

## It's a Gay Military Thing

By Danny Ingram

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Several years ago I was leading the AVER Georgia Color Guard at the front of Atlanta's annual Pride Parade when a female Marine stepped out of the crowd and asked if she could carry a flag. She was wearing her Marine cover and still looking every bit a Marine. With 3 full ranks of 5 marchers each I didn't have a place to put her. I asked the Marine if she would mind marching as a personal escort directly in front of the Jeep carrying retired Navy Captain Dr. Ralph Chinn, a psychiatrist who had served in WW2, Korea, and Vietnam, and our chapter's highest ranking member. She replied that she was more than honored to do so because she had been feeling really isolated in "this crowd", but now she had found "her place", and she was ready to serve.

"Being gay in the veteran community was OK, but being a vet in the gay community was not", said Dr. Chris DiMaio, recalling a story told to him by a gay veteran some years earlier. A former Navy doctor who served in Vietnam, and AVER's newest member, Dr. DiMaio has had a lot of experience in working as a psychiatrist with LGBT veterans and issues unique to the gay vets community. One of those problems is relating to an LGBT community that often seems alienating to former members of the military, accustomed to a very different type of life. Part of AVER's mission is to be the new home where LGBT vets can celebrate both their LGBT pride and their pride in having served the US military.

Dr. Chris DiMaio served as a medical officer in the United States Navy from 1965 to 1969. When he was drafted, Chris DiMaio was in Medical School at Georgetown University. Under a program called the Berry Plan, he was allowed to complete medical school and internship before entering active duty as a medical officer in the service of his choice. DiMaio chose to serve in the Navy and was called to active duty in 1967 after completing his internship at New York's Bellevue Hospital.

Dr. DiMaio was sent to St. Albans Naval Hospital in Queens for training, but was quickly transferred to the Field Medical School at Camp Pendleton, California. He had been assigned to the Marine Corps, and when the Tet Offensive began in 1968 his training was again cut short and he was sent to Vietnam as a General Medical Officer. His first assignment was in a field hospital in Phu Bai near the city of Hue where there was street-to-street fighting. Dr. DiMaio recalls heavy casualties and working long hours in triage and in surgery. When there were rocket or mortar attacks the patients awaiting surgery had to be moved to bunkers.

Lieutenant DiMaio was then transferred to Dang Ha where he was to serve as the battalion surgeon for the Marine 1st of the Ninth, the famous "Walking Dead", a unit that is reported to have suffered a 90% casualty rate. This is the same unit in which AVER Gold Coast President Marshall Belmaine served during his Vietnam tour. On his first day in 1/9, while Dr. DiMaio was adjusting to the 1/9 Battalion Aid Station (BAS), the corpsman who was assigned with him was killed, along with the wounded he was treating. The corpsmen in 1/9 were on the edge of exhaustion because of constant combat and heavy casualties. Dr. DiMaio volunteered to leave the station and go up into the field to replace the corpsmen assigned to HQ to allow them some rest time. He took part in several ground operations along the DMZ from Laos to Qua Viet and participated in one helicopter assault. Dr.

DiMaio got to see the country from around Khe Sahn to Camp Carrol, Vandergrift, the Rockpile and Cam Lo. He soon learned that although he might improve morale and "provide a target", the corpsmen were better in the field than he was. Dr. DiMaio went on to Medical Civilian Action Programs (MEDCAPS) and would be called to do triage and minor surgery in a tent if a unit sustained heavy combat casualties.

Dr. DiMaio developed a very bad case of cerebral malaria and was transferred to the medical ship USS Sanctuary where he almost died. Following his recovery he was sent back to the 3rd Medical. That night he stayed at the Danang Hospital Da Nang, where he recalls that on his first day back the base was hit by rockets. His final station was in Quang Tri where he established a medical unit along with Doctor Ed Chow. He treated everything from major combat injuries to the Bubonic Plague.

Dr. DiMaio returned stateside in 1969 where he served as Medical Physician at the Brig for the Treasure Island Naval Base. One of his patients there had been kicked out of the military for being gay. The patient was raped while at the facility.

After leaving the military Dr. DiMaio completed a psychiatric residency in San Francisco and San Diego. He practiced psychiatry from 1970 to 2007. Much of his work in Santa Cruz from 76-85 in private practice focused on veterans' issues. In 1985 he joined the Palo Alto VA Hospital to work on the Post Traumatic Stress Disorder (PTSD) unit at Menlo Park, and later was the clinical director of the San Jose VA Outpatient Clinic. He switched to Kaiser Permanente in 1990.

