over and stuff and they said, "Boy, you've taken a pretty good gash to your head you know, how many fingers?", you know. It's like, "I don't know. I see you waving your hand". They said, "wow", you know, thank God it didn't penetrate your head. I said, "well where am I?" They said, "well you're kind of near a hospital." I said, "well, what happened?" They said, "well we think you got hit by a piece of missile debris because we found some missile debris out there by your car where you were at." I said, "What time is it?" And there had been a period of about 7.5 hours had elapsed. They said, "They brought you here - the army, um, 2 soldiers brought you in here about 2.5 hours ago." So apparently I had been out at least 5 hours. all. And I was lucky because a couple of soldiers, I guess maybe MPs or something, had come across and seen this

car out there, and it's kind of strange for them to see this car kind of parked out there. And they check it out and that's where they found me. They immediately saw that there was some kind of injury, yeah taking me to, this aid station or whatever it was on there, but it was utter chaos, just flat out. I remember you know, this guy, he looked like he was an African American. He wasn't, he was that burned, his skin was that charred. And I remember reaching over to try to touch him and say, "Hey you ok?" and him just screaming in pain... and stuff. And he died later on, but I felt so bad and stuff, you know when I touched him, his skin just came off, and you know. But, they patched me up, cleaned the wound and everything, you know. Course they had my dog tags and knew that I was Air Force and everything. They got me patched up and then had a driver take me back to my base in the car. They said, "Now as soon as you get back to your base, go to your own hospital to make sure you get checked in, you know we've done this stuff, but we're overwhelmed on this, and we've got other patients. And so I did. So I went over there and stuff. And at first they didn't believe me, that something had happened. And you know, and they were like, OK obviously you're gonna be okay but, here's some Motrin you know, we'll put you on bed rest for 48 hours.

Brandon: So they downplayed the severity of it?

Levi: I think there I think at that time there's a general lack of understanding about TBI and severity of it.

Doug: Well, they didn't even really mention TBI. I say this, I'm not even aware if they even had a cat scan, an MRI, or anything there. I mean it was in the air transportable hospital, it was meant to do surgery, you know, for gunshot wounds and shrapnel and stuff like that. You know anything you want to require something extensive they would have air-evaced, launched to Germany. So I don't necessarily blame them on that. I think now they've got that capability to do those things in a combat zone, but you know the answer was, here some Motrin, and we'll put you on bed rest. So we were already 80 percent maimed, you know. My people hadn't had a day off you know, 3 hours off in, you know almost 5 weeks. How could I have even remotely think about taking some time off? We still have missions, you know, we've already lost 3 pilots, killed in action. You know, you're at war. You suck it up, you do what it is, you drive on. And we did. I did.

Within 24 hours I started bleeding from my eyes and my ears.

Levi: This is 24 hours after you received the initial TBI?

Doug: Yeah so I went back to the hospital, and I said, "Hey, I don't think something's right here," and stuff and they said, "Well sometimes things like that happen, but you'll be okay. You'll be okay we just may have to extend your bed rest". And it's like, "Sir, we don't have the manpower to be able to go to bed rest."

Levi: Did you immediately go back to working then without the bed rest?

Doug: Well, I took it. I took 3 or 4 hours. My relief over there said, "Doug you need some rest", he says, "I'll work a 24 hour shift." He says, "I can work a 24 hour shift." and he did. I got some extra bed rest, but by that time he'd already worked 48 hours without any rest. The bottom line is we never did get any additional manpower that we needed. So I went back as soon as I could. We didn't know how much longer the war was going to last. As it was, the war ended within a week. And for that week, I continue to have blood from my eyes, and mostly my ears, and excruciating headaches.

Brandon: That started shortly after the bleeding from the ears and the eyes?

Doug: Yeah.

Levi: Yeah you know, so were you, they basically didn't diagnose you with a concussion or anything?

Doug: There wasn't really any diagnosis yeah.

Brandon: Was it was it more akin to, "you're moving, you're speaking, and there's others here beside you..."

