

ONCE A WARRIOR ALWAYS A WARRIOR

*Navigating the Transition from Combat to Home—
Including Combat Stress, PTSD, and mTBI*

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Guilford, Connecticut
An imprint of Globe Pequot Press

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GPP Life is an imprint of Globe Pequot Press.

Text design by Sheryl P. Kober
Cover photo by Teun Voeten

Library of Congress Cataloging-in-Publication Data is available on file.

ISBN 978-0-7627-5442-7

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

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INTRODUCTION

POSTWAR “TRANSITION— READJUSTMENT”

If you are a service member, veteran, government worker, or contractor who has ever deployed to a war zone, or their spouse, partner, or family member, then this book is for you. It provides essential knowledge on what it means to be a warrior and to transition home from war. It addresses what medical professionals call “PTSD” (post-traumatic stress disorder) and other reactions to war (e.g., “combat stress,” “mild traumatic brain injury,” “crazy”). It provides skills for navigating the transition no matter how much time has passed since leaving the war zone.

Society hasn’t yet grasped that “transitioning” home from combat does not mean giving up being a warrior, but rather learning to dial up or down the warrior responses depending on the situation. This book will also benefit mental health care professionals who want to expand their perspective and gain greater understanding of how to connect with and treat the many great men and women who have risked their lives in a war zone in the service of their country.

There are numerous self-help books on PTSD and other problems related to combat deployment, but this one takes a different approach. It’s true that like many of the other books, this one was written by a mental health professional (I’m a medical doctor with a specialty in psychiatry). However, my intention in writing this book is to cut to the chase, eliminate as much of our jargon as possible, and provide something that will bridge the vast divide that exists between combat veterans, society, and mental health professionals in understanding what we call PTSD and other war reactions.

After a twenty-year active-duty military career, I have a growing understanding of the limitations of the current health-care system in addressing the concerns of warriors back from war. My knowledge is drawn from treat-

ing service members returning from Iraq and Afghanistan at Walter Reed Army Medical Center, directing a widely recognized research program on the mental health effects of the Iraq and Afghanistan wars, investigating suicides and homicides involving soldiers after they returned home from deployment, and assisting leaders at the highest levels of the Department of Defense (DoD) and the Department of Veterans Affairs (VA) in developing mental health programs for service members, veterans, and their loved ones.

I’ve been involved in developing interventions for Pentagon employees after 9/11, and guiding research to validate training materials that enhance resilience before, during, and after combat. The articles my colleagues and I wrote on PTSD and traumatic brain injury, published in the world’s leading medical journals (e.g., the *New England Journal of Medicine*, the *Journal of the American Medical Association*), have resulted in large increases in health-care funding to help service members and veterans. I’ve testified on several occasions to Congress and have appeared on national TV and radio news shows.

I also deployed to Iraq during the second year of the war, where I traveled throughout the country, assessing the quality and availability of combat stress control services. Although never in a situation where I had to discharge my weapon, I have an appreciation for what it feels like to live with danger, convoy in dangerous sectors, be shot at, have soldiers killed by indirect fire adjacent to where I was sleeping, travel “outside the wire,” and cope with separation from my family.

These experiences have given me a unique appreciation for the different perspectives service members, veterans, clinicians, policy-makers, family members, and the public have on transitioning home from war.

This book is about transitioning home from a combat deployment. It includes information on PTSD—not only on the disorder that medical professionals diagnose and treat, but the more common ways in which this label is used to describe the myriad normal, confusing, and paradoxical transition experiences encountered after returning home from a war zone.

This book is not intended to provide standard mental health educational material with lists of symptoms and descriptions of the many ways in

which you or your loved one may have been psychologically “injured” by war, deployment, or military service. You probably don’t want to read long stories of fellow warriors or spouses struggling with transition problems, or receive laundry lists of “coping strategies” without adequate explanation of their limitations. What I believe to be important is an understanding of what to expect from postwar reactions, including PTSD, but on your terms, rather than the terms defined for you by the medical establishment or society.