During his time working with veterans it became increasingly clear to Dr. DiMaio and other mental health professionals that many Vietnam veterans were displaying abnormal behavior that was new to the VA. Vietnam veterans were experiencing a high divorce rate and a lot of substance abuse. Suicide and attempted suicide rates were very high. Veterans were barricading themselves inside their homes, and others were falling out of society, becoming homeless. Obviously something had gone wrong, but there wasn't a lot of understanding about mental injuries from combat. It was the early days of a growing understanding of PTSD on a massive scale that the military was largely unprepared to handle effectively.

Thirty-five years later the military is much more prepared for dealing with PTSD. Dr. DiMaio and other mental health providers serving veterans and service members have developed Vet Centers in the community as a way of bringing support out of the hospitals where help can be more easily accessed. One more reason to admire Chairman of the Joint Chiefs Admiral Mike Mullen is that both the admiral and Mrs. Mullen have been very proactive in challenging the military culture's belief that psychological problems are a weakness to be overcome by discipline and fortitude. The military now talks to service members about the dangers of PTSD before they deploy overseas and screens them after they return home.

But there are still problems, according to Dr. DiMaio. "It's really hard for young people to admit PTSD because they don't want to be kept", he notes, referring to the military's policy of retaining potential PTSD patients for testing and treatment, postponing their return home. Most service members returning from deployment want to get home as quickly as possible, forgoing help with PTSD and hoping that getting back to family will solve any problems they may be experiencing. Unfortunately that is not always the case, and frequently families may be the ones to suffer from a combat veteran's problems with PTSD.

Now retired, Dr. DiMaio continues to volunteer his time with veterans and college students, many of whom are veterans themselves returning from overseas deployment. He and Mark Sandman, a PTSD specialist and a fellow Vietnam veteran, consult once a week with The County Veterans Advocate Dean Kaufman, a Gulf War veteran, and are on call for Dean "24/7". Both Dr. DiMaio and Sandman also consultant with Peer Counseling for Veterans at the University of California Santa Cruz and Cabrillo Community College. Dr. DiMain has also been active with Rainbow Vets, a group of LGBT veterans that he helped form in Santa Cruz.

In September Dr. DiMaio and I will both speak about the unique challenges of LGBT military veterans at the Gay and Lesbian Medical Association (GLMA) annual conference that is being held this year in Atlanta. Monica Helms, president of the Transgender American Veterans Association (TAVA), will discuss issues that transgender veterans encounter and the new VA policy regarding transgender vets. Nicole Knight, Team Leader for the Atlanta Vet Center, will discuss what the Vet Centers are and what they can offer in the way of rehabilitation counseling and referral to other resources at the nearest VA Hospital. Dr. DiMaio will discuss Mild Traumatic Brain Injuries (TBI), the signature wound of Iraq and Afghanistan, and how TBI can be overlooked even when it is causing significant problems for the veteran and their significant others. And I will discuss "double" PTSD in LGBT veterans, the increased stress caused by having to maintain a false identity and the detriment to psychological healing caused by having to lie in therapy. This will be the first year that GLMA will feature veterans' issues in its programming.

Dr. DiMaio and I discussed future directions for AVER in helping to define and meet the needs of today's LGBT veterans. The challenges are many. Along with the major challenges of benefits for same-gender spouses, there are a wide new range of issues unique to a military with growing experience of LGBT service members. What will PTSD look like for women, especially mothers? How will military family support groups integrate same-sex partners of LGBT service members? Dr. DiMaio sites the story of a transgender grandmother, herself a veteran and Purple Heart recipient, trying to get support from Blue Star Mothers, a support group for mothers who have children deployed overseas, in caring for her grandchildren. Integration will require the challenge of a wide range of barriers. "It took a long time for integration [of the military] to get done", notes Dr. DiMaio, "and it will require the breakdown of more barriers than people think."

And there is the issue of LGBT veterans finding "their" place. There is a strong bond in the military, a bond that most people do not understand. Veterans stick together. I remember the slogan a few years back used by many African-Americans, "It's a Black Thing". It could just as easily be said "It's a Military Thing". Veterans understand each other, but not all straight veterans are willing to extend that understanding and acceptance to LGBT vets. And the LGBT community has not always been especially welcoming to members of the military or proud veterans. AVER is the place where the two come together. In AVER we understand each other as veterans, AND we understand each other as LGBT people, with all the mutual challenges that come with each identity. As we examine our on-going mission to be of service to LGBT veterans and service members, we need to keep our unique position in mind. Each of us found our home. We should strive to "be" home for those "coming" home.