

Invisible Wounds of War: DCoE's Support for Our Warriors and Families

Webcast Q&As

1. I'm the mom of an airborne combat medic who is unwilling to get counseling because he knows the counselors on a personal basis. Where can he go to receive some help?

It is important to recognize it is not unusual for people to be reluctant to seek help. The path to counseling is a process and the first step is for an individual to determine a need for help. In the meantime it is important to continue being supportive and encouraging at all times and try to be specific about the behaviors that are concerning to you.

A various array of confidential resources are available.

- Military OneSource offers up to 12 free confidential counseling sessions. These services can be accessed face to face, over the phone or click [here](#) for their Web site:
- The Military Family Life Consultant (MFLC) is another program that offers counseling. MFLC is an Army program designed to provide anonymous, confidential support to soldiers and their family members, especially those returning from deployments. Units that return from deployment may request Life Consultants through Army Community Service. Consultants are trained on military specific topics including basic orientation to the deployment cycle, military culture, the chain of command and reporting requirements in accordance with the Army Family Advocacy Program. The program serves active duty and mobilized National Guard and Army Reserve soldiers and their families. Call: 1- 888-755-9355 or click [here](#) for their Web site.
- A chaplain is also a valuable resource. They are trained to help service members through difficult periods.
- In certain areas, the American Red Cross also offers counseling, but it is suggested that you check with your local chapter to see if this service is offered. Click [here](#) for information about how the American Red Cross serves military members and their families.
- The National Center for PTSD has a very helpful booklet entitled, *Returning from the War Zone: A Guide for Families of Military Members*. The guide provides tips on how to approach a family member who is reluctant to seek help. It also explains how PTSD symptoms in a loved one can affect family members. The booklet also offers ideas on how to cope. This guide can be downloaded [here](#).

2. I train with civilian behavioral health providers; and would like to know how I can I gain access to their training materials to incorporate best practices in my work?

- The [DCoE](#) Web site is an excellent source of information. Here, you can access evidence-based clinical practice guidelines provided by governmental organizations and agencies.
- The VA/DoD clinical practice guidelines (CPG) provide information on major depressive disorder, post-traumatic stress disorder and substance use disorder, and are accessible [here](#).
- The DCoE Outreach Center provides health resource consultants who can assist you in researching topics related to psychological health and traumatic brain injury. They may also be able to send you links to or copies of documents that may be specific to your clinical need.

For additional information you can e-mail: resources@dcoeoutreach.org or call at: 1-866-966-1020.

3. A message board could be very useful in keeping military members in touch with their units after their retirement or transition off active duty. A single board for each unit would enable every member to share their problems and enhance communications with one another. Many Marines note only their brothers who have experienced combat are able to truly understand each other. Do you agree a message board of this nature would be very helpful?

- Thank you for proposing this innovative concept. It is certainly something that should be considered. The development of a message board for each unit has great potential to encourage communications and connectivity between active duty and prior service members. A platform of this nature could result in benefits that include but are not limited to the following: facilitate social and empathetic emotional support systems; promote professional and vocational mentorship; sustain military community identification and affiliation for prior service members; and facilitate the civilian community integration for service members who are transitioning. It is highly likely that separated and retired service members could claim membership to multiple military units in which they have been assigned, and this could promote cross-feeding of information, ideas, and resources across the military units.
- You may want to check out a message board that has just been developed as part of the Real Warriors Campaign (RWC). The [Real Warriors Message Board](#) is now live on our Web site. Service members, including members of the National Guard and Reserve, veterans, military families, and health-care professionals are encouraged to use the campaign's message boards to connect with one another and share news, information, and insights on psychological health concerns and traumatic brain injury.

4. Combat often requires performance without sleep so why do we need between seven and eight hours of sleep per night?

- Sleep needs vary from person to person, but most adults need seven to eight hours of sleep (National Institute of Health, 2006) per night. An individual's ability to function is dependent on total sleep time and on the intensity of the various stages of sleep one gets each night. Sleep helps people to think clearly and react quickly.
- According to the [National Center for PTSD Fact Sheet](#), many people who have been deployed for combat or peacekeeping may experience sleep problems (e.g. nightmares related to deployment, waking up feeling terrified and the need to stay awake to ward away danger). Several government Web sites like the [National Institutes of Health](#), and the [National Center for PTSD](#) provide important tips on how to maintain healthy sleep.
- People are able to function on much less than eight hours of sleep, but for optimal health and performance, eight hours is recommended.

