



HELL AND BACK AGAIN

A FILM BY DANFUNG DENNIS

What does it mean to lead men in war? What does it mean to come home—injured physically and psychologically—and build a life anew? In *Hell and Back Again* two overlapping narratives are intercut—the life of a Marine at war on the front, and the life of the same Marine in recovery at home—creating both a dreamlike quality and a strikingly realistic depiction of how Marines experience this war.



FROM THE FILMMAKER



Danfung Dennis, Director

When I learned that a photographer friend had been killed in Libya, I was flooded with feelings of rage, sadness, helplessness, and isolation. I thought of my other friends and colleagues that had lost their lives while doing their jobs. It all seemed utterly senseless.

Unless you have a personal connection, war is an abstraction. After nearly 10 years since the initial invasion of Afghanistan, the daily bombings and ongoing violence have become mundane, almost ordinary. It is tempting to become indifferent to the horror and pain. It is much easier to look away from the victims. It is much easier to lead a life without rude interruptions from complex insurgencies in distant lands. But when we take this easier path, the suffering becomes of no consequence and therefore meaningless. The anguish becomes invisible, an abstraction. When society becomes numb to inhumanity, horror is allowed to spread in darkness.

Visual imagery can be a powerful medium for truth: Nick Ut's images of napalmed girls screaming, Eddie Adams's picture of the street execution of a Vietcong prisoner, the shell-shocked service member photographed by Don McCullin—these iconic images have been burned into our collective consciousness as reminders of war's consequences.

However, this visual language is dying. The traditional outlets are collapsing. In the midst of this upheaval, we must invent a new language. I am attempting to combine the power of the still image with advanced technology to change the vernacular of photojournalism and filmmaking. Instead of opening a window to glimpse another world, I am attempting to bring the viewer into that world. I believe shared experiences will ultimately build a common humanity.

Through my film I hope to shake people from their indifference to war and to bridge the disconnect between the realities on the ground and the public consciousness at home. By bearing witness and shedding light on another's pain and despair, I am trying to invoke our humanity and responsive action. Is it possible that war is an archaic and primitive human behavior that society is capable of advancing past? Is it possible that the combination of photojournalism, filmmaking, and technology can plead for peace and contribute to this future?

These possibilities are what motivate me to risk life and limb.

—Danfung Dennis

THE FILM



Hell and Back Again chronicles the experience of Nathan Harris, a sergeant with the Marine Echo Company's Second Platoon, who was severely injured in Afghanistan in 2009. The film provides a glimpse into Harris's life in the aftermath of his military service and the physical and emotional challenges he faces as his injuries heal. Moving back and forth between scenes of Harris's current life and dramatic footage of his company's activities in Afghanistan, the film reveals a dedicated Marine who must come to grips with major changes in his life.

In the summer of 2009, director Danfung Dennis was embedded with Echo Company and captured dramatic footage of the Marines when they moved in to try to clear Taliban strongholds in southern Afghanistan as part of a new counterinsurgency strategy. For six months, Sgt. Harris led his platoon into enemy territory, until he was shot and evacuated from the area. Scenes of Harris at home in North Carolina are interwoven with battlefield footage that exposes the rawness of combat, from the Marines' language as they come under attack, to the physical reality of nearby bomb strikes, machine gun fire, and removal of the dead and wounded.

As he tries to adjust to civilian life, seemingly small things—a crowded parking lot, people talking over each other—cause Harris to stress out. Physical exertion leaves him feeling sick and in need of his medicine. The multiple medications he takes, including opioids and narcotics to alleviate the pain he suffers from his wounds, carry the risk of addiction and dependency. Harris's caregiver is his wife Ashley, who monitors

and provides his medicine, helps with his physical needs such as dressing and getting into and out of the car, and provides emotional support and encouragement as he goes through the healing process. She even gamely takes a shooting lesson from her husband, who has a strong attachment to his guns.

