

AIR WAR COLLEGE

AIR UNIVERSITY

BOUNCING BACK FROM WAR TRAUMA: RESILIENCY IN
GLOBAL WAR ON TERROR'S WOUNDED WARRIORS

by

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Biography

Lieutenant Colonel Katherine H. Linton is an Air War College student at Maxwell Air Force Base, Alabama. Prior to attending Air War College, Colonel Linton was assigned to the 120th Airlift Wing, Montana Air National Guard. Since 2012, she has led the Wing Commander's support staff as the Wing Headquarters Squadron Commander. Colonel Linton is a 1996 U. S. Air Force Academy graduate and cross-commissioned into the Navy upon graduation. She earned her Naval Aviator wings in 1998 and flew primarily the MH-53E Sea Dragon during her Navy career. She deployed to the Persian Gulf with Helicopter Mine Countermeasures Squadron 14 in 2000 and again in 2001 in support of Operation ENDURING FREEDOM. After completing her first sea tour as an Airborne Mine Countermeasures Mission Commander, she flew the UH-3 Sea King as a Search and Rescue pilot at NAS Oceana, Virginia Beach, VA. In 2005, Colonel Linton returned to HM-14 in Norfolk, VA for her Department Head tour serving as Mission Maintenance Officer, Safety Officer and instructor pilot. Deploying in 2007, she led a detachment at MCAS Iwakuni, Japan as the Officer in Charge of HM-14 Detachment ONE supporting Commander, U. S. 7th Fleet. Colonel Linton commanded Navy Operational Support Center, Helena, MT from 2008 to 2010. In 2010, Colonel Linton joined the Montana Air National Guard as a Drill Status Guardsman initially serving as the Wing Inspector General. As a civilian contractor for the Montana National Guard from 2011 to 2013, she was a Program Manager for the State Partnership Program where she planned and executed military engagements with the Kyrgyz Republic. In 2014 Colonel Linton was the lead exercise planner and Officer in Charge of a UN Peacekeeping, Counter-terror, and Consequence Management exercise in the Kyrgyz Republic. Colonel Linton has a Bachelor of Science from

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Abstract

Thirteen years ago, the United States entered into a Global War on Terror (GWOT) and has deployed over 2.5 million troops in three operations: Operation Enduring Freedom (OEF) in Afghanistan, the Philippines and other locations; Operation Iraqi Freedom (OIF); and Operation New Dawn (OND) in Iraq. Approximately 42 percent of servicemembers have deployed more than once in support of GWOT.¹ As with earlier wars, the GWOT wrought physical and psychological war trauma to wounded warriors – and these visible or invisible injuries affect their lives forever. But the effects and recovery vary from person to person. This paper asks whether the visibility of the injury plays a role in a wounded warrior's resiliency. Ultimately, I find the visibility of the injury has some influence on a wounded warrior's resiliency across four recurring resiliency themes: first, a wounded warrior's personal support network; second, his or her core convictions; third, the types of rehabilitative programs available; and fourth, his or her military identity and experience.

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The Wounded and Their Injuries

As of January 19, 2015, two percent (52,345) of deployed servicemembers have been wounded in action with additional research showing that the visible injury prevalence includes 1 percent amputations; 10-13 percent musculoskeletal, shrapnel, blindness or other eye injuries; 1 percent burns; 54 percent multiple injuries to extremities; and 29 percent head and neck injuries.³ Although the overall percentage of troops with visible injuries is small, the prevalence of invisible wounds in the 2.5 million GWOT veterans is astounding. Experts estimate at least 50 percent of GWOT veterans will seek treatment for one or more problems such as Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), depression, suicide attempt, and/or substance abuse.⁴ Studies also show that 31.8 percent of wounded warriors with visible injuries also suffer from PTSD.⁵ Traumatic Brain Injury (TBI) is another invisible injury in

GWOT wounded warriors, affecting nearly 20 percent.⁶ When visible and invisible injury prevalence is combined, one can see the impact the Global War on Terror has had on our servicemembers and their lives now as wounded warriors.

