SPECIAL FEATURE:

The Loneliest War

The story of a lone survivor and his journey to reconnect with his family and his life.

BY: THOMAS CURWEN
Reporting from Ft. Riley, KS.
The mission of AIS is to improve the health of the community and the world by setting the standard of excellence of stress management in education, research, clinical care and the workplace. Diverse and inclusive, The American Institute of Stress educates medical practitioners, scientists, health care professionals and the public; conducts research; and provides information, training and techniques to prevent human illness related to stress.

AIS provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides leadership to the world on stress-related topics.
Your source for science-based stress management information

COMBAT STRESS

We value opinions of our readers.

Please feel free to contact us with any comments, suggestions or inquiries.

Email: editor@stress.org

Editor In Chief:
Daniel L. Kirsch, PhD, DAAPM, FAIS

Editor:
Kathy Platoni, PsyD, DAAPM, FAIS, COL (RET), US Army

Combat Stress is a quarterly magazine, published in February, May, August, and November. Each issue contains news and advertising designed with Service Members, veterans, and their families in mind. It appeals to all those interested in the myriad and complex interrelationships between combat stress and health because technical jargon is avoided, and it is easy to understand. Combat Stress is archived online at stress.org. Information in this publication is carefully compiled to ensure accuracy.

Copyright © 2015 The American Institute of Stress (AIS). All rights reserved. All materials on AIS’ website and in AIS’ newsletters are the property of AIS and may not be copied, reproduced, sold, or distributed without permission. For permission, contact editor@stress.org. Liberal use of AIS fact sheets and news releases is allowable with attribution. Please use the following: "Reproduced from the American Institute of Stress website [or magazine, © AIS [year]."

AIS Combat Stress Board

Chaired by Colonel Platoni, the role of this board is to develop initiatives and communications to serve the stress management needs of Service Members and veterans.

Kathy Platoni, PsyD, DAAPM, FAIS
Clinical Psychologist
COL (RET), US Army
COL/Ohio Military Reserve
4th Civil Support and Sustainment Brigade

Stephen Barchet, MD, FACOG, CPE, FACP, FAIS
Rear Admiral/MC/US Navy Retired

COL Richard P. Petri, Jr., MD, FAIS
Chief, Interdisciplinary Pain Management Center Director,
The Center for Integrative Medicine
William Beaumont Army Medical Center, El Paso, Texas

Melanie Berry, MS, BCB, OMC, FAIS

Raymond Scurfield, DSW, LCSW, FAIS

Christiane C. O’Hara, Ph.D., FAIS

Daniel L. Kirsch, PhD, DAAPM, FAIS
GET INSIDE OUR HEAD

It’s Not Our Credentials That Make AIS So Impressive, It’s the Fellows That Go with Them.

The American Institute of Stress is a non-profit organization established in 1978 at the request of Dr. Hans Selye (the Founder of the Stress Concept) to serve as a clearinghouse for information on all stress related subjects. AIS Founding Fellows include:

Paul Rosch  Linus Pauling  Alvin Toffler  Bob Hope  Michael DeBakey  Herbert Benson  Charles Spielberger

Join our prominent psychologists, physicians, other health care practitioners and health conscious individuals who are interested in exploring the multitudinous and varied effects of stress on our health and quality of life.

The American Institute of Stress invites YOU to enhance your credentials with FAIS and add your name to our Gallery of Distinguished Fellows.

Over the last 35 years, we’ve expanded our services and broadened our reach, but our dedication to science hasn’t changed a bit.

Our four focus areas include:

We produce three e-magazines focused on different stress related topics...

We are always looking for new contributors to our magazines. If you would like to submit an article, email your idea to editor@stress.org

Join us in our mission to Engage, Educate and Empower the global community with science based stress management information, tools and techniques so people can live happier, healthier and longer lives!

Visit stress.org to download your FAIS or DAIS application.
First we got your brain...

Now we need your heart.

The American Institute of Stress helps people learn to manage their stress every single day. We help veterans returning from war find a sense of normalcy again. We help students who are stressed about exams, busy schedules and bullies reach their fullest potential. And we help people like you deal with whatever life throws at you! With your ongoing support, we will continue to be there providing people with relief for today and hope for tomorrow.

Click to Donate: Easy!

$1 Donation  $5 Donation  $10 Donation  $20 Donation
Treating PTSD with Outdoor Pursuits

By:
Dene Berman
Lifespan Counseling Associates
Jennifer Davis-Berman
University of Dayton
Nathan D. Berman
University of Wisconsin-Milwaukee
Abstract

There may be as many as 2 million veterans suffering from PTSD, with an estimated 50 percent of those not seeking or dropping out of formal treatment. Recent VA numbers in one report reveal that more than 25 percent of veterans who applied for health care services died before even receiving care. Although there are practice guidelines for the assessment and treatment of PTSD, many veterans do not seek or cannot obtain traditional psychotherapy or medication prescription and monitoring through the VA system. There is little doubt of a resulting crisis in PTSD treatment for veterans. This has led to a growth of alternative treatments for PTSD, some of which include outdoor programming. The current article reviews the data on outdoor programs for PTSD, with conclusions and recommendations for their utilization.

Treating Posttraumatic Stress Disorder with Outdoor Pursuits

There are more than 21 million veterans in the United States (“How Do We Know,” 2012). Estimates of Posttraumatic Stress Disorder (PTSD) are 3–10 percent for veterans with no combat experience and 5–25 percent for veterans with PTSD (“Policy Guidance,” 2012). It can therefore be assumed that there is an aggregate prevalence rate of 10 percent of veterans with PTSD.

It is all well and good that the military has issued practice guidelines for the assessment and treatment of PTSD using evidence-based data (“Policy Guidance,” 2012), but too many veterans are left without effective treatments for a variety of reasons. Among these reasons is the fact that the waiting list for VA services has increased by 50 percent over the past year (Associated Press, 2015), and there is a tremendous lack of trust in VA services (CBS/AP, 2014). In fact, a recent VA report revealed that 28 percent (238,000) of 847,000 veterans who applied for health care services died prior to receiving care (“Analysis of Death Sources,” 2015). The result is a national crisis in providing care for veterans with PTSD.