The North Carolina scenes mesh seamlessly into episodes in Afghanistan, where Harris and his unit search villages for Taliban insurgents and try to establish friendly contact with the villagers. In spite of the service members' conciliatory assurances about making good on any damage they caused, the villagers only want the Marines to leave and are not inclined to provide any information on Taliban in the area. Their efforts at cooperation frustrated, the Marines take fire from an enemy they can't see, hidden in the landscape. During one of these firefights, Harris is shot and evacuated from the battlefield.

The scenes from Afghanistan not only put the viewer in the thick of battle, but also show the immense danger and challenges faced by troops fighting in that country. Going off to a theater of war, each service member must do what Harris did—accept the possibility of his own death. An emotional service honoring 13 Marines who made the ultimate sacrifice underscores this reality. Sgt. Harris may be considered lucky to have survived, but he still has a price to pay in the daily battle with physical pain, in the strains on his marriage as he recovers, and in the scenes that continue to play out in his mind, making him relive his combat experience over and over.



SELECTED INDIVIDUALS FEATURED IN *HELL AND BACK AGAIN*

Nathan Harris – Wounded Marine

Ashley Harris – Sgt. Harris's wife

BACKGROUND INFORMATION

U.S. Involvement in Afghanistan – A Time Line

Before 9/11

1979 – After Soviet troops invade Afghanistan, the U.S. seeks ways to back the anti-Soviet forces.

By 1983 – The Central Intelligence Agency (CIA) purchases tons of military equipment, which it sends to Pakistan.

1985 – U.S. president Ronald Reagan secretly decides to escalate covert aid to the mujahideen (anti-Communist guerrilla forces).

By 1987 – The CIA sends a steady supply of arms to the mujahideen.

1988 – Soviet head of state Mikhail Gorbachev announces the withdrawal of Soviet troops. The mujahideen turns to fighting the Afghan “puppet government” of Mohammad Najibullah and a civil war takes place for the next several years.

1989 – U.S. military and economic assistance decreases dramatically, with no provisions for rebuilding the nation, demobilizing fighters, or organizing relief aid.

1994 – The Taliban emerges, comprised of men who had formerly fought as the CIA-backed mujahideen.

After 9/11

October 7, 2001 – The U.S. begins a bombing campaign against Taliban forces in Afghanistan.

December 9, 2001 – The Taliban regime collapses. Later in the month, Osama bin Laden escapes into Pakistan.

March 2002 – Operation Anaconda is launched against Taliban and al-Qaeda fighters by a combined force of U.S. and Afghan troops. The Pentagon begins shifting military and intelligence resources away from Afghanistan toward Iraq.

May 1, 2003 – U.S. Secretary of Defense Rumsfeld declares an end to major combat in Afghanistan, and U.S. president George W. Bush announces “mission accomplished” in Iraq.

August 2003 – The North Atlantic Treaty Organization (NATO) assumes control of international security forces in Afghanistan.

October 9, 2004 – Hamid Karzai becomes the first democratically elected president of Afghanistan.

July 2006 – Violence increases across the country, with intense fighting erupting in the south. The number of suicide attacks rises from 27 in 2005 to 139 in 2006, while the number of remotely detonated bombings more than doubles to 1,677.

February 17, 2009 – U.S. president Obama announces plans to send seventeen thousand more troops to Afghanistan.

April 2009 – In a change of course from the Bush administration, U.S. military officials call on NATO to supply nonmilitary assets to Afghanistan and to focus on building up Afghan civil society.

July 2009 – U.S. Marines launch a major offensive, involving four thousand Marines, in southern Afghanistan – a major test for the U.S. military’s new counterinsurgency strategy.

December 1, 2009 – U.S. president Obama announces a major escalation of the U.S. mission, committing an additional thirty thousand forces to the fight.

May 1, 2011 – Osama bin Laden is killed by U.S. forces in Pakistan.

June 22, 2011 – U.S. president Obama outlines plans to begin withdrawing troops, although U.S. forces are scheduled to stay in Afghanistan at least through 2014. Polls show that a large number of Americans do not support the war.

October 7, 2011 – The U.S. war in Afghanistan marks its 10th anniversary, with one hundred thousand troops deployed in a counterinsurgency role.