Dough: Right, you know, you're not missing a leg or arm, or your eye isn't shot out and stuff. Almost akin to, "You're a malingerer."

Brandon: Okay I gotcha.

Dough: You know, and I was like, "No, not really, it hurts, you know I said, "look, I've got a gash up here." You know it's, "like well you shouldn't, you should have been over in Daharan anyway."

Levi: So when the headaches started, did they continue indefinitely? Or did they get better over time?

Doug: well. I mean, the headaches...I mean it was instantaneous, once that happened and they continued. They gradually got better. The war ended the last part of February. Within a week afterwards my unit deployed back home. Once we got back home, we were given like 10 days free time, and I just stayed in bed, in a dark place in bed, and for the most part...

Levi: Before this time and you ever experienced what, you're pretty familiar with migraines now?

Dough: Oh yeah.

Levi: So have you ever, did you ever experience one of these headaches before

Dough: I was telling Brandon, prior to his never. I had never had any type of headache, migraine, he mentioned cluster, hell I didn't even know what that was. In fact I can't even really remember any type of *bad* headache prior to that. But yes, I mean in time, it did seem like it kind of

subsided, or kind of diminished or you know kind of diminish. You know, they would always come back. okay they would come back to me, would last, you know 3, 4 days. Then I sort of would know to start noticing a pattern. I would experience bouts of vertigo and ringing in my ears before I would start getting these headaches. I didn't go when I was on active duty. I didn't go get treatment because shortly after Desert Storm, peace started breaking out all over the world. And congress decided with peace breaking out all over the world we don't need a very big military, so they started drawing down. At that point in time, I already had 11 years. All we have to do is keep my nose clean... 9 more years and 50 percent base pay for the rest of my life and health care and...So and you know it was, pretty well known, guys were going to the doctor, were the ones that were getting separated. May. So I sucked it up, to live with it.

Levi: So how did these headaches change your life? Did it mess up your daily routine, did it...?

Doug: It did. It wasn't so much the headaches, I dealt with the pain. It was the behavioral changes that came along with it. Prior to, and during, desert storm I was at the top, I mean I was well respected. My superiors had the utmost confidence in me. After..after this...and I didn't even notice it. My behavior had changed. Apparently I've become less dependable, dependable and reliable. Now I started to have somewhat of a stutter. Again all these things I was completely oblivious to, I didn't know. One of my main jobs, in Garrison, was to provide the weekly intelligence to the one in command. Mhm That job got taken away from me. My efficiency reports started going downhill and then the depression. Depression hit, it hit bad...to the point where I became suicidal. And I put my wife and my boys through hell. Just a hair-trigger temper over just the stupidest little things. I think my wife, at the time, took it for as long as she could. We ultimately got divorced. From that point on, down my main fight was to stay in the air force. Eventually I got a consultation to mental health. I was diagnosed with major depressive disorder. We went through a litany of different anti-depression medications: Prozac, Paxil, Effexor. Finally moving one medication that worked at least, the best out of them, but didn't work, was Zoloft. We started out at 100 milligrams. I'm at 150 milligrams and have been since 1993. Okay. And even then. It takes weeks *most* of the symptoms of.

Levi: Yeah, I think with any treatment that we take. I also take anti-anxiety medicine. I was on Zoloft for a long time, and you know, with anything that we do, I think in terms of treatment, pharmacological treatments, they tend to be not 100 percent. Every individual is very different and I think, you know, you've done a very eloquent job of describing the issues that come along with this...the guilt and things like that, that come along with depression and taking medicine.