Resiliency: Bouncing Back from Trauma

After enduring physical and psychological trauma and various levels of treatment and rehabilitation, wounded warriors return home to live a life that becomes their “new normal.” With this “new normal” life, each wounded warrior exhibits some degree of resiliency. The Army defines resiliency as “the mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn and grow from setbacks.”⁷ This definition emphasizes that resiliency must encompass the whole person in order for the wounded warrior to move forward in his or her life. The wounded warrior’s ability to bounce back from trauma, instead of break from it, enables the wounded warrior to face challenges in their “new normal” life.

Resiliency encompasses more than just physical recovery from an injury, and with the high prevalence of invisible wounds, it is imperative for wounded warriors to be able to adapt to the psychological symptoms of their injury as well. Without effective treatment and resiliency, wounded warriors with PTSD or TBI can face a detrimental downward spiral due to the interconnectedness of PTSD and TBI to other psychosocial effects. Wounded warriors with PTSD demonstrate an increased prevalence of aggression, intimate-partner violence, arrests, incarcerations, unemployment, and homelessness.⁸ In a 2010 study, 67 percent of OEF/OIF homeless veterans received diagnosis of PTSD, and 38 percent had a substance abuse disorder.⁹ Recent studies also support a strong correlation between substance abuse and dependence in wounded warriors with PTSD because as part of their treatment, they are prescribed opioids for

long periods of time.¹⁰ At the Warrior Transition Unit at Walter Reed National Military Medical Center, many wounded warriors with PTSD would become addicted to their prescribed anti-anxiety and pain medications, and in many cases, these wounded warriors would be sent to inpatient drug rehabilitation programs before their non-pharmaceutical PTSD treatment could begin, prolonging their recovery even further.¹¹

The most serious psychosocial effect of PTSD and its associated symptoms is the correlation to suicide. Numerous studies show that suicide rates in active duty members and veterans are directly related to diagnoses of PTSD, depression, anxiety disorders, substance abuse disorders, and TBI.¹² Veterans who screened positive for PTSD were four times more likely to report suicidal ideation.¹³ According to the Institute of Medicine, “In 2010, 50% of suicides in military personnel occurred in active-duty personnel who had been deployed to OEF or OIF,” and suicide has become the second-leading cause of death in service members.¹⁴ Effective treatment and resiliency in wounded warriors with invisible injuries are imperative in preventing the downward spiral associated with PTSD and TBI.

Resiliency Themes

Throughout my research, which included conducting four personal interviews with wounded warriors, reading numerous wounded warrior memoirs, watching 28 video profiles and reading numerous internet forums, four recurring themes surfaced that directly impacted a wounded warrior’s resiliency.¹⁵ They included the wounded warrior’s personal support network, core convictions, rehabilitative programs available, and military identity and experience. These resiliency themes affected wounded warriors differently and in some cases, were tied to the visibility of their injury. Similar themes for wounded warriors, regardless of the visibility of their injury, are the positive influence that their personal support network of wounded warrior peers

had on their resiliency and the benefit they received from rehabilitative programs. In contrast, the wounded warrior's core convictions influenced their resiliency differently and in most cases depended on the visibility of their injury. By far though, the most contradictory theme is the wounded warrior's military identity and experience and showed that it positively influenced the resiliency of wounded warriors with visible wounds but hindered the resiliency of wounded warriors with invisible wounds. These four resiliency themes reveal that there is not one common path to resiliency for everyone.

Personal Support Network

A wounded warrior's personal support network may include his or her family and wounded warrior peers. My research suggests that the visibility of a wounded warrior's injury affects their relationships with family members differently but had little influence on the encouragement and support from wounded warrior peers.