The Contradictions of PTSD

PTSD is full of contradictions. Virtually every reaction that mental health professionals label a “symptom,” and which indeed can cause havoc in your life after returning home from combat, is an essential survival skill in the war zone. The dilemma is that the reactions that are necessary for survival and success in combat are not easy to dial down and adapt after coming home. Society believes that a warrior should be able to transition home and lead a “normal” life, but the reality is that most of society has no clue what it means to be a warrior. Those who have worked in a war zone understand that their warrior responses—including responses doctors may label “PTSD”—could be needed again in the future—for instance, if they mobilize for another deployment, someone tries to break into their home, or they take a job in a dangerous profession (e.g., law enforcement, security, emergency services). *Once a warrior—always a warrior.*

PTSD means different things to different people. To mental health professionals, it’s one of nearly 300 diagnoses detailed in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM). To others it’s a catchall phrase for the various ways that service members and veterans react to things after coming back from war, synonymous with terms from past wars, such as *battle fatigue* and *shell shock*. PTSD as a result of combat is almost always associated with various physical reactions, emotions, and perceptions that do not conform to a neat diagnosis.

For this generation of warriors from the Iraq and Afghanistan battlefields, PTSD has even become confused with concussion, now being called “mild traumatic brain injury,” or “mTBI.” This means that getting a concussion on the battlefield has special significance it didn’t have in earlier

wars. A concussion is a brief period of being knocked out or disoriented from a blow or jolt to the head (“getting your bell rung,” “seeing stars”). Concussions are very common from military training, such as combatives, as well as contact sports and motor vehicle accidents; concussions also occur during combat from blasts, falls, accidents, or other injuries. Most service members who experience a concussion can expect a full recovery, generally in a matter of a few hours or days, but the wars in Iraq and Afghanistan have created the fear that concussions/mTBIs (particularly blast-related) may lead to lasting health effects in a large percentage of service members. Many warriors and veterans have been told that their postwar problems, such as anger, sleep disturbance, fatigue, concentration problems, memory problems, or PTSD symptoms, are likely due to untreated concussions from exposure to blasts. The reality is that these problems occur for many reasons. Concussion/mTBI has been overdiagnosed, underdiagnosed, and misdiagnosed in Iraq and Afghanistan veterans, leading to unwarranted—and, in some cases—harmful treatments.

There is controversy over when normal reactions to combat or stress become PTSD. Everyone has a “breaking point,” and warriors sometimes reach this in reaction to severe combat events or complete physical or mental exhaustion. These “combat stress reactions” (also called “acute stress reactions,” or “operational stress reactions”) are expected to occur on the battlefield, and good leaders prepare their units for this inevitability. Combat stress reactions are treated with rest and reassurance, and rarely turn into PTSD. They are not a mental disorder.

Reaching a “breaking point” in combat does not mean that a warrior is broken. It just means that the warrior needs to regroup and recharge in order to be able to go back into the fight. Most warriors, even after going through extreme stress and trauma, do not develop PTSD. But they are also not the same person after deployment as they were before, and this is part of what it means to be a warrior. They react differently after deployment. There is a strength of character that is sharp and direct, but one that may at times make others feel uncomfortable. There is maturity, but combat also takes its toll and can make one feel older. It’s not uncommon for service members to feel as if they’ve aged one or two decades during a

single deployment. Warriors are more independent, but this may make it difficult to tolerate authority at work.

Many warriors have a hard time reconnecting with loved ones, despite their demonstrated ability to form lifelong bonds with unit peers. This is not only because of how they've changed, but also because their loved ones and society don't necessarily understand these changes, or view these changes as "bad" or as an "illness." Unfortunately, PTSD has become confused with various normal reactions that warriors experience.