Approaches to treat PTSD that do not involve traditional psychotherapy and pharmacotherapy have blossomed over recent years, particularly for those who have both physical and psychological treatment needs (Detwiler, et al., 2010). This remains a critical path to pursue as the consequences of untreated or ineffectively treated veterans can be a matter of life or death, with high rates of suicide among veterans (Jakupcak, et al., 2011; Rozanov & Carli, 2012).

Complementary and alternative medicine (CAM) is one approach to dealing with PTSD, which may include yoga, meditation, acupuncture, and herbal and biologic preparations. As many as 39 percent of individuals with PTSD have tried CAM approaches as their primary mode of treatment or as an adjunct to traditional forms of therapy (Libby, Pilver, & Desai, 2013). Many of these more holistic programs, not only for PTSD, but also for pain (Walch, et al., 2005), mood (Irvine & Warber, 2002), and recovery from surgery (Ulrich, 1984), have been based in the outdoors.

The rapid increase in the development of CAM and outdoor programs for PTSD was recently noted in a Wall Street Journal ar-
article, which also pointed to a lack of research data supporting their effectiveness (Phillips & Wang, 2014). There is, however, a body of literature involving the treatment of veterans with PTSD using outdoor programming. The current article focuses upon the literature and research encompassing outdoor programs for the treatment of PTSD. Given the dire consequences of ineffective treatments in terms of poor mental health outcomes and the rising numbers of suicides, consideration will be given to the efficacy of outdoor programs for veterans diagnosed with PTSD.

Outward Bound

Robert Rheault, a Vietnam War veteran, has been credited with developing the Outward Bound Program for veterans with PTSD (Hoey, 2013). This was followed by a journal article on the impact of Outward Bound courses on veterans (Reheault, 1987), although this was not initially or specifically directed toward the treatment of PTSD. Program outcomes demonstrated general, positive effects on veterans who participated, leading to the recommendation that these approaches could be utilized as adjuncts to and enhancements for traditional psychological treatment approaches (Reheault, 1987).
The first research studies involving the impact of Outward Bound Programs on PTSD were reported in the 1990s (Hyer, Boyd, Scurfield, Smith, & Burke, 1996). Groups of Vietnam veterans participated in 5-day Outward Bound courses as an adjunct to their PTSD treatments while on inpatient status at VA hospitals. There was no formal, traditional therapy provided, as these veterans participated in outdoor activities that included climbing, camping, or rafting. This group was compared with inpatients who received traditional forms of treatment as usual, with measures at baseline, post-test, and exit from treatment. Although there were many anecdotal reports of positive change, the impact of the Outward Bound course produced “no distinct, discernable effect on general or PTSD-specific symptoms” (p. 272).

Another study compared veterans who had completed an Outward Bound Veterans Course (Ewert, Frankel, Van Puymbroeck and Luo, 2010), with adults completing an Outward Bound course during the same time, but not directly aimed at PTSD treatment at the same time. During phase 1 of the study, participants and comparison group members responded to nine questions that evaluated: confidence, safety (physical and emotional), feelings of success, compassion and respect for others, knowledge about life, leadership and teamwork, and accepting responsibility. Results indicated that the veterans, compared to non-veterans in the Outward Bound program, were more confident, felt physically and emotionally safer, more successful, and more knowledgeable than the comparison group. In phase 2 of this study, 266 veterans from 32 different Outward Bound courses were administered the Outward Bound Outcomes Instrument (OBOI; Frankel & Ewert, 2009), consisting of 11 personal constructs including: self-confidence, self-actualization, compassion, healthy and balanced lifestyle, goal setting, group collaboration, communication, conflict resolution, problem solving, and social and environmental responsibility. Using a pre-test-posttest design, there were significant positive changes in all of these personal constructs (Ewert, Frankel, Van Puymbroeck, & Luo, 2010). A design of this nature does not allow one to draw conclusions that the treatment (Outward Bound) caused the effect. Another limitation of this design is the failure to use measures that have been shown to be valid and reliable. In other words, the type of research design deployed and the measures utilized, do not allow generalizations of the results to any other groups or programs.

This same study (Ewert, Frankel, Van Puymbroeck, & Luo, 2010), was examined in greater depth (Ewert, Van Puymbroeck, Frankel, & Overholt, 2011) by focusing on three variables: personal constructs, sense of coherence, and personal health. They also included the measurement of the 11 personal constructs from the previous study. As previously noted, all of the personal construct measures significantly changed at posttest. Sense of Coherence was also shown to increase at posttest and was discussed at greater length (Van Puymbroeck, Ewert, Luo, & Frankel, 2012). Measures of physical condition revealed that participants felt tired, with some feeling more depressed or anxious at posttest when compared to baseline measures.
Although the results of these studies by Ewert and colleagues suggest that participation in Outward Bound courses is associated with positive changes for veterans, it is difficult to draw conclusions due to research design limitations. The experimental design lacked a randomized control group and an issue with the use of non-standardized instruments remains problematic, with no validated measures for PTSD. Ewert (2014) extended this analysis and discussed the impact of Outward Bound on the 11 personal construct items, as well as resilience. Similar to the results discussed about the personal constructs, resilience scores were significantly increased at posttest. Although interesting, the self-selection of subjects, lack of specificity about the elements of each trip, and the lack of a control or comparison group make generalizations from this research difficult. Unfortunately, none of these studies allow for the determination of the impact of Outward Bound programs on veterans diagnosed with PTSD.

A recent study of 50 veterans participating in Outward Bound Canada courses used both quantitative measures and interviews (Harper, Norris, & D’astous, 2014). Significant pretest-posttest changes were found on the OBOI. Semi-structured interviews were conducted with 12 of the participants from the sample to elucidate subjective responses consisting of program impact, personal growth, and changes experienced during the course. The design limitations mentioned for other Outward Bound courses limit the conclusions to be drawn from this study.