One example of the tremendous influence a spouse's support and involvement has on a wounded warrior's recovery and resiliency after a traumatic injury is described in Technical Sergeant (TSgt) Matthew Slaydon's DoD Wounded Warrior Diaries video profile.¹⁶ He discusses the importance of he and his wife working together as a team in order for him to recover from his injuries that left him with a Traumatic Brain Injury, blind, and his left arm amputated when an IED exploded two feet from his face. Mrs. Slaydon became involved in all of her husband's treatment and recovery and did everything with him including physical therapy. She was her husband's emotional strength and continuously promised him "they would have a fantastic life together."¹⁷ TSgt Slaydon says, "I was physically, emotionally and mentally just wrecked – devastated, and I knew that I was going to be safe though when I would feel her hands on me... I'd feel her hand on me and hear her voice, and I knew she wasn't going to let me

fall.”¹⁸ The overwhelming love and bond that developed between TSgt Slaydon and his wife during his recovery led them to renew their wedding vows, and he told her that it was all worth it, everything he’d gone through for them to have the love and everything they had.¹⁹ TSgt Slaydon’s example illustrates the strong bond and understanding that can develop between a wounded warrior with a visible injury and his spouse. In this example, Mrs. Slaydon was able to see her husband’s injury, understand his physical limitations, sympathize with his emotions surrounding his extensive injury, and acknowledge and participate in the ongoing process toward his recovery, enabling her to positively influence her husband’s resiliency after a traumatic injury.

However, for family members of wounded warriors with an invisible injury such as PTSD, they find it difficult to understand their loved one’s injury. In an interview with an Air Force Security Forces member with PTSD, he explained that he doesn’t talk to his wife or others about his PTSD in detail because he doesn’t want them to know the details of what caused his PTSD and how it affects him, and he doesn’t want to be judged. Additionally, he clarified that although his wife tries to be supportive, she doesn’t fully understand what he is going through and often forgets about his PTSD because she can’t see his injury.²⁰ When family members don’t have the constant physical reminder of an injury, it may cause them to forget that their loved one is injured and create the false impression that their loved one is back to “normal.” Wounded warriors may also perpetuate this normalization when they don’t talk about it with their loved ones or try to deal with their PTSD on their own.

Although PTSD is inherently an invisible injury, wounded warriors with PTSD may also try to hide it in order to remain socially acceptable during their daily life. Sergeant Josh Hopper discusses his PTSD in his DoD Wounded Warrior Diaries video profile, “While others wake up

and put their clothes on in the morning, people with PTSD wake up and put a mask on. We can fool everybody throughout the day, eight to 12 hours, however long we work, and you go home and you have to take it out on someone -your wife, your kids, your mom or dad, those closest to you.”²¹ This example also shows how the constant stress of putting up a façade to remain socially acceptable along with the already symptomatic increased prevalence of aggression caused by PTSD may cause belligerent behavior toward loved ones.

Additionally, the symptoms associated with PTSD such as depression, anxiety, avoidance, anger, and alcohol and substance abuse tend to push away family members. As depicted in Aaron Glantz’s book, *The War Comes Home*, a wife of a wounded warrior with PTSD explains, “Over the course of just two or three weeks, I started to notice that if I came into the room, he would just leave...If I said something to him, he would just snap. He didn’t want to talk to me, he didn’t want to talk to really anybody.”²² Responses like this may push away loved ones and friends, isolating the wounded warrior even more.

The examples above from wounded warriors with PTSD illustrate how difficult it is for family members to support and help those with PTSD. Wounded warriors with PTSD who put up a façade and refuse to talk about their PTSD may intentionally isolate and shut out their family members in order to prevent stigmatization. Additionally, wounded warriors with PTSD may unintentionally isolate their family members because their aggressive behavior, depression, and other symptoms of PTSD push away those they love.

When comparing the relationships between family members and wounded warriors with visible wounds and those with invisible wounds, it is apparent that the visibility of the injury influences both the relationship between the wounded warrior and family members and the wounded warrior’s resiliency. A visible injury can be a constant reminder for a family member

that the wounded warrior is injured and may still be recovering, a process in which the family member can play a significant role in for physical and emotional support. This type of support has been shown to contribute to the wounded warrior's resiliency. For family members of wounded warriors with invisible wounds, there is a tendency to forget the wounded warrior is injured or think his or her recovery is complete, thus causing misunderstanding when the wounded warrior exhibits symptoms such as aggression, isolation, or depression. When these wounded warriors isolate their loved ones, the bond between the wounded warrior and loved one can weaken.