Doug: So Doc, let me put it this way. Even though I don't expect a 100 percent cure on any medication, but boy I tell you life without the Zoloft versus life with it, is hell of a difference, and you know I can kiss the guy who discovered that medicine, because it's made a hell of a difference. I don't experience that low, low depression and everything else. But like a lot of medications, it had side effects. One side effect with me is that it puts on weight. And that's the big no on in the Air Force. Once you put on weight and exceed your maximum, you're no longer eligible for promotion. They bust that weight twice, and they start processing you for discharge. Okay. You're no longer eligible for certain assignments, you're no longer eligible for

career-enhancing education. You become a pariah. It doesn't matter how good you *were*. Or are. You don't fit the image. It doesn't matter whether the medication, you know I had several psychiatrists, Air Force psychiatrists saying, "yeah, there's studies that say this will put on weight. Didn't matter, because that program, weight management, is in command channel, not the medical. The one thing though was the medical doctors had the authority to say, "we can keep him for 20 years, because there's an unresolved medical issue, and they did.

Brandon: So you were able to finish off the twenty years?

Doug: They kept me on so that I could retire at 20 years.

Levi: So when you retired, you were then settled in the VA system?

Dough: yes. In Washington DC with the VA Medical Center. And when I did, I didn't see a psychiatrist for nine years. Because all of their available psychiatrists were on duty at Walter Reed? Or temporary duty to Walter Reed in Bethesda, taking care of all of the wounded soldiers coming back from Iraq and Afghanistan. They have one psychiatrist that was seeing patients. It wasn't easy. So I waited 7 years.

Levi: And so do you receive your VA care through Saint Luke's or through?

Dough: Columbia

Levi: So how long have you been retired from from...

Doug: I was separated due to permanent disability, by the air force on 3 jun 2002

Levi: So since 2002 you've been in the VA system, and have your...you've had headaches now for over 20 years, easily, has anything helped you with your headaches to date? I got to admit the VA has done the very best job, I believe that they could do. They really did, started out with the Imitrex, which worked for a while. But it was like you know eventually just quit. Then I got divorced. I'm going through a lot of this, my ex wife goes and gets a lawyer and ends up taking every penny of my air force retirement... every penny. Okay. So I'm living in a tent... and I'm picking up pop cans, to be able to get the gas money to come up for an appointment, but I get travel pay to do that now helps. So what little bit of money that I do have, I spend going to take a shower at a truck stop, It's amazing a little bit of money can buy a little bit of food. So one day I wake up and you know just f*** it. I just don't want it anymore. I'm tired of these headaches and tired of this stuff. And I was supposed to have a dental appointment up here. I call the new tell mom that I cancel my appointment. In fact just cancel all of em. And the lady on the line says, "Are you okay?" I says, "Well I'll be okay here about a day or so. And she says, "Stay on the line." Then she went and got some lady that was trained to talk to despondent Veterans. We talked for about 3 hours. And she probably saved my life, because as I'm talking to her, I'm unloading my revolver. You know, I got it all out. I got the 45 bullets and everything. My heads just pounding. I said, well my ex-wife ain't gonna have my Air Force retirement very long. And I

won't have these headaches any more. So after talking for 3 hours... I decided well I'll give her a chance. She called every day for the next... until I no longer need to talk. Every day.

Levi: Sometimes you just need someone right?

Doug: And, she says. Doug she says, I'm gonna see if I can get you a neurology appointment down at Columbia, and she did. As soon as I got there, and she says you haven't seen a psychiatrist in a long time. And I mean within 3 days folks, I had neurology and a psychiatrist appointment and the neurologist changes the medication, it works for a while. And then slowly the headaches start coming back. This time they're just as bad if not worse. So now he wants to try botox. And I told the doctor, I said. "No" ..Why? Well number one, I had an aunt that had botox and she died. She had an adverse reaction. I had a sister that was using botox for cosmetic purposes on her face. She had an adverse reaction and went into a coma. She's out of it now. And I had a cousin that was having some type of botox adverse reaction and she'll never walk again. So I think there's a family history that we probably do not want to mess with. Well, "it's a 50/50 shot", but I'm not quite ready to accept. And he continues to push, "let's do botox, let's do botox." And it's a teaching hospital down there with the university. So then gets his student doctors to start pressuring. I said, "Dr. Acacia?, I love you to death. You have a great bedside manner, but I'm done.

Levi: So is the last day- is that the last time you've been to the VA for help?

