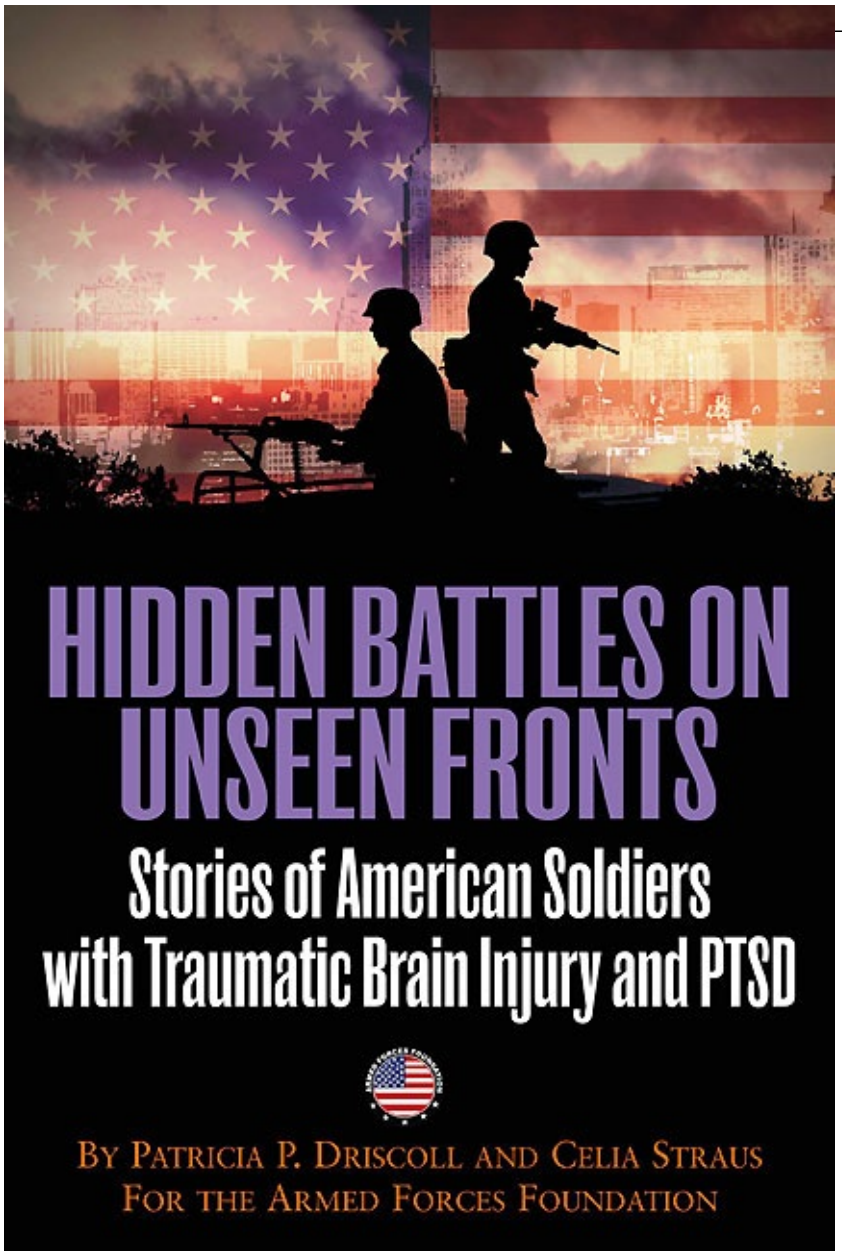
HIDDEN BATTLES ON UNSEEN FRONTS
Stories of American Soldiers with Traumatic Brain Injury and PTSD
By Patricia P. Driscoll and Celia Straus
For the Armed Forces Foundation

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BY
CELIA STRAUS
FOR THE
ARMED FORCES FOUNDATION

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For ~~the men and women who have sacrificed so much to serve us so well.~~
We honor you.

FOREWORD

By Brigadier General Loree K. Sutton, MD

For many of our warriors, “coming home” is not the end of war—far from it.

Leaving the battlefield far behind, the battle often continues—in hearts and minds, relationships and communities after deployment. Families and loved ones often find themselves fighting a battle, too, striving to understand and support the person they care for after a life-changing experience that they may not want to remember, let alone talk about. Warriors may feel isolated in a frightening and unfamiliar struggle to cope with memories of war, one of the most intense experiences a human bein can endure.

The intensely personal stories in this book place a human face on the adversity of war that frequently remains hidden from public attention: the challenge of post-traumatic stress, concussion (also known as mild traumatic brain injury), and other psychological health issues among our returning warriors. Despite the struggles, those who have shouldered the adversity of war may also seize this opportunity to experience post-traumatic growth—deepening one’s faith, cherishing relationships, reordering life priorities, and extending compassion and empathy for others.

Many will adapt to their “new normal” in a few weeks or months; some will take additional time to come to terms with their experience. Killing in combat, witnessing or participating in atrocities, losing beloved buddies, coming home to a strained or even fractured marriage, experiencing “survivor’s guilt,” witnessing the death of innocent civilians, craving the adrenalin surge of living in the shadow of death—such are the timeless challenges known to warriors of all ages—past, present and future.