Sources:

www.cfr.org/afghanistan/us-war-afghanistan/p20018

www.cdi.org/terrorism/afghanistan-history-pr.cfm



Defining the Enemy: Taliban or Al-Qaeda?

News reports and policy discussions about Afghanistan mention two groups as strategic targets in U.S. military operations: al-Qaeda and the Taliban. While they share some objectives, the Taliban and al-Qaeda are two distinct groups that differ in their scope and goals.

The Taliban is an extremist Islamic group, a mixture of mujahideen who fought against the Soviet invasion of Afghanistan in the 1980s, and a group of Pashtun tribesmen who spent time in Pakistani religious schools, or *madrassas*. (Taliban is the plural form of the Arabic word *talib*, meaning "student.") The Taliban ruled Afghanistan from 1996 to 2001, when the U.S.-led invasion drove them from power. After 9/11, the group provided a safe haven for al-Qaeda and its late leader, Osama bin Laden. Although it is officially out of power, the Taliban remains organized and continues to exert its influence in large sections of Afghanistan.

While the Taliban are restricted to Afghanistan and Pakistan, *al-Qaeda* (which means "the base") is international in scope. It is a terrorist network that seeks to rid Muslim countries of what it sees as the profane influence of the West and replace those governments with fundamentalist Islamic regimes. Al-Qaeda has affiliates in North Africa, Iraq, the Arabian Peninsula, the Philippines, and Southeast Asia. The U.S.'s primary targets in Afghanistan are Al-Qaeda and the Taliban, who support them. As President Obama stated in 2009, the goal of U.S. strategy is "to disrupt, dismantle, and defeat al-Qaeda and its safe havens in Pakistan, and to prevent their return to Pakistan or Afghanistan."

Sources:

www.cfr.org/afghanistan/taliban-afghanistan/p10551

www.cfr.org/terrorist-organizations/al-qaeda-k-al-qaida-al-qaida/p9126

The Service Members' Burden

During the war in Afghanistan, U.S. strategy has wavered between counterterrorism and counterinsurgency. The former involves going after al-Qaeda terrorists directly, while the latter calls for providing security and services to the Afghan population, the so-called "winning hearts and minds" approach. There are pluses and minuses to each strategy, making the choice difficult and complicated. But whichever approach is followed, carrying it out is the task of U.S. service members on the ground.

Counterterrorism

PRO – Hunting and killing terrorists gets rid of the enemy and prevents Afghanistan from being used as a base by terrorists and extremists for attacking the United States.

CON – Killing terrorists only angers and emboldens the enemy and helps them recruit new fighters.

Counterinsurgency

PRO – Earning the trust of the population, building roads and schools, creating jobs, and making power-sharing deals with tribal elders is a better way to keep terrorists from gaining the upper hand.

CON – Counterinsurgency requires lots of troops, time, and money – much more than the U.S. is willing to commit – and even then there is no guarantee that the insurgents will be defeated.

Generally, U.S. strategy has included elements of both approaches, which presents troops with multiple challenges. They must fight an elusive enemy that is able to melt away into the landscape, as *Hell and Back Again* shows. And – if they are to gain the confidence of the local population – American service members must understand how to navigate the complex culture of Afghanistan, with its layers of ethnic and tribal divisions, its Islamic religious authorities, and its preference for a local – rather than a central – governing system.

Sources:

www.acus.org/new_atlanticist/afghanistan-counterinsurgency-or-counterterrorism

medilldc.net/2009/11/chaudhary_coinvct_1104



Combat Injuries

Service members injured in the operations in Iraq and Afghanistan have a survival rate of over 90 percent, compared with a survival rate of 76.4 percent in the Vietnam War, and even lower rates in previous wars. Increases in wounded service members' odds of survival are attributed to improvements in body and vehicle armor and advances in medical care, including surgical care deployed far forward on the battlefield and rapid evacuation to major hospitals via military aircraft equipped with sophisticated medical equipment. Many of the service members who do survive will spend the rest of their lives using assistive orthopedic devices, dealing with chronic pain, or requiring the help of a caregiver.