PTSD is in many ways indistinguishable physically from prolonged severe stress. Under prolonged stress, the stress "thermostat" is reset to a different level. Prolonged stress causes numerous changes in the nervous system and endocrine (hormone) system that affect the entire body. These can include increased heart rate and blood pressure, changes in hormone levels, elevation in adrenaline, changes in concentration and memory, and reduced immunity to fight infection. Studies suggest that cells in the body that are under prolonged stress may undergo accelerated aging, validating the perceptions of combat veterans that they have aged more rapidly than their peers back home. Deployment to a war zone, which is a form of prolonged and severe stress, can change the way in which the body adjusts to or responds to normal everyday levels of stress. These physical (physiological) changes in the body are double-edged. Warriors develop remarkable observational skills and reflexes. However, post-deployment, they sometimes overreact to things in a way that leads to strained relationships and problems at home or work.

Coming Home

Coming back from a combat deployment is like returning to the three-dimensional world after experiencing a fourth dimension. It's hard to sort out who is really crazy—you, or the rest of the world. The rest of the world can't comprehend the concept of a fourth dimension; they can't relate to it, and may not even be interested. Service members and veterans often feel they're wasting their time dealing with people who can't relate to their perspective, and many actually feel more at home in the war zone. One infantry soldier, several months after returning from Iraq, said: "Through

all the hell and anguish I’ve experienced fighting a war, I’d still rather be fighting at war than wake up everyday to the bullshit I have to deal with and overcome here at home in what I call my job and life.”

A marine who had been in Iraq said, “Truth is, many marines are lost when they get home; there is a gap between us and civilians, which is having an effect on each other understanding one another.”

In this book we’ll examine why the soldier quoted above feels like he’d rather be back in combat, and why the marine feels a split between his peers and civilians. We’ll explore the contradictions and paradoxes of PTSD, and untangle what PTSD is from what it’s not. Most important, you’ll be provided with concrete guidance toward a goal of living life with greater joy and meaning, embracing your warrior spirit and using skills you already have to successfully “transition” or “readjust” after combat, whether that’s within a few months of coming home or decades later. It’s never too late. The “transition” and “readjustment” process doesn’t mean you give up being a warrior, but rather learn to dial up or down your warrior responses depending on what’s happening around you, always adapting to the environment you find yourself in.

“Transition” and “Readjustment”

The “transition/readjustment” time frame that is the focus of this book is ill-defined and full of hazards. Depending on who you talk to, it seems to span the time from getting off the plane (or boat); completing the reintegration process (including the post-deployment health assessment for veterans of the Iraq/Afghanistan wars); the “honeymoon” period (for all of you who had a spouse or partner waiting for you through the long deployment); block leave; the first three months home; deactivation (if in the National Guard or Reserves); post-deployment health re-assessment (for veterans of Iraq/Afghanistan); the next nine months or so of the first year home; and then perhaps for a long time thereafter (years), depending on your wartime experiences, whether or not there was another intervening deployment(s), whether your previous job was waiting for you upon your return, whether or not your marriage or relationship broke up, how much pain you were in due to physical injuries, whether you got embroiled in a

custody battle for your kids, and various other factors. In short, there's no clear definition of what the normal "transition/readjustment" period is, and the extent to which this book is going to be helpful has nothing to do with how long or short a time it's been since you came home.

How warriors and family members describe the transition experience often reflects a gap in perspectives. Married service members just home from a tour of duty in the sandbox or jungle can't possibly understand what could be worse than being shot at every day or living constantly under that threat, while their spouse feels that it was they who had it worse—waiting, worrying, single-parenting, running the household alone, juggling life back here, and so on. The two experiences seem incongruous, and the reality is that each person has matured individually during the deployment period and is not the same person he or she was when they parted. There is a similar split with friends and family.

Each generation of warriors considers their war to be unique, and indeed, in many ways, every war is. World War II and Korean War veterans faced high-intensity combat over extended fronts. They were welcomed home as heroes, but there was minimal or no public discussion of the potential impact of their experiences. Vietnam veterans faced yearlong tours involving high-intensity conventional and guerrilla warfare. They faced a hostile public upon their return that had little understanding or compassion for the impact of their combat experiences. PTSD was not yet recognized, and many Vietnam veterans were told that their war-related reactions were the result of alcoholism or drug abuse, implying that their problems were their "fault." Gulf War I veterans faced enormous uncertainties during a yearlong buildup to combat operations, including a high threat of chemical and biological attacks, followed by a brief high-intensity conventional ground operation.