Reintegration with home, work, family and community can be arduous—as one sergeant put it, “It’s tough to move from being a target to shopping at Target!” Some find that memories can be even mor disturbing than the actual experience, because what they once believed could touch them only on the battlefield has now “followed me home.” Where sleep was once a rejuvenating respite, slumber may now be punctuated with nightly replays of combat’s peril. Further, the routine of family life may be overwhelmed by demands unseen but remembered, compounded by the frustration of loved ones who are attempting to understand what their warrior is experiencing.

The challenges are real. Celia Straus’ timely book—a story of stories—is ultimately a story of hope, strength, love, courage, forgiveness and redemption.

In these pages, you will witness the accounts of real warriors and learn of their battles at home and at war, as well as the strengths they have claimed along the way. These gripping stories harness the power and the promise of recovery in the most poignant manner possible—by seeing through the eye of those who have actually lived it.

Successful recovery and reintegration call for resilience—the human capacity to adapt and grow in th face of stress, adversity, trauma and tragedy. Realizing this capacity requires the sometimes painful work of finding meaning, purpose and value in life’s harshest experiences, marked by breakthroughs,

heartaches, lapses, triumphs and, at times, despair. Hope must prevail—we are NOT alone.

It is especially fitting that this book includes essays from caring professionals now in the field supporting our warriors. These first-person accounts describe the practical mechanisms of resilience and recovery—a holistic union of mind, body and spirit. Many are informed by their own experience with war and trauma, and know firsthand the vital imperative of keeping hope on the horizon. These stories provide a real-world view of how warriors and their families interact with psychologists, soci workers, chaplains and other "fellow travelers" on this journey from trauma to transformation. Troop wage war; healers wage hope.

In many ways, this book answers the call to a sacred duty as old as the family of man: to tell the story of the wounded warrior. Repeated throughout history and literature, this call marks the human need for meaning, purpose and a sense of belonging beyond one's self. Consider Hamlet on his deathbed, making his final request to Horatio, his dearest and most trusted friend: "If thou didst ever hold me i thy heart, absent thee from felicity awhile and enter my harsh world and draw my breath in pain to te my story."

Withdraw yourself from your comforts to see through my eyes, says Hamlet. Tell the world my story

The warriors whose stories are collected in this book demand to be heard. The extraordinary candor o these men and women reflects a courageous willingness to make their most intimate fears—and enduring hopes—part of the public record of our fellow Americans at war. This gift of service and sacrifice symbolizes the trust and love that, in our best moments, enables humans to act selflessly on the battlefields of war and peace. These lessons, gained through time, courage, patience, prayer and fellowship, will lead the way home for warriors throughout the ages. We are privileged to stand on th shoulders of such giants.

Someone once said: "Be kinder than necessary, for everyone we meet is fighting some sort of battle." Believe it. Psychological injuries—leading to unseen battles on hidden fronts—are real, urgent and potentially lethal. We are NOT alone… seeking support IS an act of strength and courage. We are all in this journey of life together. Perhaps that is the greatest blessing of all.

Army Brigadier General Loree K. Sutton, MD

Director,

Defense Centers of Excellence for Psychological Health

and Traumatic Brain Injury

January 2009

“Every war has its signature wound. In World War I it was poison gas-damaged lungs. In World War II it was radiation that caused cancer. In Vietnam it was Agent Orange that caused neurological damage and skin disorders; and for the Iraq and Afghanistan conflicts it is TBI. Since August 2007, when screening for TBI, 83% of wounded troops were diagnosed with TBI, the largest group being 21 year-olds.”

—“The Hidden War: American Soldiers vs TBI,” Tracy Williams, New Orleans Picayune, May 5, 2008

INTRODUCTION

By Patricia Driscoll, President, The Armed Forces Foundation

For almost three years we at the Armed Forces Foundation (AFF) have labored to bring Hidden Battl on Unseen Fronts to publication. I am honored to have led our effort and am grateful to the wounded warriors who offered their stories as well as to the military and civilian healthcare providers that graciously provided their insight. I hope readers everywhere will find these stories of courage inspirational, and the essays by the caregivers and advocates illuminating.

The nature of our work at AFF is defined by the changing needs of those we serve, particularly as the war in Iraq enters its seventh year. AFF designs programs to address new issues facing troops such as Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD). Hidden Battles is the resu of our commitment to this goal, with all royalties from this work going directly to the front line of support for wounded warriors and their families.

The modesty of our warriors is extremely admirable. Many troops dismiss their sacrifice as “part of the job.” But how many jobs demand the sacrifice of sanity? What other job requires infinite amount of courage, caring, resourcefulness and resiliency to win against the odds? And how many jobs challenge the employee’s family just as much? Only our nation’s service members can answer that question.

Never in our history as a nation have we had a more talented, experienced, committed, and diverse armed forces. They are the clearest demonstration of our destiny as a nation and for that they deserve to be heard and helped; this is the goal of Hidden Battles.