According to the American Academy of Orthopaedic Surgeons (AAOS):

- Approximately 70 percent of war wounds are musculoskeletal injuries.
- Around 55 percent are extremity wounds (feet, lower legs, arms, and hands).
- Roughly 26 percent of combat injuries are fractures, and 82 percent of all fractures are open fractures, in which the bone is exposed.

Figures through 2009 from the U.S. Army Institute of Surgical Research's Joint Theater Trauma Registry (JTTR) show that in Afghanistan the main distribution of combat wounds was as follows:

- extremities – 52 percent
- head and neck – 28 percent
- thorax – 10 percent
- abdomen – 10 percent

Almost 75 percent resulted from explosive mechanisms; just 20 percent were gunshot wounds.

Approximately 60 percent of injured service members have symptoms of traumatic brain injury or concussion, which may range from mild to severe. The U.S. Defense Department estimates that nearly two hundred and thirteen thousand military personnel have suffered traumatic brain injuries in Iraq and Afghanistan since 2000. And, according to a Rand Corporation report, an estimated three hundred thousand veterans of both conflicts suffered post-traumatic stress disorder (PTSD) or major depression.

Pain Management

Among the factors that continue to present challenges in treating battlefield injuries are hemorrhaging, infection, and the management of pain. Advances in battlefield medicine have led to great improvements in treating the first two conditions, but pain management remains a challenge. Factors contributing to this challenge are (1) many service members suffer multiple wounds in various parts of the body, (2) a wounded service member may not be conscious while being treated, and (3) the focus is on getting wounded individuals stabilized in order to evacuate them quickly to major medical facilities. To facilitate the quick evacuation of an injured service member, surgery is done in stages, at multiple facilities on and off the battlefield until the service member reaches one of the military hospitals in the U.S. While this procedure helps to improve survival rates, it further complicates the treatment of pain.

Sources

[note: free registration required to view link below]:

www.aaos.org/news/bulletin/marapr07/research2.asp

www.medscape.com/viewarticle/752336

www.rehab.research.va.gov/jour/07/44/2/clark.html



Invisible Wounds of War

Not all combat injuries result in visible, physical battle scars. Some service members returning from war exhibit signs of emotional and psychic trauma, which, while not readily visible, are as debilitating as any physical injury and affect not only the service member, but also family members, friends, and even the larger community.

Traumatic Brain Injury (TBI): Traumatic brain injury is the result of a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury may range from mild (or concussion), a brief change in mental status or consciousness, to severe, an extended period of unconsciousness or amnesia after the injury. Blasts or explosions from rocket-propelled grenades, improvised explosive devices (IEDs), and land mines are a leading cause of TBI for active-duty military personnel in war zones.

TBI can affect a person's physical functioning, cognitive abilities, and behavior, often in an interrelated way. Some of the effects are as follows:

- headaches
- dizziness
- blurry eyesight
- forgetfulness
- becoming frustrated or angry easily

TBI is very difficult to diagnose, a situation made more challenging by the fact that symptoms of TBI and PTSD often overlap. Once diagnosed, TBI is treated by a complex plan of medical rehabilitation, which can include one or more of the following: rest, physical and occupational therapy, psychotherapy, and medication.

Sources:

makeetheconnection.net/conditions/traumatic-brain-injury?utm_source=adcenter&utm_medium=cpc&utm_term=symptoms%20traumatic%20brain%20injury&utm_campaign=KeywordSearch

www.dvbic.org

www.brainlinemilitary.org

Post-Traumatic Stress Disorder (PTSD): Post-traumatic stress disorder is an anxiety disorder that can occur after experiencing a traumatic event in which the person feels like her or his life is or others' lives are in danger, as well as a loss of control over what is happening. Anyone who has experienced a life-threatening event can develop PTSD, although such an experience does not always result in PTSD. Among the events that can bring on PTSD are combat exposure; terrorist attacks; sexual or physical assault; serious accidents; and natural disasters such as a fire, tornado, hurricane, flood, or earthquake. About five million Americans suffer from PTSD at any given time, but it is particularly common among individuals who have participated in combat. (In former wars it was referred to as "shell shock" or "battle fatigue.") Experts think PTSD occurs in about eleven to twenty percent of the veterans of the Iraq and Afghanistan wars.