Another facet of a wounded warrior's personal support network is the influence of other wounded warriors. Many wounded warriors, regardless of the visibility of their injury, attribute their recovery and resiliency to their peer network of fellow wounded warriors.²³ Amputees have spoken of the tremendous impact peer visitors had on them especially during the initial stages of the physical recovery after their amputation. For instance, shortly after having his right leg amputated and arriving at Walter Reed National Military Medical Center, Army Captain Vance Flowers received a visit from a Private First Class (PFC), who had both legs amputated above the knee. The PFC walked into Captain Flowers's room on his prosthetics, introduced himself, and told Captain Flowers that "it's going to be okay" and that when he was ready, they could talk about options available if he wanted to start physical therapy and get on prosthetics. After the visit, Captain Flowers said to himself, "This is the motivation I need right now and the kind of people I need to be around. I'm going to get up out of this bed and walk again."²⁴ Peer visits such as this one help to show amputees future physical capabilities and can give them hope.

Furthermore, the wounded warriors who are the peer visitors also benefit greatly from visiting other wounded warriors. Captain David Rozelle, who had his left foot amputated in 2003, visited Walter Reed routinely for follow-up treatment and always visited with other amputees. He writes in his memoir, *Back in Action*, that although it was hard to see severely injured soldiers, “I keep going back because it is important-for me and them. It has helped me heal, physically and mentally. By challenging those soldiers to stick with their treatment and therapy and prepare for the new world that I have discovered, I have become whole.”²⁵

Wounded warriors with limb loss have greatly benefited from both being the visited and the visitor. It gives the peer visitor a chance to instill hope in recently wounded warriors, and in turn, the recently wounded warriors motivate the peer visitor to be a positive role model.

Likewise, peer support is not only vital to wounded warriors with visible injuries, but also those with invisible injuries. An Air Force Technical Sergeant who suffered a mild Traumatic Brain Injury (mTBI) after his vehicle hit an IED in Afghanistan finds solace in talking to other wounded warriors, two of whom have become his best friends. He feels that uninjured peers cannot relate to him, while other wounded warriors understand his situation.²⁶ Additionally, because wounded warriors with PTSD may be reluctant to talk about their experiences to their family and friends, many turn to other wounded warriors with PTSD. The website www.mycombatptsd.com is an anonymous forum where wounded warriors with PTSD can share their difficulties with peers. From reading some of the forum posts, the wounded warriors are open and honest in their struggles and are encouraged by their peers. It serves as an anonymous support group where raw emotions, daily frustrations, PTSD treatment, and other topics can be shared among peers without judgment.²⁷ As stated earlier, family members and friends of wounded warriors with invisible injuries may have a difficult time understanding invisible

injuries such as PTSD and TBI, which leaves the wounded warriors with few people to talk to. Non-judgmental peer support transforms their resiliency path from being isolated to depending on each other for support and understanding.²⁸

These four examples demonstrate the significance family and wounded warrior peer interaction has on wounded warriors during all phases of their recovery whether they have visible or invisible injuries. These interactions serve to motivate, reassure, and comfort each other and are based on the mutual experience of traumatic injury.

Core Convictions

Research reveals a wounded warrior's core convictions such as spirituality, perseverance, and self-worth influence his or her resiliency. For instance, Captain Vance Flowers was injured by an IED while on a dismounted patrol in Iraq in June 2007. His right leg was amputated below the knee and subsequently fitted for a prosthetic. By August 2008, Captain Flowers was back on active duty and helping other wounded warriors as a company commander at the Warrior Transition Unit at Walter Reed. In his interview, Captain Flowers explains how shortly after his leg was amputated and during the initial stages of his recovery, he relied heavily on the lesson of perseverance instilled in him by his parents. He realized that he couldn't quit on himself because he didn't want to disappoint his wife and two sons. He needed to persevere through the initial shock of his situation so that he could be strong for his family and set an example for his sons.²⁹ Captain Flowers further explains that he attributes his sustained resiliency first and foremost to his spirituality and faith in God. He explains that he accepted his injury as something God wants him to use to help others and that he now has a greater purpose to inspire and encourage others whether they are fellow wounded warriors or not.³⁰ In this example, both perseverance and

spirituality predominately led to a wounded warrior's resiliency and were both needed, but at different times during the recovery and resiliency process.³¹