One in six combat troops returning from Iraq suffers from some form of brain trauma. These troops are at a heightened risk for developing a host of physical and mental symptoms in both the short and long term. They may struggle for months or a lifetime with depression, memory loss, an inability to concentrate, irritability, sleep problems, flashbacks and much more. What makes TBI and PTSD so troublesome is that these mental health conditions are unseen and can be undiagnosed. Those who suffer from TBI and PTSD often feel stigmatized by their symptoms and hide their wounds instead o taking steps to heal them.

It is my sincere hope that the stories contained in this book will raise awareness of these unseen wounds and create a more open and helpful dialogue. Our troops and their families make valuable an honorable contributions to the welfare of our nation every day and every hour, and have much to teac us. We at AFF are still learning from them and I hope you will as well.

THE ARMED FORCES FOUNDATION

In 2001 the Armed Forces Foundation (AFF) was established under the U.S. Department of Defense’ military support program. AFF offers vital assistance to active-duty and retired personnel, National Guard, Reserve Components and military families as they cope with difficult circumstances. The Armed Forces Foundation is dedicated to providing comfort and solace to members of the armed forces community through financial support, career counseling, housing assistance and recreational

therapy programs. AFF has been recognized by the President of the United States, the Department of Defense, the Department of Veterans Affairs, the Department of Education and the Department of Energy for its dedication to America's service members. For more information on how you can help AFF carry out its mission visit www.armedforces foundation.org.

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DEPLOYED, DECORATED AND LIVING IN A CAR

The Story of US Marine Corps Sergeant Christopher Horman

“I was about 50 meters away when it blew up. The blast knocked me off my feet and into the side of a Humvee. I must have blacked out fo a minute or two, but when I came to there was nothing left of the vehicle. No remnants; just char and a crater.”

When 28-year-old Christopher Harmon was discharged on May 26, 2006, after eight years in the Marine Corps, he had a chestful of decorations and a pile of honorable citations.

During his deployment to Iraq in 2005 Chris led an elite bomb squad patrolling the neighborhoods an alleyways of Baghdad and smaller towns like Kandari, site of Abu Ghraib Prison. During the siege of the prison on April 5, 2005, Chris and his 15-man team were the only ground troops outside the walls during the precision-timed offensive. “We were on a foot patrol at the rear of the insurgents. They didn’t know how many of us there were but we knew there were over 100 of them, so I told everyone to spread out.”

Chris sprinted from man to man during the 54-minute firefight, encouraging them to be aggressive. “My machine gunner shot 850 rounds. It was like nothing I’ve ever experienced.” Afterward, US military officers would call the siege the most sophisticated and concerted insurgent attack up to that point in the war, and would single out Chris’ leadership as critical to the attackers’ defeat. The next day, while securing a deserted car suspected of containing an IED, the vehicle exploded. “I was about 50 meters away when it blew up. The blast knocked me off my feet and into the side of a Humvee. I must have blacked out for a minute or two, but when I came to there was nothing left of the vehicle. No remnants; just char and a crater. It scared the living shit out of me.”

While his discharge papers described compression injuries to his back, knees and ankles, and a chronically dislocated shoulder from repeatedly jumping out of vehicles while carrying heavy backpacks and equipment, as well as his two-year struggle with PTSD, Chris was not tested for Traumatic Brain Injury.

Chris returned to Seattle with his wife, Kathy, and their three boys, Austin, 9 (from a previous marriage), Zachary, 5, and Xandar, 2. Kathy was from North Carolina and she’d never been out of the state. “Except for worrying about Chris’ safety, the boys and I had been comfortable at Camp LeJeun I didn’t see the logic of moving to Seattle but I was willing to try it if that was what Chris wanted to do. The hardest part was getting out there a month before he was discharged.” She had met his parent once. Chris and Kathy moved in with Chris’ father and stepmother, and almost immediately the situation soured. “Before I went to Iraq I was open and happy; but after I got back I started getting depressed. I was scared of going out in crowds. When Kathy and I would go to the grocery store, I’d

break out in a cold sweat if I couldn't find her. The smallest things like a pop or a bang made me jump."

Chris' VA benefits hadn't kicked in yet, and he had to find a way to support his family. He started job hunting. Personable and, at the time, highly motivated, Chris overcame his lack of a college degree and mental problems and found a job at the Union Pacific Railroad as a conductor in training. During his time in Iraq Chris had been given 80mm of Proszac a day for his PTSD, an amount that shocked the physicians at the Seattle Veterans' hospital where he went for treatment. "Why the hell are you o a major anxiety drug?" one doctor said. "I wouldn't give this to anyone in your condition, particularl in combat." The doctors experimented with various cocktails of medications: Zoloft, Paxil, Efferex, Cymbalta and others, singly and in combinations. Each prescription had side effects and none really worked.

Then, after just six weeks, the Union Pacific training program was suddenly dismantled and Chris wa let go. He became depressed and anxious and withdrew into himself. "I tuned out. I'd stare at the television all day and see nothing. I had headaches and ringing in my ears, but most of all I was drowning in a black hole." His father, an Army veteran of 32 years, couldn't understand why his son, the youngest of four brothers, two of whom were deceased, could not get his act together. They fough "He yelled at me, 'The way you're acting, you're spitting on all your dead brothers.' I took Kathy an the kids and left the house." Chris moved his family to Spokane to live with his birth mother, whom he had not seen since he was two, but he was unable to find work and returned to Seattle, this time moving in with his brother's family.