Other Quantitative Studies

Another early study (Ragsdale, Cox, Finn & Eisler, 1996) examined the effects of an adventure-based counseling program as a treatment for Vietnam veterans with PTSD on a VA 20-bed, 26-day inpatient unit. The treatment consisted of psychodrama and exposure therapy for the re-enactment of traumatic events and adventure-based counseling that included an outdoor challenge course and team-building exercises. The comparison group consisted of a waitlist of veterans who were not inpatients. Both groups received weekly group therapy for PTSD, but the inpatient (experimental) group received psychodrama and adventure-based counseling. Following treatment, the experimental group, when compared to the comparison group, reported significantly lower levels of hopelessness, guilt, shame, and loneliness, and more expressiveness, but there were no significant changes in trait anxiety, subjective distress or symptoms that meet the diagnostic criteria for PTSD (p. 278). The results indicated that although this study was aimed at finding an effective treatment for PTSD, no significant changes were found for PTSD symptom reduction. The changes that were found cannot be attributed to any specific factors because the experimental and comparison groups differed in terms of patient status (inpatient versus outpatient), engagement in psychodrama, and community-based, adventure activities.

A treatment coined Nature Adventure Rehabilitation was designed as an adjunctive, second line (as opposed to primary) treatment for Israeli Defense Force veterans with PTSD (Gelkopf, Hasson-
Ohanyon, Bikman, & Kravetz, 2013). Treatment was completed by 22 veterans who engaged in weekly sailing sessions for 12 month periods, compared to a randomized control group of 20 waitlist controls. Treatment staff credentials were unrelated to health or social services, with monthly psychologist supervision. The first part of treatment was aimed at teaching sailing skills, with a later focus on rescue drills, while addressing concomitant anxiety, and ending with participants taking on leadership roles by sailing the boats unassisted. Measures consisted of the Stanford Acute Stress Reaction Questionnaire to measure PTSD, Beck Depression Inventory Fast Screen, Perceived Control over Illness Questionnaire, and the Human Service Scale to measure quality of life. Treatment group results demonstrated significantly lower PTSD and depression scores and higher social and emotional quality of life scale scores. This study was notable for a number of reasons, including the use of the sailing as second line treatment, with open-water experience. This study used a control group, standardized measures, and conducted thorough statistical analyses. However, there are limits to its generalizability due to the small sample size of 20 veterans in treatment and a design that made it difficult to determine the role of sailing in open water, as opposed to the nature and intensity of the group experience.

The Sierra Club’s Military Families and Veterans Initiative, in partnership with four organizations that offer outdoor treks, examined 12 trips for veterans using measures of well-being (as measured by the Perceived Stress Scale, Attentional Functioning Index, and an adaptation of the Positive and Negative Affect Schedule) and self-ratings of social functioning in 9 life areas, but not for PTSD (Duval & Kaplan, 2013). There were 5 to 10 veterans on each trip, the length of which ranged from 4 to 7 days. Treatment consisted of outdoor activities such as canoeing, rafting, backpacking, or fishing. Measures were taken at baseline, posttest, and 3 to 4 weeks follow up. The results suggested that participants had improved scores on greater attention, improved affect, better social relationships, and were more tranquil, but there were no actual changes in perceived stress levels.

It is difficult to generalize from the results of this study due to problems concerning the sampling of participants, lack of reliable measures, research design and participant attrition. The veterans who participated in these experiences were varied in terms of physical ability, mental health issues, and level of substance use, while some participants had no discernable issues that interfered with their daily functioning. The measures were “based upon” published inventories, but were not validated in their modified form. Without randomly assigned groups, including comparison groups, it is not possible to know if baseline posttest changes were due to the outdoor experience or other factors. Furthermore, although 98 veterans were assessed at pretest, only 54 were assessed at posttest, and a meager 31 at follow up (Duvall & Kaplan, 2013).

**Qualitative Studies**

Qualitative studies often lack objective measures and an experimental research design but are often used because they
produce rich data, which helps researchers understand the subjective experiences of the participants that are often overlooked in quantitative research studies. In one study (Mowatt & Bennett, 2011), 67 veterans with PTSD attended a Rivers of Recovery fly fishing camp. Participants were encouraged to write letters about their experience. An analysis of the letters resulted in four themes: the importance of camaraderie, a sense of regret and failure, an opportunity for veterans to process their wartime memories, and the value of outdoor activity as the most therapeutic component of the fly fishing experience. It is of some interest to learn of the experiences of these participants, but it is not possible to draw any conclusions about the effects of the program that could generalize to other veterans, on subsequent fly fishing experiences, or in other settings.

Another qualitative study, conducted during a four day river rafting trip, investigated the impact of the program on 13 veterans with PTSD (Dustin, Bricker, Arave, Wall, & Wendt, 2011). Veteran river trip participants were asked to keep extensive journals. The journals were examined with an eye toward three main PTSD symptom categories: re-experiencing, avoidance and numbing, and hyperarousal. While many of the participants re-experienced trauma while on the trip, most acclimated and were able to relax. Participants tended to be engaged, rather than numb, with less arousal. This article, like the previous one, is unique for its narrative approach, but has the same inherent weakness in qualitative research when trying to make causal statements and generalizations to other veterans in other program settings.

Anecdotal Reports

There are many innovative programs that exist in an attempt to address the treatment needs of veterans experiencing PTSD, even though there is scant evidence outside of anecdotal reports to support their use. One of the roots for this programming can be traced back to Earl Shaffer who, after World War II, wanted to “walk off the war” and became the first person to walk the entirety of the Appalachian Trail. Following Shafer’s precedent, Sean Gobin walked the entire trail in 2012, after returning from three deployments. Gobin subsequently founded the “Walk Off the War” program. Researchers from the Georgia Southern University, in conjunction with the Warrior Hike organization, are collecting data to examine the long-term impact of the “Walk Off the War” program (“Georgia Southern,” 2014).
Other organizations are providing outdoor experiences to address veterans’ struggles with trauma, with some programs collecting data as yet to be published. Partnering with outdoor programs, Project Odyssey involves a 5-day outdoor experience. They have also developed both a couples program and an international program ("Project Odyssey," n.d.). Another program offering outdoor experiences, but without published results, is Project Cohort, in its Project Rebirth program. This program provides education, and team building through a 6-day outdoor experience. Follow up services are provided through the VA, along with wilderness trips, and a maintenance program that includes monthly group meetings. This program is being evaluated by researchers at Georgetown University ("Project Cohort," n.d.).