Doug: That other than my normal yearly check up only.

Leiv: Yeah botox was the big thing for awhile In in migraine medicine and still is routinely used in migraine medicine actually. But yeah I can totally understand your fear of it, if you had a bunch of family reactions to it, that's I wouldn't wanna do it either.

Brandon: The signs do not point to yes in that regard.

Doug: As an aviator, we're taught risk management. The benefit better be worth the risk. Yes I think the benefit could be at this point and time, but the odds here we're real real good here. We're talking here you know, it's very close relatives and a blood sister that...didn't do real well.

Levi: We're gonna shift gears a little bit. We have a couple light hearted more light hearted questions for you about the VA, and I think Brandon's gonna ask those.

Brandon: Thankfully you had that person on the line when you called in.

Levit: Was that person from the VA?

Dough: yes yeah yes.

Brandon: So it's pretty amazing.

Doug: What makes it so worth it, is people like that lady. People like you. Because people like you and that lady, genuinely care. I care enough... for me it's not about finding a cure for me, it's

about doing something for the guys coming down the road, the next generation, so that they will have to go through a lot of the headaches. Anything I can do to help advance this, I mean anything. I'm in for. I'll drive 1000 miles.

Brandon: That is super super encouraging. So building off of that, so your thoughts and research, and what the VA is trying to provide research-wise to try treatments for these ailments, how do you think the VA's doing this far in terms of outreach?

Doug: I think that they're doing the very best they can. The big thing is the publicity. If you want to really get the publicity on this one, don't necessarily rely on the VA as much as go to... make it a point to go and visit the troops, at the units okay. Go to Fort Hood go to Fort Campbell. Contact the command sergeant majors, senior enlisted at these guys, tell 'em you want to talk to the troops. They'll listen to you. That's where you're going to make the connection. Not through the paid ads. Believe me word of mouth is a lot more effective than a video or anything else.

Brandon: Yeah, definitely I mean that's one of the goals of this podcast is just bridging that gap from research to...

Dough: I would even venture to say, people like the DAV, VFW would even pay for you guys to go down and visit those troops.

Levi: Well that's something you know as we begin the whole process we're looking to expand this beyond just Iowa City. We'll see where it goes. And, you know...

Doug: I can tell you that there is a lot of interest on part of these troops up there, a lot of interest on the Veterans. A lot of the Veterans, especially the Vietnam Veterans...I don't know if they feel, or they honestly feel that they've been lied to so much there's a stigma, that they're always going to have on there. But I think it's the Veterans my age I don't think that we have that so much. I think most Veterans would rather be a part of the solution than add to a problem. I know 4 of us mmhm, that's why 4 of us have already pledged to donate our brains to the Marine base, upon our death. You know we want that because it's, we're not gonna do it, it's not gonna get any better unless science has something to work with.

Brandon: Yeah, that's great for the cause... Still just processing everything...that's amazing though, that it's good. It's amazing to hear that there's that much interest. Sometimes there could be a stigma with research especially the limited access that troops and Veterans, even the public can get...

Doug: Keep in mind that troops our age grew up with science, you know to them, you know video games and everything else...they grew up with computers. They were comfortable with that kind of stuff.

Levi: Yeah! And, you know, that's one thing that we're really trying to do, is just to better get this information out there for people that are working on...

Doug: How I found out about this program was simply logging on to the VA current news.

Levi: Yeah, you read the article?

Dough: I read an article and it's like, my wife she's a retired nurse. I said, Hey Kathy, look at this, they're doing research in Iowa city. You know, she read it and she said, boy you oughta go contact those guys.

Brandon: That's awesome!

Levi: Yeah, and then he sent me an email and I called them and we can talk. That's how we end up contacting each other, so it's pretty cool. Well Doug, I'd like to thank you for coming today. Thank you all for listening.

Announcer: This concludes today's Vets First Podcast. For questions or comments relating to the program, please direct email correspondence to vetsfirstpodcast@gmail.com. Thanks for listening!