Some of the signs of post-traumatic stress disorder are

- flashbacks to the traumatic event
- feeling jittery, always alert and on the lookout for danger
- trouble sleeping
- being easily startled or frightened
- emotional numbness
- irritability or anger

The U.S. Department of Veterans Affairs (VA) provides several therapies for treating PTSD. The most effective type of counseling appears to be cognitive behavior therapy. Medications such as selective serotonin reuptake inhibitors (SSRIs), which are used for depression, are also effective for PTSD.

Source:

www.ptsd.va.gov



Veterans and Violence

In addition to TBI and PTSD, some veterans returning from war zones exhibit violent tendencies, especially toward themselves and their families.

Suicide: According to data reported by the *Army Times* (9/22/10), “there are an average of 950 suicide attempts each month by veterans who are receiving some type of treatment from the Veterans Affairs Department. Seven percent of the attempts are successful, and 11 percent of those who don’t succeed on the first attempt try again within nine months.” Among the factors contributing to suicidal feelings are PTSD, unemployment, and the loss of military camaraderie. VA mental health programs have been effective in treating potential suicides, and the Obama administration has put forth several proposals to provide employment to veterans, but more can be done by local businesses and communities to help returning service members regain their footing in civilian life.

Domestic Violence: Among service members returning from combat in Iraq and Afghanistan, domestic violence has been a growing problem. The increasing prevalence of traumatic brain injury and PTSD—along with the related risk of substance abuse among veterans—poses particular challenges as families try to cope with the readjustment issues that arise when service members return to civilian life. Add to those conditions that a large percentage of troops come from abusive backgrounds and that they have been trained to kill, and the potential for violence becomes very high. Mental health and domestic violence experts have begun studying this issue and calling for a coordinated approach between the VA and community violence prevention agencies to address this emerging public health problem.

Sources:

www.armytimes.com/news/2010/04/military_veterans_suicide_042210w

www.sciencedaily.com/releases/2008/11/081106181415.htm

www.huffingtonpost.com/helen-benedict/violent-veterans-the-big_b_157937.html

news.yahoo.com/obama-plans-push-veterans-jobs-programs-050920043.html

TOPICS AND ISSUES RELEVANT TO HELL AND BACK AGAIN

A screening of *Hell and Back Again* can be used to spark interest in any of the following topics and inspire both individual and community action. In planning a screening, consider finding speakers, panelists, or discussion leaders who have expertise in one or more of the following areas:

Support for veterans and their families
U.S. foreign policy
The war on terror
Afghan culture and history
U.S. military strategy in Afghanistan
Counterinsurgency vs. counterterrorism
Nation building
The Taliban
Al-Qaeda
Care of wounded service members
Post-traumatic stress disorder (PTSD)
Traumatic brain injury (TBI)
Veterans Administration policies

TIPS FOR FACILITATORS

- Content in this film is very graphic and may be difficult to watch, especially for veterans who have been combat-deployed. If you are a veteran, or you are concerned about a veteran, please contact the Veterans Crisis Line at 1-800-273-8255.
- All screenings should make a mental health professional available whenever possible. If a mental health professional is not available, the facilitator should have access to the Veterans Crisis Line and provide the information to anyone who may need it.
- If space is available, you should make a quiet room/reflection room available for veterans and their family members that may need to step out during the course of the film.
- During the panel, some difficult questions might arise from audience members. Here are a few examples of these questions. Please review this list with any veterans who are participating in the panel discussion and ask if they would be comfortable addressing these questions, or if they would like to have them deflected. You can work together to prepare alternate questions and answers if these topics arise.
 - Questions reflecting on death, both at home and overseas (Have you killed someone? Have you ever thought about killing yourself? Have you had friends die?)
 - Questions of a political nature (Do you think that this war was a waste of money? Do you agree with the full withdraw from Iraq? Do you support the President in his decisions as Commander-in-Chief?)