Furthermore, many amputees rely on a core conviction of perseverance by setting and achieving physical goals, which fosters their resiliency.³² For example, Captain David Rozelle writes of all the goals he set for himself and his determination to meet them in his memoir *Back in Action*. Within two days of his injury, Rozelle set ambitious goals including snow skiing within six months, snowboarding within seven months, passing the Army physical fitness test within 8 months, and running two miles and taking command within one year.³³ Not only did he accomplish all of his goals four days prior to the one-year anniversary of being injured but also had already competed in triathlons and ski races.³⁴ Rozelle remained on active duty and has deployed to Iraq twice since his injury.³⁵ As another example, fellow amputee Navy Lieutenant John Pucillo states in his Wounded Warrior Diaries video profile, "I am going to define my disability; it is not going to define me."³⁶ He set goals for himself and states that he wanted to go back doing the things he did before his injury such as running, hiking, and parachuting. He achieved those goals and remained on active duty and graduated parachute jump school.³⁷ As shown in these two examples, wounded warriors who persevere through physical recovery in order to meet goals are likely to overcome their injury and return to a level of pre-injury physical activity, which greatly benefits their resiliency.

However, for wounded warriors with PTSD, their individual core convictions may inhibit their resiliency because they may deny they need help, which delays their treatment. Staff Sergeant (SSG) Josh Hopper states in his Real Warriors video profile that he did not seek help earlier because of his pride.³⁸ In this case, the convictions of being strong and independent had to be overcome in order for SSG Hopper to seek treatment. Major Ryan Kranc finally sought

help for PTSD six years after a traumatic event that killed his commander and friend. He explains the predominant mindset about PTSD is “I’m not broken, I can fix myself, there’s nothing wrong with me.”³⁹ Also, the same perseverance that helps wounded warriors with visible injuries prolongs the treatment for those with PTSD because they may try to “wait out” their PTSD thinking it will just go away. Self-reliance can inhibit the resiliency of a wounded warrior with PTSD because the wounded warrior may initially feel confident that there is no problem, but then may feel inept for not being able to solve his or her own problems, and may fear being stigmatized once diagnosed with PTSD, all of which delay treatment and prevent resiliency.⁴⁰

Rehabilitative Programs

The rehabilitative programs utilized by wounded warriors effectively enhance their resiliency but are vastly different based on injury type. For wounded warriors with limb loss, adaptive sports programs help them become the athletes they were prior to their injuries. One example is Disabled Sports, USA (DSUSA), to which Captain David Rozelle attributes much of his resiliency to as both a patron of its services and then as a DSUSA representative who has helped coordinate outreach and events and instructed other wounded warriors.⁴¹ As a representative for DSUSA sharing its mission, he emphasizes how DSUSA helps renew athletics in athletic people and inspires them with the courage and confidence they need to go back out and take life by the horns.⁴² Not only do adaptive sports programs empower wounded warriors with limb loss to learn new sports or resume sports they participated in prior to injury, but also the inherent peer camaraderie can act as a support network that encourages wounded warriors to see their future with new physical and athletic opportunities.

In addition to adaptive sports programs, wounded warriors with visible injuries also benefit from programs that focus on life skills and career training, which help wounded warriors find a new sense of purpose and overcome their limitations caused by their injury. For instance, Gunnery Sergeant (GySgt) Nick Popaditch's injury left him without a right eye and legally blind in his left eye making it impossible for him to read causing extreme anxiety about what he would do in the future after medically retiring from the Marine Corps. GySgt Popaditch found out about the Western Blind Rehabilitation Center through the Department of Veterans Affairs and participated in one of its in-patient programs where he learned to read again using adaptive tools and techniques. Besides life application skills, another important aspect of the program was the counseling he received from his rehabilitative team who convinced him that he could achieve his ambition of becoming a high school teacher even though it required going to college. His entire team's focus became preparing him for college. GySgt Popaditch writes in his memoir about the revelation when his team lead told him that college was not an impossible goal, "I just got my life back. The world is big again. And I have a place in it."⁴³ In 2011, he graduated Magna Cum Laude from San Diego State University.⁴⁴ Indispensable programs such as this not only provide wounded warriors with life skills but also inspire them to look forward to new opportunities outside of the military.