He was accepted into "Hard Hats," a program training military veterans to become sheet metal workers. "The problem was, I was out of shape and had gained weight and my body couldn't take it. I'd try to lift or carry those heavy sheets of metal, and my back would just give out." Two weeks into the job Chris told the foreman he couldn't physically handle the work. A few weeks later he found another job, this time as a security guard at $6.00 an hour. But his depression was worsening along with disturbing new symptoms such as loss of memory. He was unable to concentrate on the simples of tasks.

"I got so paranoid. I was in a state of panic most of the time. I don't think people understand the pain of what goes on in your head. You've lost yourself and it's scary as shit. No one sympathized. I mean it wasn't as though I'd lost a leg or gotten shot up. It was all in my head." After ten minutes on the security guard job, Chris' back, knees and legs would seize up, putting him in excruciating pain. He had to quit. "I had no money for gas so I spent a lot of time on the Internet trying to find a job. My brother didn't understand what was going on. His wife got fed up with us and had the cable disconnected. We had a big argument and I said, 'Okay, I guess we're uninvited.'" Chris and his family were homeless.

Kathy sent her oldest son, Austin, back to North Carolina to live with his father. "It was the hardest thing I've ever done in my life," she says. "I'd raised him by myself, and it broke my heart to have to send him where I knew he wasn't wanted, but we weren't getting by and I didn't know what else to do." To make ends meet, Chris and Kathy sold their belongings and pawned their wedding rings. Yet few days later they and their two sons were living out of their car. Someone told a radio station about their plight and it broadcast their story, which raised enough money to pay for a cheap motel and foo for the two boys.

“I wanted to give up so many times,” Kathy recalls, “but even at his most depressed, Chris believed we could do it.” At the end of their rope, they were rescued by the Marine Corps in the form of a fina check for moving expenses for transitioning out of the military. They got their rings out of the pawnshop, packed up their few belongings and drove across country back to Raleigh, North Carolina where Kathy’s older sister lived. However, instead of improving, their lives went downhill.

“We got Austin back and moved in with Patty. But her husband was a drunk and a month after we got there he threatened me with a shotgun. That night we packed up our bags and left. It was the worst of the worst. We’d sold all our furniture, and the souvenirs I’d brought back from my deployments. Everything we owned was in three Rubber Maid tubs. By 3 a.m. we’d been driving around Raleigh fo hours.” The next morning Chris called “Marine 4 Life” asking for help. Within 24 hours the Marine 4 Life team had moved the family into a motel.

It was then that Chris and his family first came to the attention of the Armed Forces Foundation. The Marine 4 Life team contacted the Foundation requesting financial assistance for Chris and his family while they helped him look for a job. The foundation immediately paid for the family’s lodging and food for the week. Chris interviewed with Norfolk Southern Railroad and there was a good possibility of employment. At the end of the week the Marines moved the family into the Warrior homes at Cam LeJeune, fully furnished on-base housing designated for injured veterans and their families. Better ye during their two and a half months stay there Chris was able to get regular treatment for his PTSD symptoms. A number of organizations, including the AFF and the Semper Fi Fund, covered the family’s expenses. Chris’s paranoia and depression lessened, and the nightmares that awakened him three and four times each night began to dissipate. The worst was over.

The position with Norfolk Southern was still iffy, so in August when Chris was offered a job as a manager trainee with the Kangaroo Pantry in Greenville he took it, even though the starting salary wa miniscule and there was no health coverage until he spent a year with the company. The Semper Fi Fund helped move the family and paid their first and last month’s rent so that they could get settled into an apartment. Austin and Zachary needed to begin school. The Armed Forces Foundation contacted Aaron’s Furniture to see if they would donate furniture since the family still owned nothing but a few bundles of clothing. Aarons donated a living room suite, bunk beds and a toddler bed for th boys’ room, a bed and chest for Chris and Kathy, and a washer and a dryer. By now Chris was receiving $1,100.00 a month in Veteran’s benefits but he still couldn’t feed his family, get treatment for his PTSD, and pay the rent.

In early October, Norfolk Southern accepted him into their conductor training program, and Chris decided to take their offer as a second chance to find the security he and his family so desperately needed. The railroad job came with medical benefits after two weeks of work, as well as higher pay. “His optimism always won me over,” Kathy says. “I remember times when we had to drop everythin and leave, but I always trusted him because he never gave up. He said ‘My boys deserve better and I promise I’m going to get it for them.’” The family moved into an apartment in Norfolk, enrolled the two older boys in school, and Chris started training. They had to pawn their wedding rings a second time in February 2008 to pay their electrical and heating bills, but by the end of March Chris completed his training and became a conductor for Norfolk Southern. He had made good on his promise.

MEDALS

Combat Action Ribbon (Iraq), 2 Marine Corps Good Conduct Medals, Humanitarian Service Medal, Sea ~~Service Deployment Ribbon, Armed Forces Expeditionary Medal (Haiti), Iraq Campaign M~~edal, Global War on Terrorism Service Medal, National Defense Service Medal, 2 Navy Unit Commendations.