THINKING MORE DEEPLY

1. Even though he's been badly injured, Nathan wants to remain in the Marines and would even go back to Afghanistan if he could. Are you surprised by his attitude? Why do you think he feels this way?
2. When Nathan feels stressed out by seemingly minor things, he says that he would rather be back in Afghanistan "where it's simple." What does he mean? What is "simple" about what he was doing in Afghanistan?
3. How do you think his wife Ashley's life changed after Nathan returned from Afghanistan? Do you think she gets the support she needs as his principal caregiver?
4. Do the images of Afghanistan—that is, the fighting and patrols and the meetings with villagers—shown in this film square with what you have read or heard in the news media? If not, what is different from what you had previously learned?
5. Why do the villagers in the film resist helping the American service members identify and find the Taliban fighters who were shot?
6. What were your feelings or thoughts as the film showed Marines at a memorial service walking past photos of their fallen comrades?
7. Polls show that a majority of the American public does not support the war in Afghanistan. What accounts for this lack of support?
8. In the film, Nathan tells a friend that a lot of people don't understand what's going on over there (in Afghanistan). Do you think he's right? If so, what are some reasons for the lack of understanding?
9. Having gotten to know Nathan through the film, what is your biggest concern regarding his long-term adjustment to civilian life and living with his injuries?
10. Do you think that Nathan and other veterans returning from Afghanistan have sufficient support both from the government and their community to successfully reintegrate into civilian life? Explain why or why not.

SUGGESTIONS FOR ACTION

Together with other audience members, brainstorm actions that you might take as an individual and that people might do as a group. Here are some ideas to get you started:

1. Veterans who have fought in Iraq and Afghanistan face many issues upon returning to civilian life. Find out about the issues and how you can support those returning troops by visiting the Iraq and Afghanistan Veterans of America website at www.iava.org.
2. Reach out to children, spouses, and other family members of deployed troops. The National Military Family Association website provides many suggestions for how you can help. Go to www.militaryfamily.org.
3. If there is a rehabilitation center for wounded veterans in your area, volunteer your services. Alternatively, explore volunteering with the Wounded Warrior Project. Find information at www.woundedwarriorproject.org.
4. Two other organizations offering opportunities for supporting the troops and their families are Joining Forces (www.whitehouse.gov/joiningforces), an initiative begun by First Lady Michelle Obama; and the National Resource Directory (woundedwarrior-resourcecenter.com), a website for connecting wounded warriors, service members, veterans, and their families with those who support them. The website has a link that allows you to search for volunteer opportunities in your area.
5. Challenge veterans to rebuild a sense of purpose in their lives by serving in their communities, and serve alongside them to show your support. Learn more at www.missioncontinues.org.
6. Get involved in recording the memories and thoughts of veterans of the war in Afghanistan. The Veterans History Project of the American Folklife Center at the Library of Congress collects and preserves personal accounts of American war veterans so that future generations can better understand the realities of war. Visit www.loc.gov/vets/about.html to learn how you can participate.

For additional outreach ideas, visit www.itvs.org, the website of the Independent Television Service (ITVS). For local information, check the website of your PBS station.



RESOURCES

hellandbackagain.com – The official website of *Hell and Back Again* contains background information on the film and the filmmakers, along with clips and trailers.

Afghanistan Information

www.cfr.org/afghanistan/us-war-afghanistan/p20018 – This time line from the Council on Foreign Relations examines the events that precipitated the U.S. war in Afghanistan as well as the history of the war.

www.state.gov/r/pa/ei/bgn/5380.htm – The U.S. State Department's site about Afghanistan provides comprehensive information about the country – its economy, geography, history, and more.

Counterinsurgency/ Counterterrorism

www.reuters.com/article/2010/07/17/us-afghanistan-poll-idUSTRE66G0D820100717 – The results of a 2010 Reuters poll shows that the process of winning hearts and minds is falling short in Taliban strongholds.

www.politicsdaily.com/2011/01/11/counterinsurgency-strategy-not-working-in-afghanistan-critics-s – This 2011 *Huffington Post* article lays out the criticisms of the U.S. counterinsurgency strategy.