5. My Marine is stationed at Camp Pendleton for pre-deployment, and I am unable to do anything about the tremendously long hours he is awake. He is currently receiving about four hours of sleep per night and I would like to know if there is anything I can do to help?

- The most important thing you can do is to continue to be supportive. Never underestimate how powerful and helpful this can be to your Marine. Educate yourself on the facts about deployment and deployment stress. Understanding your role and the ways in which can keep communication lines open are also important and useful tools. You can find useful information at the [MCCS](#) Web site to learn more about the cycles of deployment.

6. Are there any community reintegration mentoring programs in Augusta, Georgia?

- Community reintegration programs are typically funded by the U.S. Department of State's Department of Human Services/ Division of Rehabilitation Services and are offered in many states. For example, Minnesota has a Family Reintegration Academy and Community Reintegration Training, and Illinois offers mentoring guides on their state Web sites.
- The DoD's [Yellow Ribbon Reintegration Program](#) (YRRP) provides support and outreach services throughout the deployment cycle.

7. What takes place when a soldier returns to duty with post-traumatic stress disorder (PTSD)? I have PTSD and have been fairly open about it. But when I explain to my supervisors that I am a wounded warrior, they want to see my "wound." How do I answer that question as I am often faced with skepticism?

- Unfortunately, your experience of being met with skepticism by supervisors is too often a common reaction. DoD is working hard to educate our personnel and members of the military community, civilian providers and others interacting with the military about PTSD. Nevertheless, there are current misperceptions about PTSD and many do not fully understand how it can affect an individual warrior.
- In general, the best practice is to proceed with caution and diplomacy when advocating on behalf of your own interests with leadership. For instance, you can attempt to provide useful information on PTSD to help your supervisor gain some guidance, but it is important to be careful about divulging confidential information about yourself to anyone, unless you deem him or her to be trustworthy and discreet.
- DCoE has health resource consultants available 24 hours a day/seven days a week, by phone, chat or e-mail, who can provide you with useful information on PTSD. Click [here](#) for more information. You may also want to provide your supervisor with the [DCoE](#) contact information so he or she can receive guidance directly. DCoE can be reached at 1-866-966-1020.
- The best thing you can do for yourself is to seek treatment or to remain in treatment if you have begun this process. Remember, there is nothing weak about getting help, nor can counseling for PTSD affect your security clearance. Working with a trained professional can help you deal with the often unintentionally hurtful comments like “show us your wound,” and give you a safe place to work through your responses.
- Lastly, the following links may also be useful for you or your supervisors to review [here](#). (Click on “Respect-Mil” and “Education and Training”).
- [America’s Heroes At Work](#) (Click on “Resources”)

8. Do you believe the U.S. military has the necessary resources and professionals to care for the psychological needs of all servicemen and women returning from deployment who have redeployment issues?

- All branches of the military have counselors, psychologists, and other mental health professionals ready to help our service members who are serving pre- and post-deployment. Additionally, through resources such as Military OneSource and TRICARE, our warriors may seek help through civilian providers.
- Many other resources such as direct consultation with health resource consultants through the DCoE Outreach Center, Web links and related literature can provide guidance, insight and support to promote psychological health. In addition to the [DCoE Outreach Center](#), service members can call the National Veterans Affairs phone number at: 1-800-827-1000.
- Online resources are also available for further assistance:

- [The National Resource Directory](#)
- [ATTC](#)
- [TRIAP](#)
- [United States Department of Veterans Affairs](#)

9. National Guard and Reserve soldiers seem to have a good chance of being re-screened through the Post-Deployment Health Reassessment system (PDHRA), but I am concerned about active duty service members (and Reserve and National Guardsmen) who exited the service prior to a PDHRA evaluation. Is there an outreach effort to contact those who are released from active duty (REFRAD) prior to a PDHRA?

- Your concern for our active duty warriors is commendable. Our active duty service members from all branches of service are required to also participate in the PDHRA program.
- If you [click here](#), you will be able to read more about the accessibility of the PDHRA screening for all of our warriors, specific to each service. While the initial focus of the program is for those service members who fall within the three- to six-month time period, the program will be made available to all service members who have returned from deployment since Sept. 11, 2001.