The Wounded Warrior Project has two Combat Stress Recovery programs that differ from purely recreational programs. First, the Wounded Warrior Project includes outdoor, challenging, multi-day experiences with other veterans ("Project Odyssey," n.d.). Second, there is an online site that offers a self-assessment of symptoms of depression and PTSD, as well as advice on stress, relationships, loss, and other issues ("Restore Warriors," n.d.). It is not clear whether this latter program is intended to be an alternative to traditional therapy, due to the fact that website mentions both the Wounded Warrior approach to meeting mental health veterans services and, at the same time, a disclaimer that Restore Warriors does not provide mental health assessment or treatment. Regardless, the Wounded Warrior Program is intended to help alleviate the effects of war and is therefore deserving of evaluation in terms of demonstrating its effectiveness, similarly as with other programs.

A program that provides outdoor sporting activities, as well as counseling for veterans who have become the physical and/or emotional casualties of war, is Hope for the Warriors. This organization offers activities such as hunting, fishing, sailing, and skiing by partnering with outdoor recreation groups. Counseling services are provided by licensed professionals (http://www.hopeforthewarriors.org/story/18727106/outdoor-adventures).

These innovative programs that provide anecdotal reports, but without evidence of efficacy, appear to focus on group interventions and relationships within them as the primary impetus for helping
veterans with PTSD and war trauma. Bird (2014) finds strong empirical support for the use of structured peer support in treatment programs, but less support for the use of peer support in the outdoor environment. He concludes that support for outdoor programs with peer support for PTSD is limited due to the paucity of peer-reviewed research and design limitations.

Conclusions

Effective treatments for PTSD are outlined in the military issued practice guidelines for the assessment and treatment of PTSD (“Policy Guidance,” 2012). These guidelines specify evidence-based psychotherapy techniques and/or the prescription of specific antidepressants. Unfortunately, it has been estimated that half of those veterans diagnosed with PTSD and who are in need of mental health services, do not seek mental health treatment or prematurely drop out of treatment (Hoge, 2011). There are many reasons why veterans with PTSD are not effectively treated. These can include issues of mistrust of the VA, masculinity, stigma, or more pressing medical problems (Nworah, Symes, Young, & Langford, 2014). Access to treatment for PTSD is also a critical issue in that the waiting list for services has increased by 50 percent within the last year (Associated Press, 2015). These issues, in combination with the health care policy limitations addressed earlier in this paper, clearly show why effective, evidence-based treatments for PTSD are important and necessary for the public health of veterans.

Our review of the literature suggests that the use of outdoor programming with veterans, and specific programs like Outward Bound, may be of general benefit by promoting self-esteem, conflict resolution, and quality of life (e.g. Ewert, 2014; Ewert, Frankel, Van Puymbroeck, & Luo, 2010), but there is little empirical support for their use as a treatment for PTSD or other mental health conditions. These programs may provide participants with a number of positive benefits, including a sense of belonging and recreational opportunities with peers.

The literature review in this paper has also shown very little evidence that supports the efficacy of outdoor and/or wilderness programs for the treatment of PTSD in veterans. The research design limitations in these studies, such as subject selection, sampling bias and attrition, sample size, lack of comparison groups and random assignment, and the use of non-standardized measures, contribute to this lack of generalizability. Claims that outdoor programs are an effective treatment approach for veterans with PTSD are not supported by the literature.

There are not only concerns about the benefits of outdoor programs for PTSD, but also about the risks. Although the risks of the individual activities may be small, the risks of not appropriately treating PTSD are high. Inherent in the risks of not treating PTSD are depression, withdrawal, substance abuse, suicidal ideation, and negative impacts on families (Galovskia & Lyonsa, 2004). One estimate of the suicide rate for young veterans, from 2009-2011, increased by 44 percent for males and 11 percent for females, with 22 veterans a day commit-
There are far, far better things ahead than any we leave behind

- C.S. Lewis
ting suicide. Other studies (Rozanov & Carli, 2012) reveal discrepancies among suicide rates found in different studies, with the consistent conclusion “that war veterans have many mental health problems and suicide is the clearest one among them” (p. 2514).

This leaves the question of *What is the proper role of outdoor programming in the treatment of PTSD?* While questions have been raised about the first-line treatments for PTSD (Institute of Medicine, 2014), evidence-based treatments are still the best practice for those veterans with PTSD who will enter and complete treatment. For those veterans, outdoor programs can serve as an adjunct to treatment by providing support, recreation, and positive general salutary effects on well-being.

For those veterans facing long wait times, outdoor programming may provide some positive effects during extended wait times. However, programs that operate in this manner should train their staff to be able to identify emotional crises and develop structured plans for crisis intervention, ideally plans that propel the veteran from the waiting list to crisis care.

Coordination of care is another consideration for outdoor and VA programs, even if the veteran is not in crisis. The coordination process should work both ways. That is, the VA and other providers for veterans should have a role in the diagnosis and referral of veterans to outdoor programs. And for outdoor programs, linking the veteran to mental health and medical services is critical. Even when the outdoor programs have been completed, there may still be continuing needs for participants to have access to supportive care, medication, and physical medicine.

Data continues to be collected and studies published that take a look at the efficacy of outdoor programming for veterans with PTSD. Toward that end, recommendations are made about the direction that research studies should take. Long term, replicated studies should be conducted to amass a critical number of study participants and to assess the stability of results over time. Research designs need to be improved, with randomly assigned comparison group methods. Transparent methodologies and procedures used for treatment represent a critical aspect of research to determine effective program components and ensure that efficacious programs can be replicated. For those programs that stand outside of first-line treatment facilities, licensed mental health professionals who are trained in treating PTSD should be integrally involved in these outdoor programs.
References


Walter Reed Foundation Retreats: “Bridging the Gap”

A free retreat for post 9/11 service members/veterans and caregiver or primary social support person. Accommodations and food are provided.
Small group setting, facilitated by veterans, former VA/DoD experienced providers, Walter Reed volunteers & nonprofit support organizations.

**Purpose:** To improve the well-being of military families throughout a 4-day retreat focused on group support, education, stress-management skills and fun in a beautiful setting. Reconnect to self, peers, family, and community. Enjoy relaxation, equine therapy, bonfire, star gazing, tai chi, ear acupuncture and outdoor activities.