Combat Injuries and Veterans' Medical Care

www.dvbic.org – The mission of the Defense and Veterans Brain Injury Center (DVBIC) is to serve active-duty military, their beneficiaries, and veterans with traumatic brain injuries (TBIs) through state-of-the-art clinical care, innovative clinical research initiatives and educational programs.

www.ptsd.va.gov – The National Center for PTSD within the U.S. Department of Veterans Affairs focuses on research and education on the prevention, understanding, and treatment of PTSD in order to improve the well-being and understanding of American veterans; the website contains resources for veterans and their families, providers, and researchers.

helpguide.org/mental/post_traumatic_stress_disorder_symptoms_treatment.htm – Helpguide is an online resource that helps individuals resolve mental, emotional, and lifestyle challenges – including post-traumatic stress disorder – by offering information and effective self-help choices.

www.washingtonpost.com/wp-dyn/content/article/2010/10/29/AR2010102906782.html – “Teleconferencing from the War Zone Improves Treatment for Wounded Soldiers” is a graphic but moving description of the treatment of wounded service members.



RESOURCES

Supporting the Troops and Their Families

giveanhour.org – Give an Hour™ is a nonprofit 501(c)(3), founded in September 2005 by Dr. Barbara Van Dahlen, a psychologist in the Washington, D.C., area. The organization's mission is to develop national networks of volunteers capable of responding to both acute and chronic conditions that arise within our society. They provide counseling to individuals, couples and families, and children and adolescents. In addition to direct counseling services, their providers are working to reduce the stigma associated with mental health by participating in and leading education, training, and outreach efforts in schools and communities and around military bases.

java.org – Iraq and Afghanistan Veterans of America (IAVA) is the country's first and largest nonprofit, nonpartisan organization for veterans of the wars in Iraq and Afghanistan and has more than 200,000 member veterans and civilian supports nationwide. IAVA delivers services, resources, and support to their membership; they have a three-pronged approach to generating transformative change in the lives of veterans and their families in four critical impact areas: health, education, employment, and community building.

www.missioncontinues.org – The Mission Continues is focused on offering every returning veteran an opportunity to serve again as a citizen leader. Many veterans struggle to find purpose at home without the structure, mission and camaraderie of a military unit. The Mission Continues does not offer charity; rather, they challenge returning service members to utilize their tremendous skills and leadership to continue serving our country at home. Through service, veterans find renewed strength and purpose while building stronger communities.

remind.org – ReMind.org is a program run by the Bob Woodruff Foundation, and targets the challenges our military families face after their service member has been injured in Iraq or Afghanistan and supports reintegration back into their community by finding and funding the best and most effective programs and partnering with them to maximize results and ensure that our injured heroes and their families have successful futures.

www.whitehouse.gov/joiningforces – Joining Forces is a comprehensive national initiative led by First Lady Michelle Obama to mobilize all sectors of society to give our service members and their families the opportunities and support they have earned.

www.military.com/spouse/content/military-life/military-resources/how-to-support-our-troops.html – This website provides a comprehensive list of charitable organizations that help send gifts, cards, and care packages to our troops.

www.operationhomefront.net/default.aspx – Operation Homefront provides emergency financial and other assistance to the families of our service members and wounded warriors.

www.woundedwarriorwives.org – Operation Homefront's Wounded Warrior Wives provides support to military and veterans' families by caring for the caregivers of our wounded, ill, and injured warriors through a variety of resources including retreats, support groups, and an online community.

woundedwarriorresourcecenter.com – The National Resource Directory is a website for connecting wounded warriors, service members, veterans, and their families with those who support them. It provides access to services and resources at the national, state, and local levels to support recovery, rehabilitation, and community reintegration. The website has a link that allows you to search for volunteer opportunities in your area.

historymatters.gmu.edu/mse/oral/online.html – This website from the City University of New York and George Mason University contains guides and resources for doing oral history.