10. Where can I send an idea regarding psychological treatment in the Army?

- We have a submission form process on the DCoE Web site specifically for the purpose of enabling people to share their ideas regarding the treatment of psychological health issues and traumatic brain injury. Please click here to access the [Idea/Concept Submission](#) form.
- One of our priorities is to build a support network for our service members and their families, and other relevant organizations and agencies to identify the best resources and practices available for support.

11. I have been deployed three times in four years as an infantryman and need to know what are the relevant “skills” I have gained in the military which can be used in life as a civilian?

- Multiple deployments create a lot of demands on our warriors and their families. However, our soldiers, sailors, airmen and Marines gain a wealth of experience during their service in addition to their specific occupational skills. Each branch of service provides transition assistance, including counseling and opportunities to learn how to transfer skills from the military into the civilian world. Instruments like the Strong Interest Inventory assessments are useful for helping service members to identify careers, and every service member, regardless of rank, is strongly encouraged to take full

advantage of career planning. In addition, [Military OneSource](#), offers many useful guides to help in transitioning from the military to civilian life.

- The military teaches responsibility and accountability. Service Members who enter the private sector are great team players. They know how to get things done, and they are able to communicate effectively. Service members know how to make decisions quickly and have the ability to remain composed in a crisis.
- Here are a couple of links to help with the transition:
 - [Hire Vets First](#)
 - [America's Heroes At Work](#)

12. I have sought and received treatment from my doctor. Next I went ahead and informed my command and several of my leaders about my treatment, but neither I nor my family received any support. Now, as I have been deployed twice to support several natural disasters I constantly feel that I am going to be seen as a problem and embarrassment to my unit and command.

- Thank you for sharing this important testimony. It took an extraordinary amount of courage for you to seek professional assistance when you believed that you needed it. It is very concerning to know that you did not experience a supportive response from your chain of command. This is also a very strong indicator that the DCoE's [Real Warriors Campaign](#) against stigma is highly needed now and likely far into the future in order to promote further cultural awareness and change. DCoE will continue to seek every opportunity to increase military and public awareness of the importance and necessity of mental health seeking behaviors.

13. What about the importance of humor in treating psychological health concerns?

- Although humor by itself is not considered an “evidence-based intervention” for psychological health concerns, being able to find the humor or irony in even the toughest of circumstances is part of the mental flexibility that supports resilience. Service members and veterans have always used humor as part of their social support in military culture. Humor in the context of a respectful relationship can be healing. But without a foundation of respect, humor can be cruel or invalidating.

14. When my deployed son comes home I don't know what to say to him. I want to show him that I care but I don't want to probe him with a bundle of questions. Can you share some tips on ways to communicate.

- [Afterdeployment.org](#) is a great starting resource both for families and service members. Valuable information is provided including: adjusting to war memories, handling stress, life balance and improving relationships.
- Here are some additional tips to help service members and families with deployment:

- Choose a time and place that provides privacy if your son wants to talk.
- Give him time to talk and do not pressure him to tell you everything that happened during his deployment in one sitting. Follow his lead, rather than asking lots of questions.
- No matter how painful the story may be, thank him for trusting you and for sharing the experience.
- Encourage him to seek support and emphasize that seeking help shows strength, courage and self-respect. He or a family member can call the DCoE Outreach Center at 1-866-966-1020 or e-mail at resources@dcoeoutreach.org for additional support.
- Tell him that that it is normal and human to find it difficult to talk about his experiences.
- Remind him that your love and respect for him are always there, regardless of what happened during his deployment.

15. Is Eye Movement Desensitization and Reprocessing (EMDR) beginning to take a larger role in the treatment of PTSD?

- EMDR is one of a variety of treatments for traumatic memories, which involves elements of exposure therapy and cognitive-behavioral therapy combined with techniques (eye movements, hand taps, sounds) that create an alternation of attention back and forth across the person's midline. According to the National Center for PTSD, although research suggests that the eye movements are not necessary, EMDR is an effective treatment. You can read about it [here](#). EMDR is one of the treatments listed in the VA/DoD Clinical Practice Guidelines for PTSD with supporting literature review of its possible effectiveness. You can find the guideline document [here](#).