Wounded warriors with PTSD who have sought help usually seek assistance through formal programs such as ones sponsored by the DoD or Department of Veterans Affairs because of their experience treating combat-related PTSD and the pharmaceutical and psychological care required. In an interview with an Air Force Security Forces member who suffers with PTSD, he said he benefitted greatly while on active duty from his in-patient care at the Haven Behavioral Health's Military Services Division, which helped him identify and mitigate his triggers. He also

continues to receive assistance from his local Department of Veterans Affairs hospital.⁴⁵ Additionally, Army First Sergeant Aaron Tippet explains in his DoD Real Warriors video profile how the DoD-sponsored program, RESPECT-mil, helped him with his PTSD.⁴⁶ Both wounded warriors emphasized how important it was that these two programs understood military culture and combat-related PTSD. In some cases, wounded warriors with PTSD also have physical wounds, which are treated at military hospitals such as Walter Reed. The consistent presence of psychological care experts helps physically wounded servicemembers work through their traumatic event. Captain Joshua Mantz, who was shot through his leg, explains how the constant clinical psychologist access he had during his treatment for his physical injury acted as preventive medicine for PTSD since he was able to talk about his traumatic experience earlier and frequently. In comparison, a wounded warrior who is not physically wounded does not have this access and may wait to seek help for PTSD much longer after the traumatic event.⁴⁷ Because of the constant psychological care he received while recovering from his physical wound at Walter Reed, he says he has no signs of PTSD.⁴⁸ The rehabilitation programs for wounded warriors with visible and invisible wounds are greatly benefitting their resiliency even though the types of programs available are vastly different based on the injury.

Military Identity and Experience

The most contradictory resiliency theme between wounded warriors with visible injuries and those with invisible injuries is based on their military identity and experience. For some wounded warriors with visible injuries, their military identity and experience are their predominant driving force to overcoming their injury. As an example, Sergeant First Class (SFC) Joseph Kapaczewski is an Army Airborne Ranger who had his right leg electively amputated below the knee in 2007 after a grenade detonated inside his Stryker vehicle in 2005 in

Iraq.⁴⁹ His entire recovery and the decision that led to his elective amputation after his leg did not fully heal focused solely on his goal of getting back to the Ranger Battalion and back to combat.⁵⁰ His military identity as a Ranger and his military experience motivated him to overcome his injury and become “the only Army Ranger serving in direct combat operations with a prosthetic limb,” and as of April 2012, SFC Kapaczewski had rotated into combat five times since the loss of his leg.⁵¹ Additionally, Marine GySgt Nick Popaditch was a tank commander in the First Battle of Fallujah in April 2007 when a rocket-propelled grenade exploded on his helmet.⁵² In his memoir, he states, “Men fight and die because they refuse to be anything less than Marines and do all that our great tradition requires. This is why I’ve got to get fixed so I can go back where I belong.”⁵³ He embodied the Marine spirit throughout his physical recovery, his efforts to stay on active duty, and his battle for recognition and compensation for his permanent disabilities. In these two examples both wounded warriors garnered their strength based on an identity that embodied them, a Ranger and a Marine.

For wounded warriors with visible wounds, their military experience before or after injury may foster their resiliency.⁵⁴ As one example of this, in an interview with an Army Special Forces member who was injured by a nail-laden homemade bomb while supporting OEF-Philippines, the wounded warrior explains the positive impact his military experience has had on his resiliency after suffering from third degree burns, shrapnel injuries to his head and neck, and five subsequent surgeries. Within six months of his injury, he was sent back to the Philippines to be with his team and continue the mission, which he says greatly influenced his resiliency. Later in his career while attending Naval Postgraduate School, he wrote his master’s thesis on the lessons learned from the events that caused his injury. This thesis led to the development of a new Standard Operating Procedure that has been implemented in Afghanistan

and is saving lives.⁵⁵ He explains that being able to use his traumatic experience to save lives has immensely influenced his healing process.