**Past participant comment:** “I feel that this weekend has restored my tattered spirit and renewed my optimism. I believe this has relit my candle so to speak and I’ve met people who can reflect my light back to me when things get dark and cold”.

-Iraq Vet

**Date:** December 9-12, 2015
**Location:** Meadowkirk Retreat Center in Middleburg, Virginia
**Apply at:** [http://invisiblewound.org/retreats](http://invisiblewound.org/retreats)
*Please use this link to apply for other future retreat locations*

**Registration deadline is November 20th.**
**For more information email vbruner@hotmail.com**

**Funded by Walter Reed Foundation,** in collaboration with:

*Note: Childcare is Not Provided*
The loneliest war

By THOMAS CURWEN | Reporting from Ft. Riley, Kan.
Video by KATIE FALKENBERG
SEPT. 11, 2015

Copyright, 2015, Los Angeles Times. Reprinted with permission.
By late winter, the war had come home to Pickett Place. Grenades and small bombs exploded in the living room. Automatic weapons fire echoed off the walls. Soldiers shouted to one another. One fell wounded. Whitley Morton had tried to make their house a retreat, but her husband, Jayson, wouldn't let go of the Xbox. Outside, the sun was warm and inviting, and Whitley knew the good weather wouldn't last. She had talked about going out, perhaps taking the boys to the park. It wasn't going to happen. She had gotten her hair cut and run a few errands, and when she got back, he still had the controller in his hands. "You've been on this the whole time?" she asked. "It's been five hours." "Really?" he said, as if it were no big deal. She started to fix dinner for the boys. On the refrigerator door, she kept a prayer:

_Underneath the tree_/
Lord, help me to remember that nothing is going to happen to me today that you and I together can't handle.

But now she felt alone and didn't know who to turn to. She had heard that relationships don't last when a soldier comes home wounded. She had heard stories about PTSD. She called Eli to the table and put Silas in his high chair. Then she slumped to the floor and started to cry like a little girl.

Jayson flinched. Ping. Ping. What was that? Ping. Ping. Ping. Someone shooting at us? In the roar of the Blackhawk's twin engines, he couldn't be sure what he was hearing.

His eyes darted from the mountains of Afghanistan to his best friend, Sgt. 1st Class Omar Forde, who was sitting across from him in the back of the helicopter. Also on board were four members of the flight crew and Forde's friend, Staff Sgt. Jesse Williams.

Jayson thought he saw something in their expressions. A tingling swept through his body.

Kavoom. What the hell? he Blackhawk rocked and shook. Forde threw out his arms, eyes wide. Then Jayson saw smoke from the tail rotor, a thick black-and-white plume trailing into the blue sky. Below, the mountain ridge dropped off like a steep roof; no place to land.

He sucked in his breath and with it the stink of diesel and the menthol tinge of cold altitudes, more than 9,500 feet in the middle of Decem-

Jayson Morton plays with his sons, Eli, 6, center, and Silas, 3, at their home in March. (Katie Falkenberg / Los Angeles Times)
ber. Forde would know what to do. He had survived plenty of explosions riding in armored vehicles in Iraq. But a Blackhawk isn’t an armored vehicle. It’s a tin can, and this one seemed to hang motionless, frozen between heaven and Earth. The bird began to shake. Then it started a slow spin that grew faster as the bottom dropped out. Nothing can salvage this, Jayson thought.

They were the Archangels, flying with the Black Knights, an assault helicopter company with the Army’s 1st Infantry Division, the Big Red One. They had met at Ft. Riley, Kan., in October 2012. Just out of basic training, Jayson walked into headquarters and stood nervously at parade rest, wanting to make a good impression on his new boss. Forde told him to relax. That’s how it was with him: Rank mattered less than forging a bond. Forde was almost four years older and seemed to Jayson the perfect soldier.

Over the months, the men grew close. Both were raised by their mothers, with money tight. Both married young. Each had two little boys. They were deployed to Afghanistan in August 2013 and assigned to headquarters at the Kandahar Airfield — Candyland, as it was known.

Jayson was a cubicle jockey in charge of compiling statistics for weekly briefings, a boring job made easier by Forde’s company. Once they spent all day talking about music, and Forde gushed about Ja Rule. Jayson didn’t believe it. He thought the rapper had a terrible voice, and when Forde got all sentimental over Whitney Houston’s “Star-Spangled Banner,” Jayson teased that it was more the singer than the song that he really liked. A veteran of two deployments in Iraq, Forde had worked on a road clearance crew but switched to electronic warfare, believing it safer
than clearing IEDs from convoy routes. He was responsible for jamming enemy communications in the battlefield, and for some of these missions, he tapped Jayson. To Jayson, who considered himself a ground-pounder ill-suited for desk work, nothing topped walking across the airfield toward the flight line of helicopters. Once off the ground, Afghanistan came into view, no more Candyland with its TGI Friday's and KFC. Jayson felt safe in a Blackhawk, and weeks before deployment he had been so excited that friends reminded him war wasn’t like “Call of Duty.” You can’t respawn.

In the southern corner of Afghanistan, a succession of mountain ranges rises to the east above the Arghandab River valley and Highway 1. Treeless peaks, occasionally dusted with snow in winter, remind soldiers of the inhospitable planet Tatooine in “Star Wars.” Trade routes cross into Pakistan and create corridors for insurgents to transport weapons, money and drugs. The Army believed that stopping this commerce would reduce attacks on coalition forces. The key lay in disrupting radio transmissions, and repeater towers, which boost signals over the mountains, were a convenient target. Blackhawk and Apache helicopters scoured the peaks looking for anything unusual: an antenna, a strand of wire, a solar cell. Once a tower was identified, a door gunner would start firing until the equipment lay shredded in the dirt. In time, a new tower would be installed, and although the missions seemed like a game of whack-a-mole, Jayson believed he was making a difference. On Dec. 17, 2013, their bird, known by its call sign as Arrowsmith 35, was accompanied by another Blackhawk. They traded off searching for targets.