Over the past twenty years there have been multiple operational deployments involving combat, security, and humanitarian missions to Panama, Somalia, Haiti, Bosnia, Kosovo, and other locations. Veterans of the Iraq and Afghanistan wars (Operation Iraqi Freedom—OIF and Operation Enduring Freedom—OEF), the post-9/11 generation, have experienced the lack of a clear front line, other than the concertina wire at the

perimeter of the FOB (“Forward Operating Base”), and missions involving simultaneous and overlapping duties—combat, security, humanitarian, training of local nationals—going on in the same sectors of the battlefield. They have also faced multiple deployments, in-theater extensions in deployment length, recalls to active duty, stop-loss (the “hidden draft”), single parents deploying, and dual military families (with deployments of both partners), along with many other challenges.

However, the day-to-day experience of war, from the perspective of the average line infantry “grunt” and anyone supporting them “outside the wire” or far forward (in convoys, logistics, supply, medical, intelligence, aviation, etc.), has huge similarities from one war to the next—namely, working 24/7 in a hostile operational environment where people are trying to kill you using tactics and weapons that in many ways haven’t changed through the years (ambushes, sniper fire, mortars, roadside bombs, grenades, rockets, etc.); where you may well find yourself helpless to respond because the enemy looks like non-combatants; and where you’re hampered by whatever rules of engagement exist at the moment (and they change frequently), or whatever other nonsensical orders may be raining down from higher up during moments of chaos.

Unique Challenges for Modern Warriors

In recent years the military has considered the “resetting” of a warrior’s health after combat in much the same way that it considers the resetting or refitting of equipment and vehicles. The protracted duration of the Iraq and Afghanistan wars and the reality of multiple deployments have led to the unrealistic expectation that warriors (and their family members) can “reset” physically and mentally for another combat tour in less than twelve months. Numerous Active Component Infantry Brigade and Regimental Combat teams have deployed multiple times since the start of these wars, with “dwell” times between deployments of not much more than the time spent in-theater. Service members in some Reserve or National Guard units have experienced more than one mobilization, each lasting up to twenty months including training prior to deployment. Warriors have put

life plans—such as college education, family, and civilian careers—on hold for extended periods.

Modern warriors have faced the cumulative emotional toll of not being available to raise their children, missing numerous milestones in their children's lives, missing funerals of close relatives or friends, or not being able to assist in the care of an aging parent. Women have for the first time been involved in direct-combat operations in substantial numbers. Single parents have faced the challenge of having to arrange extended child care, and there is evidence that parental absence as a result of deployment has been associated with increased conduct and academic problems in military children, and in some cases child abuse. Dual military couples have faced many of the same stresses.

Warriors and their family members are often surprised at how difficult the transition period is after coming back from a combat deployment. Many expect that they'll just need a little time for things to go back to "normal," but find that "normal" is elusive and time is relative.

The government is awesome at getting men ready for war, but they can't quite get them back to civilian life and a humble heart.

—JUNIOR ENLISTED MARINE, POST-IRAQ

After we came back, many of us were only back in body. Our souls stayed over there.

—ARMY COMBAT ENGINEER, POST-IRAQ

Transition can mean the big picture of how a warrior has to try to adjust back into society, but the short term is very critical, from when a warrior leaves the battlefield to when they hit the streets at home. If there's one thing I learned from my experiences, it was that there was no transition at all.

—VIETNAM VETERAN

I want to express my gratitude for the many soldiers, marines, sailors, airmen, and family members I've encountered during my years of research and clinical work, and whose quotes and stories from their Iraq and Afghanistan deployment experiences I drew from to bring this book to life. (Names have been changed, and some of the stories have been modified to protect the individuals involved.)