As a complete contrast, the military identity and experiences of wounded warriors with invisible wounds can impede their recovery and resiliency process. Wounded warriors with PTSD, especially those still in the military, cite the fear of being stigmatized and negative affects on their career if they seek help for PTSD.⁵⁶ Also, some believe that by admitting they need help, they will appear weak in the eyes of their peers and leaders.⁵⁷ For instance, Staff Sergeant Stacy Pearsall was a combat photographer diagnosed with PTSD and mild Traumatic Brain Injury who wanted her treatment to remain anonymous so she didn't appear weak among peers in her unit.⁵⁸ Additionally, Army First Sergeant Aaron Tippet tells in his DoD Real Warriors video profile how it was ingrained in him to "drive on, don't let your soldiers see that anything's wrong," an attitude that delayed him from seeking treatment, illustrating how his military experience led to sacrificing his health and well-being for the sake of keeping up military appearances.⁵⁹

Furthermore, wounded warriors with mild TBI face similar issues because like those with PTSD, their injury may not be visible to others. Specifically, when an Air Force Technical Sergeant with a mild TBI caused by an IED explosion sought further help for his injury after returning from deployment, he was "viewed as weak or damaged" by members of his unit and was told by one of his supervisors that he was a "whiner and weak."⁶⁰ Because members of his unit couldn't see his injury, they called him a liar and openly questioned his integrity. He states in his interview, "All they see is what appears to be a healthy man today, and because I have no physical injuries to show, then I must be a liar."⁶¹ He shies away from telling his story and feels ashamed of his Purple Heart and being referred to as a wounded warrior. He also states that he

no longer can progress in the unit professionally and is considering leaving the Air Force.⁶² This example illustrates how the wounded warrior's military experience after his injury has negatively impacted his resiliency and is solely based on the visibility of his injury. Most servicemembers have a strong military identity and value their military experience; however, their military identity and experience can either help or hinder their resiliency based on the visibility of their injury.

Conclusion

For wounded warriors, resiliency is the lifeblood of their future. The visibility of the injury has some influence on a wounded warrior's resiliency across four recurring resiliency themes: first, a wounded warrior's personal support network; second, his or her core convictions; third, the types of rehabilitative programs available; and fourth, his or her military identity and experience. However, one area that needs future emphasis is how a military servicemember's belief in selfless service influences their resiliency, as shown in TSgt Slaydon's final comment on his video profile, "I guess this is the pain and suffering that had to be endured to allow them [other service members] to live, to carry on with their lives, and so I guess this is the price to pay to make the world a better place, and I would absolutely do it again."⁶³ His ability to bounce back like this after experiencing devastating war trauma is the holy grail of resiliency.

Notes

¹ Department of Defense. "Defense Casualty Analysis System: Conflict Casualties." <https://www.dmdc.osd.mil/dcas/pages/casualties.xhtml> (accessed 19 January 2015). and Michael Baker. "Casualties of the Global War on Terror and Their Future Impact on Health Care and Society: A Looming Public Health Crisis." *Military Medicine* 179 (April 2014). 351.

² Ibid.

³ Department of Defense. "Defense Casualty Analysis System: Conflict Casualties." <https://www.dmdc.osd.mil/dcas/pages/casualties.xhtml> (accessed 19 January 2015); Holly Ramsawh, Carol S. Fullerton, Holly B. Herberman Mash, Tsz Hin H. Ng, Ronald C. Kessler, Murray B. Stein, and Robert J. Ursano. "Risk for suicidal behaviors associated with PTSD, depression, and their comorbidity in the US Army." *Journal of Affective Disorders* 161 (2014). 312.

⁴ Post Traumatic Stress Disorder "is a psychiatric disorder that can develop after direct, personal experience or witnessing of an event that poses a perceived threat of death or serious injury. Symptoms that characterize PTSD arise in the aftermath of such an emotionally traumatic exposure and include re-experiencing the traumatic event through flashbacks and nightmares, avoidance of things associated with the trauma, and hyperarousal." Institute of Medicine (U.S.). "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families." (Washington, D.C.: National Academies Press, 2013) 66; Michael Baker. "Casualties of the Global War on Terror and Their Future Impact on Health Care and Society: A Looming Public Health Crisis." *Military Medicine* 179 (April 2014). 350-351.