As the crew of Arrowsmith 35 drew near a ridge 125 miles northeast of Kandahar, they spotted a black object that looked like a manhole cover. It was their last
mission of the day. They started to circle 100 feet above the target, and the crew aboard the other helicopter heard a radio transmission in Pashto: “Get the big one ready.” “Let’s get out of here,” one of the pilots shouted. Moments later, an explosion on the ground sent a shock wave and shrapnel into Arrowsmith 35. Jayson caught Forde’s eyes. They told him to be alert. As the Blackhawk spun toward the ground, he surprised himself. He wasn’t scared. Jayson awoke inside the wreckage. Still strapped into his jump seat, he felt dazed, his head so heavy he couldn’t lift it. Opening his eyes, he saw Forde at his feet with a gash under his chin. Jayson could hear him breathe, each inhale a gasp, each exhale a wet cough. At least Forde was alive. He would know what to do, Jayson thought before slipping away again. The Blackhawk rolled 200 yards down the mountain. Jayson opened his eyes and wondered how long he had been out. He was bleeding from wounds on his scalp and forehead. He seemed to be alone. Forde was no longer at his feet. He had been tossed from the wreckage. The helicopter looked like a crushed soda can. Jayson smelled JP8, diesel fuel, and worried about an explosion. As he moved, the pain in his leg startled him. Through a tear in his pants, he saw more blood and the skin turning purple. “Sgt. Forde,” he shouted. “Sgt. Williams.”
He unbuckled his harness. The seat was broken, and he fell to the floor. He tried to find his feet, but his right leg couldn’t take the pressure. He was sure his back was broken. He thought about Whitley and their two sons. They would be celebrating their birthdays soon: Eli turning 5 in January, Silas 2 in March. Before deployment, he had taken out a $300,000 life insurance policy. Whitley would get half and the boys a quarter each when they turned 25. He thought about what might happen next — the enemy on the ground — and he looked around for a weapon. His M4 was jammed in the wreckage. He found another and rolled onto his stomach. Propped on his elbows, he dragged himself onto the mountain, left leg pushing him ahead, right leg scraping behind. The sun was low in the west, bright glare and long shadows cutting across the peaks. “Sgt. Forde,” he called out again. Silence. To his left, he saw the body of one of the pilots slumped out of a busted cockpit window. Overhead, the other Blackhawk was holding steady. He waved, wondering if they could see he was alive. Working his way up the slope, 20 feet or so, Jayson found another body facedown. It was Williams. Blood pooled in the dirt by his head. Looking for cover, Jayson crawled back to the fuselage and angled himself toward the top of the hill. That’s where the enemy would come from, he thought. He could no longer see the other helicopter overhead. Running low on fuel, its crew had returned to Apache, the nearest forward operating base. Gun in hand, Jayson accepted that he was going to die alone. Whoop. Whoop. Whoop. The first rescue chopper came in low. Soldiers jumped onto the steep slope, slipping in the loose sand as they set up a perimeter. “Are you the only one alive?” “I think so,” Jayson said, hoping they would tell him he was wrong. As the adrenaline drained from his limbs, pain flooded through him. He shivered from the cold. He was placed in a rescue basket and lifted aboard a hovering Medevac. Back at Apache, a medical team prepared him for the flight to Kandahar, stripping him of his fuel-soaked clothing and cutting off the yarn bracelet — a good-luck charm from Whitley — that
he wore on his ankle. “Where’s Forde?” he asked. “Let’s not worry about that now,” someone said. That night, nearly 60 soldiers kept watch on the mountain. Winds gusted to 30 knots and temperatures dropped below zero. Within 24 hours, with the other bodies recovered and the equipment and gear retrieved, Arrowsmith 35 was bombed and strafed into pieces.

When Whitley went on Facebook that day, she froze. Someone had posted a short notice on a page popular among Ft. Riley wives.

I wish I could be with all six families who lost their service members in the Blackhawk crash this morning.

Whitley knew Jayson was out on a mission that day. She texted Forde’s wife, Megan, but nothing could be confirmed; no names had been released. Whitley sent Jayson an email:

I am terrified that I am going to open my door to soldiers in their dress blues. I have never been this scared in all of my life.

The waiting ended the next day when soldiers, casually dressed, knocked on her door. “You can tell by our uniforms,” one of them said, “that your husband is alive.” Whitley and Jayson had met in 2007 at a call center in Pikeville, Ky., a coal-mining town about to be hammered by the recession. He answered phones; she helped troubleshoot the calls. She was a year older, 19, with pretty brown eyes, a self-conscious smile and a lilt in her voice that immediately caught his attention. He had a reputation as a wild child, a skateboarder with piercings and tattoos and an arrest for public intoxication: drinking King Cobras in a strip mall, overturning trash cans. She thought he was gorgeous, green eyes, perfect hair, and never imagined she would have a chance with him. They started to share music from metal bands, Bayside, Chiodos, Bring Me the Horizon. Then he invited her to a concert. He proposed on a Sunday. The next day — Feb. 23, 2009, a date tattooed on his left ring finger — they took their vows at her aunt’s brother’s house. They exchanged $30 rings from Wal-Mart. After Whitley got pregnant, they left the call center and moved in with her mom, Edwina. She and Jayson didn’t get along. Edwina thought he was lazy and irresponsible. It didn’t matter. Whitley and Jayson called themselves the Dynamic Duo. It was them against the world, and they were happy. He worked part time, first at a Wal-Mart, later at a Subway, but he was never able to get the hours he needed. Whatever the couple managed to earn seemed to go for gas and diapers. Jayson remembered his uncle in the Air Force. He wasn’t rich, but he lived well. In high school, Jayson had done well on a military aptitude test, and he went to see a recruiter. He was told he couldn’t join until he got his ears fixed. His lobes had been stretched for plugs. He and Whitley tried to save for the procedure — it could cost up to $2,000 — but ended up paying with a credit card borrowed from his grandmother.

He left for basic training in June 2012, and Whitley had to put aside her concerns. Eight years earlier, she had lost her brother in an accident outside Ft. Drum, N.Y., just a month before he was to deploy with the Army to Iraq.
Three days after being pulled off the mountain in Afghanistan, Jayson hobbled to the bathroom. He was in a hospital near Landstuhl, Germany. Peering into the mirror, he hardly recognized himself, a 24-year-old man on crutches, stitches between his eyebrows, a gash above his ear, another on his forehead and a bruise purpling his cheek. He had a broken right hip and fractured lumbar vertebrae. Despite the morphine and Percocet, he felt pain with the tiniest movement.