“The ~~story of Mr. Woodruff’s recovery is nothing short of a miracle. He considers himself lucky~~ to have received incredible care. Not only did he have to go through surgery and grafts to repair the physical damage to his face and head, but needed rehabilitative for the unseen damage to his memory thought processes and speech. In addition to his initial treatment upon returning from Iraq, he needed constant follow-up therapy to recuperate his cognitive abilities.”

—“Brain Injured Newspaperman Speaks Out For Returning Iraq War Veterans,” Fern Cohen, www.ezinearticles.com

DECIDING WHO IS SANE ENOUGH TO FIGHT

The Ethics of Military Medicine in a Time of War

By Alice Psirakis, LCSW

Specialist D, a young 20-year-old soldier, walked out of the psychiatrist's office and sat in the waitin room until we could get his paperwork ready. He was a mobilizing soldier, having just arrived on pos one short day ago. His unit was being processed through the medical stations when a red flag popped up, sending him over to our department for an evaluation.

The soldier had informed the medical provider that he was on Depakote, a medicine used for bipolar disorder or, sometimes, as an overall mood stabilizer. Anytime a soldier revealed that he was on any psychotropic medication, an instant referral to Behavioral Health was generated for clearance to continue mobilizing. In this soldier's case, the psychiatrist did not feel comfortable clearing him because he would most likely be unable to get blood work done in theater (Iraq) to monitor his Depakote levels. It was dangerous to deploy someone who was on Depakote or Lithium because of th extreme heat, so those medications were automatic disqualifiers.

But when I handed the soldier the paperwork containing the information that would generate the process to return him back home, I felt a piercing inside me. The soldier looked at me, about to break down. He was heartbroken as though we had just crushed his dream. Whenever I used to tell my dad about grandiose plans I had and he would ask me a thousand logistical questions, I'd always say to him in an exasperated tone, "Dad, you're such a dream-squasher."

In that moment, I felt like a dream-squasher. He looked at me with such a look of devastation that I felt sorry for him almost as if we were responsible for doing something cruel to him. Imagine that—I felt guilty for not sending someone to war. What had my world come to? The existence of that type o guilt itself seemed warped.

And yet, I felt it.

Sergeant K was a tall, husky, 49-year-old Army Reservist who was mobilizing for the third time to a combat zone—one tour in Afghanistan and one in Iraq had earned him the diagnosis of Post Traumat Stress Disorder (PTSD). He suffered from nightmares, intrusive memories and emotional numbing. Yet here he was, having volunteered to deploy once again—a phenomenon all too common. He came through our doors as a self-referral, with a primary complaint of insomnia. After an extensive psychosocial history it was clear that SGT K was suffering from PTSD. During a session in which I encouraged him to discuss his intrusive memories, he told me about a young Afghan girl who was killed. SGT K broke down, sobbing as he remembered this, feeling that he was somehow responsible for her death. But SGT K was insistent on being redeployed. He had not come to Behavioral Health to get sent back home—he just needed to sleep. He told me, "If I could just sleep I'll feel better. My guys need me." I couldn't argue with him about that.

But I also remember telling him that I thought this third deployment was going to be the psychological death of him. SGT K agreed.

Yet Sergeant K had been training effectively with his unit over the past few months. He was mission-oriented, taking care of his lowerenlisted soldiers the way an NCO (Non-Commissioned Officer) is supposed to. He had a vast supply of knowledge and experience to contribute that only a seasoned combat veteran could have. He hadn't frozen or panicked at all during any simulated fire and training exercises. Other than his insomnia, none of his other PTSD symptoms seemed to be affecting his training at this current time—this current time being the operative phrase. He wanted to deploy. He felt a responsibility toward his younger, less experienced soldiers who were counting on him during this deployment.

And the truth was, no concerning training or behavioral issues had been observed or reported by his leadership thus far. Considering the circumstances, SGT K was functioning extremely well.

After a short-term treatment regimen combining brief psychotherapy and medication management, w decided to deploy SGT K on antidepressants, with instructions to follow up at Combat Stress Control once he got to Iraq.

While I served as the Chief of Behavioral Health Services at one of the largest Army deployment installations from 2004 to 2007, that was my entire life. Day in and day out, my staff and I were tasked with deciding who went to war, who returned home, who would deploy at a later date to the combat zone, who could redeploy and who couldn't. The military refers to this as Fitness for Duty Evaluations. Thousands of soldiers walked through our doors awaiting a disposition that, no doubt, would alter the course of their lives.

I was a New York State-licensed clinical social worker; a member of the National Association of Social Workers, whose code of ethics highlights values such as client self-determination (the client i ultimately responsible for his own course of action and decision-making). I had spent years working as a community-based public health social worker. But I was also a Captain in the United States Army. I was a medical officer whose corps motto was "To Conserve the Fighting Strength." Years ago, I had sworn to protect my country and serve as a personal reflection of the Army's core values. My warrior ethos talked about things like, "I will always place the mission first." And so here I was– a social worker plucked out of the civilian world and now mobilized to carry out the Army's mission

And I was responsible for placing the mission first.