16. I am a Reserve soldier back from a yearlong deployment in Iraq. The greatest difficulty I am encountering is the sense of not belonging with my Reserve unit –since I was cross leveled to another unit for the deployment. Additionally when I returned I discovered part of my civilian job had been eliminated and I find it hard to communicate with my work colleagues because they don't understand my military experiences.

- Thank you for your service to our country. Your experience as a Reservist can be somewhat different from active duty members who are trained and then deployed together as a unit. Often times, as you stated, Reservists are cross-leveled to another unit for deployment. This can make unit cohesion difficult.
- We recognize, as you do, that often redeployment as a Reservist creates a challenge to access support, resources and behavioral health care. Many Reservists live in areas

where military installations are not easily accessible; unlike active duty members who work and live near a military installation.

- Because of the difficulties in getting the resources and support to many Reserve/National Guard members, many programs have been developed over the years to meet those readjustment needs. One of the newer programs offered by [Tricare](#) is Web-based counseling for those who are unable to access behavioral health care in their immediate area. It is confidential and not documented on your military record. For more information, also visit [TRIAP](#).
- Another available resource is [Military OneSource](#). Reserve/National Guard members are able to obtain short-term, non-medical counseling on a variety of issues. This counseling service is confidential.
- Reserve/National Guard members can also obtain counseling and consultation through the [Military Family Life Consultants](#). These consultants are available to provide face-to-face counseling and work with issues that are often related to readjustment from deployment.
- All of the aforementioned resources are available to Reservist/National Guard members. If you are having difficulties accessing, or need help in obtaining care or support, you can always contact the DCoE Outreach Center, 24/7 at 1-866-966-1020, or you may e-mail them at resources@DCoEoutreach.org or contact them via chat by logging on to www.realwarriors.net.

17. My son in-law is due to return home from deployment in late October, 2009. My daughter and son in-law have two young children ages three and 21 months. My daughter has been managing the home, children and finances while her husband has been away and I was wondering what kind of counseling or resources do you provide for reintegrating their family life and responsibilities?

- There are a number of resources available to your daughter and son-in-law. [Military OneSource](#) offers up to 12 sessions to couples or individuals either face-to face, over the phone or via the internet.
- The Army also offers an online course for spouses and service members called [Battlemind](#). This course specifically addresses the typical challenges that reuniting military couples experience and provides ideas to help couples to reintegrate.
- The National Center for PTSD has a very helpful booklet entitled [Returning from the War Zone: A Guide for Families of Military Members](#). This guide is replete with helpful information about reintegration and ways to cope with this happy, yet stressful time. There is an entire chapter dedicated to how to positively cope with the transition period.
- The Army offers the [Military Family Life Consultants](#) (MFLC) program, which serves active duty and mobilized National Guard and Army Reserve soldiers and their families.

The program is designed to provide anonymous, confidential support, especially to service members returning from deployments.

- There is also information that might be useful for your grandchildren. DCoE and [Sesame Workshop](#) have developed “Talk, Listen, Connect,” which offers a kit in English and Spanish for military families with children between the ages of two and five who are experiencing the deployment or multiple deployments of a parent, or dealing with an injured parent.
 - You may also want to check out the latest collaboration between DCoE and Sesame Workshop, called the “[Family Connections](#)” Web site which supports an ongoing program to help children cope with deployments, multiple deployments and injured parents.

18. Why is mental health care being treated any differently from physical health care?

- In fact, we see psychological and physical health as on par with one another. Mental health care continues to be seen by many service members as a sign of weakness with negative consequences for their careers. The stigma and shame associated with non-physical injury, “the unseen scars of war,” contribute to the perception that mental health treatment and physical health care are different. This is a major challenge facing military leaders and important programs have been implemented to encourage service members and their family members to view seeking help as a sign of maturity, courage and strength.
- The [Real Warriors Campaign](#) is one example of the intense effort to address stigma. The campaign features profiles of service members who tell their stories about receiving treatment and returning to duty. In addition, there is a live chat where service members and their families can speak with a health-care consultant and receive information on resources available for psychological health.
- The Army’s [Respect-Mil](#) program is another example of the military’s effort to reduce stigma and eradicate the obstacles that inhibit service members from seeking mental health care. The RESPECT-Mil program is designed to integrate mental and physical health care and gives a blueprint to primary care clinics for identifying and following up on cases of depression and PTSD. Each time a soldier, family member or civilian enters an Army primary-care facility, he or she is asked six questions. The first two questions screen for depression and the last four screen for PTSD. This approach promotes a dialogue between the patient and health-care provider about mental health issues, benefits of treatment and provides an opportunity to identify and address risk factors that may undermine engaging in treatment.
- The [Military Family Life Consultant](#) (MFLC) program is funded by the Office of the Secretary of Defense, and provides licensed clinical counselors who help soldiers and their families deal with issues such as: anger management, conflict resolution, communication and relationship issues. The most innovative part of the program is that