Some people made him out to be a celebrity. Others called him a hero. “There is a reason the good Lord has put this blessing upon you,” his brigade commander said. He didn’t feel like a hero. He had made it out alive because he sat in a lucky seat. Back home in the United States, he was released from Brooke Army Medical Center in San Antonio, Texas, the day after Christmas and assigned to a rehabilitation unit known as the Warrior Transition Battalion. He used to dream about his homecoming, twirling Whitley in the air, holding his sons close. This wasn’t it. At his first formation, 6:30 a.m. in a freezing auditorium, Jayson thought there had been a mis-
take. Looking around, he saw amputees and soldiers with head injuries and eye patches. Some rode in motorized wheelchairs. Many of the injuries were permanent, but his weren’t. “If they give you an option to get med-boarded, do it,” a sergeant told him, referring to a medical disability discharge. “If they ask you, take it.” A full disability rating would net him more than $3,100 a month tax-free, most likely for life, tempting for a soldier who earned about $2,100 a month before taxes and rent. Jayson tried to imagine being a civilian again. He could sleep in. He could go to college, start a new career, pay down their debts. The daydream ended when he remembered who he was before the Army. His mind went back to the shuttered coal mines, the part-time jobs and food stamps.

He told his doctors that he wanted to get back to Ft. Riley. He wanted to return to Afghanistan. He remembered Forde, who had served twice in Iraq. The Army needed soldiers like them.

In mid-January, the Army flew Jayson and Whitley back to Kansas for a ceremony honoring the five Ft. Riley soldiers lost in the crash of Arrowsmith 35. The winter day was bitterly cold. Jayson was still on crutches, and he and Whitley sat with Megan Forde and her two boys in the crowded chapel. On a set of risers stood five pairs of combat boots, five 8-by-10 photos, four aviation helmets for the flight crew and in the middle, a combat helmet for Forde. “Sgt. 1st Class Forde,” the first sergeant called out once the memorial began. No one replied, and Whitley thought there had been a mistake. “Sgt. 1st Class

Megan Forde and son Ayden watch as Sgt. 1st Class Omar Forde’s casket is loaded into a hearse after his funeral in December 2013. (Jonathan Phillips)
Forde.” More silence. “Sgt. 1st Class Omar Wilfred Forde.” Then she understood. She glanced at Jayson and reached for his hand. He was crying like she had never seen before. Afterward, Jayson tried to keep his distance from the family members of the crew, but they sought him out. Because the crash was still being investigated, the Army had offered them no details.

Jayson tried to answer their questions but was certain they were wondering how he, a private, had walked away from the crash and their sons, their husbands, hadn’t. That night Whitley’s cellphone rang. A captain wanted to know whether Jayson had his uniform with him. His promotion to specialist had been approved, and they wanted to honor him in a ceremony in the morning. Whitley thought the decision was hasty. She worried that his commanding officers were not giving him time to adjust.

A week later, back in San Antonio, Jayson got even better news: He was being sent back to Kansas. He was told he had broken the record for quickest recovery at the Warrior Transition Battalion. Still on crutches, he was given an option to move into a one-story house on the base. He declined. He would handle the three flights of stairs at Pickett Place.

For the first few weeks, Whitley drove Jayson to work. From the car, she watched him limp into headquarters, where he helped manage the training area and shooting ranges on the base. As he recovered, she could tell he had changed. He was more difficult to talk to. Anger, hardened by a mannered bravura,
lay just under the surface, and whenever
the conversation shifted to Arrowsmith
35, he treated the attack as a personal
assault, as if the enemy had deliberately
targeted his friends.
He read a news story that said the war
on terror was over, and he panicked. He
felt robbed of the opportunity to go back
to Afghanistan and redeem the losses of
that day. He wanted the enemy and their
families to feel the grief that he felt.
Although he sensed that something was
not quite right, he told himself that what-
ever it was, he could fix it on his own. At
his cubicle, he worked on an old laptop
with a can of Red Bull and a bottle for his
tobacco chew nearby. Other soldiers
gave him his space, and when someone
would ask how he was doing, the answer
was always the same: “Just fine.”

He hated that his name was attached to
Arrowsmith 35. Reminders of Forde and
the flight crew felt like a punch in the
chest. They were the real heroes. He po-
positioned his Purple Heart ribbon beneath
the lapel of his dress uniform. If no one
could see it, no one would ask about it.
One day driving home, he tried to re-
member a conversation, any conversa-
tion, he had had at work, and he could-
n’t. “Maybe you should see a counselor,”
Whitley said. No way, he said. That could
only hurt his career.

Whitley missed their funny and carefree
days, and she didn’t know how to get
them back. They used to enjoy barbe-
cues and relaxing with friends, going to
the park with the boys or getting ice
cream at the Sonic off the base in Junc-
tion City. Now Jayson stayed inside on
weekends. She knew he was hurting. In-
flammation, his doctor called it and tried
to help with pain relievers, patches, a
brace and ointments.

Sleep was an ordeal. No nightmares that
Jayson could remember, just thrashing
about. They thought a new mattress
would help but didn’t have the money.
Whitley knew she was lucky to have him
home alive. There were plenty of wives
who didn’t have their husbands. She just
wished that someone in his chain of com-
mand would see what was wrong.
The doctors in Germany had screened
him for traumatic brain injury, and in San
Antonio, they had cleared him for active
duty. They knew that the effects of PTSD
might not develop until later, and Jayson
insisted he felt fine. If only it hadn’t been
so easy, Whitley thought. Jayson needed
to talk to someone. But soldiers can’t be
ordered into counseling, and Jayson
seemed to be adapting to his losses. His

Spc. Jayson Morton works on a vehicle in the motor
pool at Ft. Riley. (Katie Falkenberg / Los Angeles
Times)
commanders turned to a prescription as old as war: look to the future.

“Focusing on the past is not always the best way to get to health,” said Maj. Joshua Gilliam, the chaplain for Jayson’s unit. “We need to give Jayson something forward to focus on. Vision is more powerful than baggage.”