Very few people understand the cognitive dissonance that begins to take place here, and the potential ethical conflict that starts brewing between what I may think a soldier needs and what the Army need As a military social worker serving in a time of war, sometimes it was unclear to me who I worked for. In my civilian life the answer was easy—the client of course! In the military the answer was muc more blurred. Who was I responsible to? Where did my clinical loyalties lie? Did I work for the individual soldier? Or did I work for the collective Army as a whole?

The reality, I discovered, was that I worked for both simultaneously—a balancing act which would prove to be a huge challenge over the course of my tenure at Fort Dix. I knew in my heart that client-self determination was a paramount part of my professional ethos, but that was not a value to be emphasized in the Army. It didn't matter if someone wanted to go to war; they just had to. And we ha

to figure out if they could. However, I need to make something clear here: neither I, nor the team that I supervised, ever operated in any unethical ways. When my team and I made a decision whether or not to deploy a soldier, we struggled and struggled to make the right one. While I understand that civilians who read this may judge the clinical decisions I made as compromising, my hope is to offer an insider's perspective and expose them to the intricacies of the military mental health system during a time of war.

When we deployed SGT K we were not saying that he did not have Post Traumatic Stress Disorder—quite the contrary. We were deploying him with PTSD. To many, that is simply disturbing, and I can understand and respect that. But allow me to explain how that is even possible in the world of military medicine. The secret is this: It all came down to level of functioning.

The last criterion in the DSM IV-TR diagnostic guide for almost all psychological disorders asks: how severely do these symptoms impact the person's current social and psychological level of functioning? In other words, how distressing is this condition/illness to the person in their interpersonal relationships, in their place of work, at school, in how they interact with the world in general? Taking this into consideration, we recognized how two people with a diagnosis of PTSD may have very different symptom manifestations of it. Some are completely incapacitated, while others exhibit fewer symptoms, causing them lesser distress.

There were so many other factors that guided my decision-making: where was this soldier deploying? Would he be "outside the wire" and thus potentially exposed to violence if not combat most of the time? What was his MOS (Military Occupation Specialty); in other words, what was his job? Was he a computer technician who would be inside the wire fixing computers most of the day or was he a gunner going on several patrols a week, probably engaging in live fire exchanges? Was he an administrative clerk who was helping out the Executive Officer all day or was he a truck driver, going back and forth to different bases in Iraq? How savvy was his command about mental health issues, and could we trust him to take care of his soldiers if he observed behavior that concerned him?

Was there a combat stress team deploying with his unit? Could the soldier receive his psychotropic medication while in theater (the combat zone)? What was the soldier's previous level of traumatic exposure? What would his potential level of traumatic exposure be in the combat zone this time around? How was he reacting during training here in the States? Was he freezing up during the simulated mortar attacks? Was he withdrawing and isolating himself from his comrades? Was he unable to work as a team player? Did he run for cover every time the cannon went off at 1700hours daily on post? How disruptive was his hypervigilance to his everyday functioning? The list goes on and on…

It is very difficult to predict human behavior and psychological deterioration in general, much less in a combat zone. And on some level, that is what I was being asked to do. The reality is, not everyone is built and wired the same way. We don't really know why some people will break down while others don't. We don't really know why some people will get PTSD when others, having endured similar trauma, won't. We have some ideas, but we don't truly know. And the truth of the matter is, on some level, as clinicians, we took a risk answering these questions and hoped that our clinical expertise, coupled with a prayer here and there, would prove to be the right answer.

The front cover of the June 16, 2008 issue of Time magazine was titled, "America's Medicated Army" bringing to light the controversy of deploying soldiers on medication or giving them meds to assist

them with symptoms while in combat. I never saw that as unethical—I saw it as practical, a necessary evil almost. In a rose-colored glasses world, that would not be the case. But the reality of war dictates otherwise.

About 45 million Americans are on antidepressants—all living, working and functioning on very different levels. The military is a microcosm of American society. Being on an antidepressant does not automatically mean that you are not functioning. We tried to look at each soldier individually, and never use a cookie-cutter approach while ultimately trying to conserve the fighting strength.

I found out over a year later that SGT K had come by Behavioral Health to say hello to us after he returned from his third tour in Iraq. I was no longer working there when he came in, but I often wonder how he is doing now.

LANDMINE BLAST TO A SOUL

The Story of Army SPC Walter Blackston

“She asked me if I couldn’t move back with my parents until this was all straightened out. I said, ‘Ma’am, I’m 47 years old. I can’t move back in with my parents. I need to get my life back.’”

During the spring of 2003 Walter Blackston was working around the clock, responsible for far more than his formal assignment as Chief of Communications for Task Force 44 out of Afghanistan. He headed up communications for Med-Com, XVIIIth Airborne Corps, gave multiple briefings a day to Medevac crews, and ran convoys that crisscrossed the countryside outside of Kabul.

At 42, divorced with two grown sons, Walter was one of the older reservists called up after Septembe 11. Moreover he had fully recovered from injuries to his face and eyes when a simulator hand grenad had blown up during a training accident right before his deployment with the 48th Combat Support Hospital, Fort Meade, Maryland. His work was earning him a number of medals and citations.