I also want to thank my collaborator and friend, First Sergeant Michael Schindler (Retired), who helped to bring alive the experience of transitioning home by sharing his story, stemming from two tours in Vietnam (1970 and 1971) and a twenty-eight-year career in the Army Infantry (Ranger-qualified, two combat infantryman badges), in both the Active and Reserve Components. First Sergeant Schindler's transition and the process of wrestling his demons of war didn't begin until 2002, after he had retired from the Army, and more than thirty years after his combat experiences. No matter how much time had passed, his transition was no less direct and immediate than if he had begun the process the day he'd returned from the war zone. His words add to the many quotes and stories from Iraq and Afghanistan warriors and highlight the opportunity these warriors have to address transition issues much earlier than warriors from prior conflicts.

Enjoy the reading, and please feel free to send me any feedback at onceawarrior.com.

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Colonel, U.S. Army (Retired)

HOW TO USE THIS BOOK

Chapter 1 will get into what PTSD is all about, including a discussion of the physiology of stress, and when normal responses and normal “transition” issues become PTSD. The chapter explains the PTSD paradox—the fact that what medical professionals label *symptoms* are also combat survival skills—and how this paradox can create misery after coming home. The chapter will help you understand that PTSD is not an “emotional” or “psychological” problem, but a physiological condition that includes physical, emotional, psychological, and behavioral reactions; this is of vital importance in understanding how to address it. “PTSD” is a catchall term used to describe many reactions to combat that go beyond the medical diagnosis; PTSD is also strongly linked to a wide range of physical health effects (e.g., endocrine, adrenaline, cardiovascular, and immunity).

Chapter 2 will cover the topic of combat mTBI (mild traumatic brain injury, i.e., concussion) and its relationship to PTSD and various physical, cognitive, and behavioral symptoms experienced after coming home from deployment. There is a lot of confusion about mTBI, even among medical professionals, which this chapter will address.

Chapters 3–11 will cover specific skills to help with the transition process, including one chapter for spouses, partners, and family members of warriors. When I was thinking about the content of these self-help chapters, I found myself struggling to find the best term(s) to describe what I wanted to write about. My wife suggested the term *navigating* instead of words like *coping*, *overcoming*, *healing*, *recovering*, *surviving*, *understanding*, *transcending*, *improving*, or *self-helping*; a term that is active and engaged, with you firmly in the driver’s seat, and with no suggestion that something about you is broken. There might be something that needs adjusting or dialing up or down, but there’s not something personally wrong with you.

The subjects of PTSD and transitioning from combat are not about illness, per se. They are also not about growth—although there is a whole body of literature on “post-traumatic growth.” Yes, we grow from all of our

life experiences, but we don't ask for the "growth" experiences that get thrown our way. We have little or no control on the nature of any divine plan, luck, fate, or random disturbance life may send our way.

The word *navigating* is very much the spirit of this book—finding your own way to a healthy, meaningful warrior existence, with help along the way, but understanding that no one has the answers for you or a magic pill. As warriors, land navigation (LANDNAV) is an essential skill that you hone, to ensure that you know where you are at all times, where you need to be, and what coordinates you want rounds dropped on. There are many ways to get off track, lost, or call in rounds on the wrong target if your LANDNAV skills falter. A small mistake can cascade into mission failure. But if you stay focused on this skill, it will help get you through. "Navigating" (LANDNAV) became the framework that this book is built upon.

In addition to covering individual LANDNAV skills, this book includes in chapter 8 information on how to navigate the mental health care system, should you want or need to seek professional help. It addresses several hard facts regarding treatment of PTSD, mTBI, and other war-related reactions. This can help you to advocate for yourself or your loved one and find the formula that best suits you.