Jayson worked hard to get back into shape. He pushed himself during morning calisthenics or the two-mile run. When told he could slow down — no need to prove himself — he would stop, stretch and pick up the pace again. He had to be ready if called up. But the more Jayson projected confidence and determination, the more Whitley worried what their lives would look like if he wasn’t redeployed. She began to dread his coming home at night, and when he was in the living room playing “Call of Duty,” she often retreated to the kitchen, crying. On Dec. 17, the anniversary of the crash, Jayson went to a park where the 1st Infantry Division has a memorial to its soldiers killed since the invasion of Iraq. He brought six roses for his friends and something extra for Forde: a can of Skoal Long Cut tobacco. Alone, he laid the gifts on the marble plaques.

Afterward, he stopped by Wal-Mart to buy a DVD of “Teenage Mutant Ninja Tur-
home. She tried to get him to open up. She thought about her brother. “I’ll never understand what you’ve been through,” she said, “but I’ve dealt with loss.” “You’ll never understand,” he said. They sat in silence.

In late January this year, Jayson started a month-long course to prepare for promotion to sergeant. He rose at 4:30 each morning and was often the first to arrive. After eight hours of instruction, he went back to headquarters to finish his work and got home with just enough time to study and go to bed. Two days into the program, Whitley was ready for it to be over. His graduation brought little joy. Jayson had disappeared from his family, and she saw no end to it. She wondered whether she could ask him to leave the Army. The thought scared her, and she felt bad for thinking it. She said nothing. I can’t be here. The words were too difficult to say, so she texted him at work. It was March 16, the day before his birthday. They had had a long conversation the week before, but now she meant it. He didn’t understand. Hadn’t they just been talking about having another baby? “I don’t feel like a person anymore,” she said when he got home. She was going to take Eli and Silas and stay with her mother in Kentucky. Jayson was blindsided. “I busted my ass for you,” he said. She knew she would be judged for what she was doing, but she wouldn’t take the blame. The Army had let them down, she thought. She wished someone had ordered Jayson to counseling. She packed up the boys and left. Jayson was devastated. He thought they could have worked things out. He changed his Facebook status from married to divorced. He hadn’t asked anyone for help. He hadn’t made excuses for his pain. Maybe he had PTSD after all, he thought. But if so, it was nothing like he imagined. No flashbacks, no freak outs, none of the crazy stuff. Just loneliness.

Jayson volunteered for therapy soon after Whitley left. He was diagnosed with PTSD. His responsibilities with his unit were cut back. “Life sucks,” he said not long after she left. One day at Wal-Mart,
look him in the eye, she found it easier to explain herself. She felt as though he had cut her out of his life. She described how lonely it was. They talked on the phone. “I’m sorry,” Jayson said to her one evening after realizing that he had never told her about that day in Afghanistan. She heard the regret in his voice. She wanted to believe he meant it. After three months, he flew to Kentucky. He and Whitley worked it out so he could surprise Eli at school. It was the homecoming Jayson never got. “I’m not pressuring you,” he said to Whitley, “but would you be ready to come back?” She wasn’t sure, and for the two weeks he was in Kentucky, they talked about the last year. He seemed to be working hard to set things right.

Today, Jayson and Whitley and the boys are back on Pickett Place. Jayson put up a backyard fence so they can safely play outside.

Whitley sometimes watches from the kitchen window. She loves her husband and is worried about him. He still gets angry but doesn’t show it as much. His sleep is more restless, almost violent, now. He says he dreams of falling, and he lives with pain, frustrated that he can’t spend more time teaching Eli how to skateboard or running with Silas when they play soccer.

When he looks back over the last year and who he was after the crash, he doesn’t recognize himself and is apologetic for what he put his family through. “It was like I was stuck in the mud on a steep slope,” he said, “spinning my tires and only digging myself in deeper.”

His counselor has recommended a PTSD clinic off base, but the program would take him away from his family for a month, and right now his family is his support.

He went before the promotion board on the base a few weeks ago, his interview to become a sergeant like Forde. He was questioned for half an hour but didn’t pass. The next day Whitley began quizzing him with flash cards they had made. Jayson looks forward to trying again.

A few days before the interview, he and Whitley and the boys were out on a Saturday and stopped by a uniform shop on the post. He said he had ordered a new name plate, and when he came back to the car, he told her it wasn’t ready. But that was a ruse. The shop had made him two new dog tags. That night, he gave her a set as a gift: a new one and an old one, one for the future and one for the past. Scratched and dull, the old one had been with him in basic training and in Afghanistan. It had been closest to his heart when Arrowsmith 35 went down. He reached out and put the tags around her neck.
‘The loneliest war’ strikes home

By THOMAS CURWEN

SEPTEMBER 23, 2015

Readers had little to respond to when The Times first published the names of six soldiers killed in an attack on a Blackhawk helicopter in Afghanistan on Dec. 17, 2013. The Army, pending an investigation into the incident, withheld any details.

When I first read the news on the obituary page, I had to wonder: Could the deaths of six soldiers in one day be so easily overlooked? Was inattention the price of America’s longest war?

The answers came nearly two years later when The Times published my account of that helicopter attack and the aftermath for its sole survivor, Spc. Jayson Morton.

Readers reacted with gratitude and compassion, generosity and empathy. The Times would like to continue this conversation. Below are reactions to the story from emails I received and from comments posted to the story, and I would like to invite you to reply as well.

Morton’s experience of that day and the loss of his fellow soldiers is the account of a young man struggling to balance his commitment to the Army, to his wife, Whitley, and to his family. But he eventually paid a heavy price in the form of PTSD. As he told me, it was nothing like he imagined.

No flashbacks, no freak outs, none of the crazy stuff. Just loneliness.

PTSD is the lasting legacy of our recent wars. I hope you will join the discussion.

Share your experience. Are you active military or a veteran? How did you adjust to life away from combat or as a civilian?

And if you are a civilian, how do you relate to a soldier’s experience of war?

Click here to leave a comment
Not a subscriber?

Have “Combat Stress” delivered to your inbox each quarter!

The American Institute of Stress
6387B Camp Bowie Blvd #334
Fort Worth, TX  76116
www.stress.org
info@stress.org
Main: (682)239-6823

The American Institute of Stress is a qualified 501(c)(3) tax-exempt organization.