While deployed out of Bagram, Afghanistan, he’d even been featured in the newspaper Freedom Watch for inventing a 24-hour paging system that enabled doctors and nurses to respond to an emergency at the field hospital far faster than before. So with only a week left before returning home while he was keen to get back to his family, he felt that he’d contributed to the war effort.

May 24, 2003 started out busy as usual. “Ever since the invasion of Iraq we’d been shorthanded so I was doing a little bit of everything. Around 1800 I got the word that command was sending me and three medics to retrieve some soldiers ‘who were down.’ That’s about all they told us. Not how it happened or if they were alive or dead. The location coordinates they gave us were bad so it took us a while to find the site, and when we got there we saw the smoke in the distance. A Black Hawk had crashed. Between us and the helicopter was a field. We didn’t know for sure but we had to figure it was mined. The Russians mined neighborhood alleys in Kabul, so sure as hell they’d mined an open field. We moved slowly. When we got to the crash site it was a nightmare. The smoke. The bodies. Two solders were dead and the third was bleeding out. If we had gotten there fifteen minutes earlier we could have saved him. I remember standing there looking down at his face while the medics did what they could and thinking,’ Just fifteen minutes sooner and he would have lived.’”

Walter and his companions loaded the bodies on two gurneys and started making their way back across the minefield to safety. “We couldn’t follow our footprints. It was too dark. One of the guys, a good friend, was walking ahead of me and I was praying that he’d know where to step. Suddenly ther was a huge explosion. I threw my hands up to protect my head and that’s all I remember. The next thing I was struggling to get up and someone was holding me down, and then I felt the pain.” Walter’ friend had stepped on a land mine, killing himself and injuring the other three. The blast knocked Walter unconscious, injured his spine and embedded shrapnel in his armpits and face. No one had

been wearing body armor. “That was a bad night. A bad… bad night.”

With one week left before he was to be sent home, Walter was stitched up and kept on the job with orders to report to Walter Reed Medical Center when he returned stateside. By the time he got to Walter Reed an infection had spread throughout both his arms. The doctors would have to cut out the infected flesh again and again, unable to prevent nerve damage in the process. He would spend the next three years undergoing spinal surgery, multiple surgeries to each arm, and skin grafts. Haunted by nightmares, memory problems and paralyzed with depression, he started treatment with a hospital psychologist for Post-Traumatic Stress Disorder.

On January 31, 2004, while he and his roommate watched the Super Bowl on television, he took a tur for the worse. “They had cut more flesh out from under my arm and packed it with sponge, but they hadn’t gotten all the infection out. You could smell it soon as you came near me.” Feeling progressively worse minute by minute, Walter rang for help. “They finally got a doctor to take a look To clean the wound he had to pull out the staples and he snagged an artery. Then his pager went off and he left the room.” Walter began to bleed out. “The guy in the bed next to me was a double amputee so it was hard for him to go for help, but when he saw what was happening he started hollering. Finally a nurse came in.”

When the nurse saw what had happened, she called for backup. They repacked the wound with dressing, changed the sheets and put Walter back in bed. Then they left. “I lay there feeling warmth seeping down my back and onto the mattress. We kept buzzing for the nurses but no one came.” He called his mother in Baltimore.

“I picked up the phone and I heard Walter on the line saying,’ Mom, I’m not going to make it. You g to get here. I love you,’” recalls Luvinia Blackston, who lives in Baltimore and is a retired surgical nurse. “It took me and Walter’s step dad close to two hours to get to the hospital. Route 29 from Baltimore to Silver Spring was bumper to bumper traffic so I drove on the shoulder the whole way. I called Walter’s sister and said call him and keep him on the phone talking until I get there. She asked what was wrong and I said, ‘Just call him!’ I was praying that the police would pull me over so I coul tell them I needed an escort to the hospital, but no one stopped me.” When Luvinia got to her son’s hospital room she froze. Walter lay unconscious on his bed surrounded by a pool of his own blood.

His roommate had pulled himself into his wheel chair and gone out to the nurses’ station for help but no one had responded. “I wrapped a towel around my hand and pushed on the artery. The whole time was screaming for help. My husband couldn’t take it. He went into the bathroom and threw up.” Once Luvinia got the attention of the medical staff, they went into overdrive. Walter’s bed was unplugged and he was rushed to the operating room, where he underwent surgery and received transfusions. “I pushed on the artery all the way to the OR. It was the only way to keep him from bleeding to death. While they were operating on him I waited outside, and a nurse came up to me and saw my arm covered in blood past the elbow. She said, ‘You should have worn a glove,’ and I said, ‘He’s my son. His blood is my blood.’” For the next 48 hours Walter remained in intensive care until he was stabilized enough to return to the unit. Luvinia stayed the entire time. “When he came around, he said ‘Oh, Mom, I’m so glad you’re here.’ He had tears in his eyes.”

By 2005 Walter was quartered outside Walter Reed at Summit Hills apartments in Silver Spring whe he lived with another soldier, a young sergeant who coped with his PTSD by going AWOL every chance he got. Three months later they were moved to Building 18, the hospital’s former student

barracks, doubling up in a single room. “It was so small that the only way to get any privacy was to separate our bunks with the wall locker. The paint was peeling off the walls in strips. There was mold on the ceiling, mice, cockroaches. The bathroom was disgusting. You couldn’t go out alone at night because it was too dangerous. In the short time I was there two soldiers were robbed and beaten. Coming from Baltimore, I knew how to watch my back so I would sit in the lobby and talk to the guy give them advice on how to protect themselves.”