the counselors, who rotate every four to six weeks on military installations, do not keep records of who they meet or what the issues are. During the month of May 2009, this program provided problem-solving counseling for over 35,000 individuals. The MFLC program is another example of addressing stigma and the gap between the need for treatment and receiving treatment. The program has been replicated military-wide to include Army, National Guard and Reserve units.

19. My soldier is undergoing cognitive therapy treatment for PTSD. Are there any resources for families on how to react or interact with soldiers as they are going through this treatment? What should we expect? How much space should we give them? Are there any books families have written on how to deal with a soldier who has PTSD?

- Yes there is help for you and your family. Cognitive behavioral therapy is a recognized form of treatment to decrease the symptoms of PTSD. The fact that you inquired is commendable and demonstrates a tremendous amount of care for your loved one and everyone involved. You will find that encouraging the service member to seek and maintain professional treatment will assist with easing the struggle. Effective communication is the key to recognizing the proper amount of “space” to give. You might ask your family member if you could attend one of the treatment sessions so that you can understand what he or she is working on and learning.
- Please review the sample resources available at the links below to gain a better understanding of the effects and treatment concerning PTSD:
 - [The Mayo Clinic](#)
 - [The National Center For Post-Traumatic Stress Disorder](#)

20. Can we rename "A Warrior's Guide to Combat Injury," to the more positive title "A Warrior's Guide to Combat Recovery"?

- That is a very good suggestion and will be taken under review. However, we specifically want our wounded warriors to know that there is a guide that facilitates recovery from injuries, whether they are physical or emotional.

21. What are some medications used to treat Post-Traumatic Stress Disorder (PTSD)?

- Studies have shown that medications can ease some of the associated symptoms of depression and anxiety and help with many of the sleep issues associated with PTSD. Selective serotonin reuptake inhibitors (SSRIs) appear to help those experiencing PTSD feel less depressed and anxious. These include medications such as Celexa, Prozac and Zoloft. [VA/DoD Clinical Practice Guidelines](#) discuss recommendations for use of medications in relation to targeted symptoms, and provides a literature review of evidence-based research to support these specific recommendations.

22. Do you agree that all branches of our military should include parents or extended family in family readiness group activities? And is it possible to participate in these activities past the deployment time period?

- It is definitely beneficial to include the immediate and extended family in the Family Readiness Programs for all branches of the military.
- The Army's Family Readiness Groups (FRGs) includes soldiers' families, both immediate and extended, soldiers, and other interested parties such as fiancés, friends, retirees, employers and community members.
- The Army has also implemented the [Virtual Family Readiness Group](#) (vFRG) Web site to empower soldiers, their families and extended families, who are experiencing frequent and long deployments, and enable them to become more knowledgeable and self-reliant. The Virtual Family Readiness Group is designed to replicate the major components of FRGs, but in a virtual context.

23. Where can spouses go when their enlisted spouse will not get help?

- It is not uncommon for enlisted men and women to express reluctance to seek psychological help for a variety of reasons. So, it is important to remind spouses to be patient and encouraging. Spouses should try to be specific about the behaviors or symptoms that they notice. It has been documented that spouses are often very influential in persuading warriors to seek care.
- Spouses should educate themselves on the warning signs and symptoms as well as the common reactions to deployment stress. This information is readily available at a number of Web sites:
 - [Army Community Services \(ACS\)](#)
 - [US Air Force Services Agency](#)
 - [LIFELines](#)
 - [The American Legion](#)
 - [Air Force Reserve Command Family Readiness](#)
 - [Marine Corps Community Services \(MCCS\)](#)
 - [Army OneSource](#)
 - [The Navy Fleet and Family Support Center](#)

- [Strong Bonds, Building Ready Families](#)
- Family Readiness Groups (FRG): Army units have groups of volunteers structured to help with communication to the families of deployed troops. Your FRG should contact your family but if it doesn't, you can locate them through your service member's unit.
- Chaplains: Every VA Medical Center and military establishment has a chaplain on staff that can provide assistance. All information exchanges with a chaplain are confidential.