The first hard fact is that many mental health professionals are hampered by the existing structure of medical practice and/or don't have sufficient training or experience in providing treatment to combat veterans. They are likely to be knowledgeable about the diagnosis of PTSD and other mental health problems, but don't necessarily have the vocabulary for the unique military experiences, or an understanding of the range of what's normal. Most combat veterans need to feel that the person listening to their story understands, appreciates, and relates to it. This doesn't mean that every therapist needs to have deployed to a combat zone, but it does mean that every therapist needs to know their own limitations concerning the extent of their knowledge of military culture. The health professional's knowledge or experience may not be sufficient to discern what is normal or abnormal for a particular combat veteran, but if they remain open and honest regarding their own limitations, it can go a long way toward making the veteran or family member feel like it's worth talking with them.

The second hard fact is that even the best treatments for PTSD fall far short of being 100 percent effective; they are closer to 50 percent. The confusion that the medical community has regarding the treatment of mTBI-related symptoms adds to problems with treatment effectiveness. There are many factors that play into this, including the nature of health care, as well as the current state of science and practice for the various treatment approaches. Some initiatives intended to help service members and veterans actually may have the opposite effect.

This doesn't mean that you should throw in the towel and not try to get help. It just means that it's important to take the time to learn about the broad range of treatment and "self-help" options available, so you'll know how to tailor them in a way that works best for you; be able to combine them to increase their effectiveness; and prepare yourself to take charge of your health and become a better advocate for yourself or your loved one. This isn't necessarily something that mental health professionals are able to spend their time explaining.

In summary, this book is about navigating the perils, pitfalls, and "growth" opportunities in the unique terrain of the home front after you, your spouse, family member, or friend has returned from a military deployment. LANDNAV means understanding the warrior spirit, keeping track of where you are at all times, planning where you want to move next, and what coordinates you need to focus on. This ability to navigate in a treacherous environment is exactly the skill needed to get you through any situation. The military acronym "LANDNAV" was co-opted and turned into a mnemonic for the purposes of helping you learn to "cope"/"navigate" in a unique home-front environment during the ill-defined "transition" period, whether this period has lasted only a few months or has gone on for years.

Who This Book is for and the Terminology Used

For this book, the terms *warrior* and *veteran* are meant to be interchangeable, with *warrior* being most often used. "Once a warrior—always a warrior." The term *warrior* refers to anyone who has ever put their life in harm's way as a result of duty in a war zone: soldiers, marines, airmen, sailors, government workers, and contractors from the United States and

other countries. This includes service members in both the Active and Reserve Components (Reserves and National Guard), and those who served in line operational units as well as support roles. Although masculine sounding, the term *warrior* is used for both men and women. *Veteran* also refers to anyone who has ever deployed to a war zone, whether or not they are still in military service or eligible for VA government benefits. The term *post-combat* is not meant to imply that this book is only for those who have experienced direct combat. The terms *post-combat*, *postwar*, and *post-deployment* are synonymous, recognizing that significant war-zone experiences encompass combat as well as noncombat roles. This book is just as much for government employees and contractors, and acknowledges the enormous contribution that they've brought to war efforts.

This book intends to help bring clarity and understanding to the transition period after a wide range of deployment experiences, both anticipated and unanticipated. Although most of the examples cited in this book have to do with direct combat in the deployed environment, trauma can take many forms. All personnel working in the war zone are in danger from indirect fire. Noncombat trauma, including accidents, assault, or rape, can be just as debilitating as trauma experienced during direct combat. Whether or not there were serious traumatic experiences, most people change as a result of wartime deployment, and this book is intended for anyone who wants a greater understanding of these possible changes and how to effectively navigate them.

Although I often address the writing directly to the warrior, this book is intended for spouses, partners, and family members as well. It can provide you with a greater understanding of your warrior's perspective, and they will likely appreciate the effort on your part. Chapter 10 is specifically written for you, but all the exercises in this book can be useful.

A disclaimer: This book is not intended to serve as a substitute for therapy or treatment of any specific disorder. This book includes information and advice for consideration, but ultimately, each warrior (and spouse, partner, or family member) needs to seek out and find whatever works best for them. This book is no substitute for professional help when it's needed.