Walter wrote a letter to the House Committee on Oversight and Government Reform about the state the building but never heard back from them. “After two months I couldn’t take it any longer. I demanded that they find me another place to live.” He was relocated to an efficiency at Knob Hill Apartments, another complex near Walter Reed. Two weeks after he moved in he attempted suicide. wanted to take myself out. I was emotionally drained. I felt that there was nothing left for me. I struggled for days but I couldn’t find a reason to keep on living. I took a bunch of medications and washed them down with alcohol, but I vomited everything up almost immediately.” After a second botched attempt, he gave up trying to kill himself.

In May of 2006 he was given three days to sign his Medical Evaluation form, but he hesitated. “I sought out a guy named Danny Sotto from the Disabled Veterans of America to explain the paperwor to me. Danny was a saint. At that time there must have been 600 soldiers at Walter Reed, all disabled and all being discharged, and we were clueless about what it all meant. Danny helped each and every one of us.” Ultimately Walter was discharged from Walter Reed and declared fit for duty, although h had been under almost daily treatment for his PTSD for over a year and a half, and had severely limited range of motion in his upper body. “The scarring was so terrible. The skin had healed like a web under both my arms but they only rated me 20 percent disability.” Once he was out on his own, the undiagnosed Traumatic Brain Injury (TBI) he received during the land mine explosion worsened precipitously.

“There were days I couldn’t remember who I was, where I lived or where I worked. I didn’t remembe things I used to do or what I used to like to eat. When I was in Afghanistan I invented a 24-hour page and got written up in a newspaper, and I have no memory of doing that at all. I’d wake up in the morning and feel like someone was holding me down just like after the explosion when I came to.” There was no job waiting for him as promised when he was called up, so he returned to Jessup, Maryland and lived on savings for as long as he could while waiting for his Veterans Disabilities to kick in, but he heard nothing for almost a year. “After that I borrowed from my family and friends. I lost my job, my house, my fianc#x00E9;e, my cars, my credit—but worst of all, I lost my mind.” There was a silver lining, however. While he waited, Walter was finally screened for TBI.

Feeling desperate, Walter went to the Veterans Administration in Baltimore for help, bringing photocopies of all his records with him. The benefits associate who saw him was not sympathetic. “She asked me if I couldn’t move back with my parents until this was all straightened out. I said, ‘Ma’am, I’m 47 years old. I can’t move back in with my parents. I need to get my life back.’” Walter demanded to see her boss. After hours of waiting he was ushered into another office where the Baltimore Director of the VA waited to see him. “I took off my shirt and said, ‘This is what I look at every day.’ She said, ‘I’m so sorry.’ And I said, ‘Do not be sorry. Help me.’” Two days later Walter received a 90 percent disability rating and a 100 percent unemployable rating which translated into $2,500 a month disability.

Arthritis in his back made staying in a cold climate impossible. Walter moved to Atlanta near a VA hospital and started carving out a new life for himself. Finances were bleak for a time, which was when The Armed Forces Foundation gave him money for his car payment. It's still a battle. "I have blackouts. I don't drive a car often. I forget everything. The VA gave me a Palm Pilot to record everything I need to remember, and I use it all the time. This life takes its toll; there are frustrations every day. I miss my family, but Maryland was too cold and too expensive to keep living there. I've lost it a couple times. I've thought about suicide. But I have my boys. I raised my oldest, Anthony by myself, and even though Corey has graduated high school and is now in college, I need to be here for him. When I first came back from Afghanistan and he came to see me at the hospital, I didn't know who he was, my own son. I can't let him down."

Walter continues to take an increasingly proactive role in his mental health care. He sits on the Advisory Committee of a veteran's hospital in Atlanta as an advocate for better care of veterans with PTSD and TBI. He is partnering with his church to start a "Veterans for Christ" program with a web site and the motto: "Veterans connecting and protecting." He is also participating in the hospital's pilot "Life Coach" program, a weekly one-on-one session with a social worker that addresses a wide range of issues. "We've talked about my problems with going out in public and fear of crowded places; about paperwork pending within the VA system; about managing my finances; about anything and everything. Sometimes we meet at the mall. It's that informal."

Walter's attitude is hopeful, and he is determined to continue his recovery. "I just want to lead a fruitful life. To know how I used to be and to not be able to be that person again, ever, is frustrating. But I have to start from where I am now. It's all on me. I used to sit for days and just look out the window, and I thought that withdrawing from people and breaking off relationships was normal considering what I had been through. Now I know it's not. If I had one thing to say to vets like myself it would be, 'We earned the right to be proud of who we are. Be the squeaky wheel. Dig down in your heart and get the help you need.'"

MEDALS

The Army Commendation Medal, Army Achievement Medal, 3 Army Reserve Components Achievement Medals, 2 National Defense Service Medals, Armed Forces Reserve Medal, 2 Non-Commissioned Officer Professional Development Ribbon, Armed Service Ribbon, Overseas Service Ribbon.