24. Did soldiers who served in World War II experience Post-Traumatic Stress Disorder differently than our soldiers today?

- As far as we can tell at this point, the conditions affecting warriors in WWII were not much different from those service members who have returned from Iraq and Afghanistan. The term PTSD is relatively new. In previous wars, many of the symptoms we identify as PTSD were known of then as "combat fatigue" or "shell shock." (VA/DoD CPG for the [Management of Traumatic Stress Disorder](#)). Today, because of the advancement in modern psychology, we have much more awareness of the symptoms and how to identify the effectiveness of different treatment protocols.
- Just as their counterparts did in previous wars, those with PTSD exhibit the same tendencies upon reintegrating into society (post-deployment) as prior warriors did, which may include: increased anger, recurrent distressful thoughts, guilt and insomnia. The diagnosis and related social and emotional conditions are the same; however, treatment options, including both psychiatric and behavioral models, continue to evolve in order to assist with reintegration. If such treatments are sought and properly managed, they can be very helpful in healing and recovery. Check out the National Center for PTSD's Web site for more information [here](#).

25. Has the Military Acute Concussion Evaluation (MACE) resulted in faster treatment for those with a mild traumatic brain injury (mTBI)?

- Yes, the MACE has proven to be an effective tool. NATO allies, Canada and the United Kingdom have adopted the use of the MACE in their evaluation of mTBI/concussion. Also, the Institute of Medicine's report on *Gulf War and Health: Volume 7, Long-term Consequences of Traumatic Brain Injury* (2008) recommended that the DoD continue to use the MACE screening for every service member with blast exposure.
- Seventy percent of providers in theater reported using the MACE results in their clinical decision making. Additionally, of the patients evaluated for mTBI, more than 90% received a MACE. The MACE alone does not diagnose concussion and mTBI. However, when combined with other clinical information, the MACE score can help reveal basic cognitive performance and guide recommendations including evacuation to a higher level of care.

26. What is the “gold standard” to evaluate mild, moderate, or severe Post-Traumatic Stress Disorder?

- According to the National Center for PTSD, the Clinician-Administered PTSD Scale, or CAPS, is the "gold standard" for PTSD assessment and diagnosis for both military veteran and civilian trauma survivors.
- The CAPS is a 30-item structured interview that corresponds to the DSM-IV criteria for PTSD. The CAPS can be used to make a current (past month) or lifetime diagnosis of PTSD or to assess symptoms over the past week. In addition to assessing the 17 PTSD symptoms, the screening uncovers the impact of symptoms on social and occupational functioning. It also monitors improvement in symptoms since a previous CAPS administration; overall response validity; overall PTSD severity; and frequency and intensity of five associated symptoms (guilt over acts, survivor guilt, gaps in awareness, depersonalization and derealization). For each item, standardized questions and probes are provided. As part of the trauma assessment (Criterion A), the Life Events Checklist (LEC) is used to identify traumatic stressors experienced. CAPS items are asked in reference to up to three traumatic stressors.
- The CAPS test was designed to be administered by clinicians and clinical researchers who have a working knowledge of PTSD, but can also be administered by appropriately trained paraprofessionals. The full interview takes 45-60 minutes to administer, but it is not necessary to administer all parts (e.g., associated symptoms).
- The CAPS-CA is a 33-item clinician-administered PTSD scale for youths aged 8 to 18 years. It is a modified version of the CAPS. Items were modified to make them age appropriate and picture response options were added. Practice questions help familiarize children with the assessment. The Life Events Checklist is used to identify traumatic events.
- Technical manuals are available from [Western Psychological Services](#) (WPS).
- The CAPS Training CDROM is \$50 (for production and distribution) and can be ordered from [National Technical Information Service](#) (NTIS).
- Additional assessment information can be found [here](#) at the United States Department of Veterans Affairs:

27. How can we get copies of the Real Warriors Public Service Announcements to show at Yellow Ribbon reintegration events?

- The multimedia videos on the Real Warrior Campaign Web site are available for use by anyone without permission. You can find the videos for download [here](#).