⁵ Institute of Medicine (U.S.). "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families." (Washington, D.C.: National Academies Press, 2013) 69.

⁶ Ibid., 54.

⁷ United States Army. "Ready and Resilient." <http://www.army.mil/readyandresilient>. (accessed on 21 October 2014).

⁸ Institute of Medicine (U.S.). "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families." (Washington, D.C.: National Academies Press, 2013) 83-87.

⁹ Ibid., 340.

¹⁰ Ibid., 76, 100.

¹¹ Interview with Vance Flowers. December 3, 2014. Captain Vance Flowers was company commander of the Warrior Transition Unit at Walter Reed and saw first hand how drug addiction impeded the treatment and healing process in wounded warriors with PTSD.

¹² Institute of Medicine (U.S.). "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families." (Washington, D.C.: National Academies Press, 2013) 105-107.

¹³ Ibid., 111.

¹⁴ Ibid., 110.

¹⁵ All data were derived from a qualitative analysis of primary source documents such as memoirs, video profiles, and internet forums and personal interviews with four wounded warriors with a focus on their recovery, reintegration, and resiliency. Out of the four personal interviews, three wounded warriors wanted to remain anonymous. These results and conclusions

are not representative of the entire population of wounded warriors, but are a glimpse of a small population. The Defense Department provides outlets for wounded warriors to tell their story via a video profile on its Wounded Warrior Diaries website and Real Warrior Campaign website. Most of the 15 wounded warriors who share their story on the Wounded Warrior Diaries have a visible injury or TBI, unlike the thirteen wounded warriors on the Real Warrior Campaign website who tell their story of living with PTSD.

¹⁶ For additional examples of how family support positively influenced wounded warriors with visible wounds, see Department of Defense Wounded Warrior Diaries for Alvin Shell, Daniel Kachmar, Christopher Burrell, Susan Downes, and Tammy Duckworth at http://www.defense.gov/home/features/2008/0908_wwd/index.html.

¹⁷ Matthew Slaydon. *Department of Defense Wounded Warrior Diaries*. http://www.defense.gov/home/features/2008/0908_wwd/index_slaydon.html. (accessed 27 November 2014).

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Interview with Air Force wounded warrior with PTSD, December 7, 2014.

²¹ Josh Hopper, *Department of Defense Wounded Warrior Diaries*. http://www.defense.gov/home/features/2008/0908_wwd/index_hopper.html. (accessed 27 November 2014).

²² Aaron Glantz. *The War Comes Home: Washington's Battle Against America's Veterans*. (Berkeley: University of California Press, 2009) 5.

²³ For additional examples, see Department of Defense Wounded Warrior Diaries for Tammy Duckworth, Joseph Beimfohr, Jonathan Holsey, and Daniel Kachmar at http://www.defense.gov/home/features/2008/0908_wwd/index.html. Real Warrior video profiles for Ed Pulido and Megan Krause at <http://realwarriors.net>.

²⁴ Interview with Vance Flowers. December 3, 2014.

²⁵ David Rozelle. *Back in Action: An American Soldier's Story of Courage, Faith, and Fortitude*. (Washington, DC: Regnery Pub, 2005) 208.

²⁶ Interview with Air Force wounded warrior with mTBI, November 21, 2014.

²⁷ Mycombatptsd forum. <https://www.mycombatptsd.com>.

²⁸ For more examples of how wounded warriors with PTSD benefit from talking to peers, see Real Warriors video profiles for Simon Sandoval, Ed Pulido, and Megan Krause at <http://realwarriors.net>.

²⁹ Interview with Vance Flowers. December 3, 2014.

³⁰ Ibid.

³¹ For more examples of how spirituality positively influences a wounded warrior's resiliency, please see Wounded Warrior Diaries for Christopher Burrell, Jonathan Holsey, and Joseph Beimfohr at http://www.defense.gov/home/features/2008/0908_wwd/index.html and Nick Popaditch and Michael Steere. *Once a Marine: An Iraq War Tank Commander's Inspirational Memoir of Combat, Courage, and Recovery*. (New York: Savas Beatie, 2008).

³² For more examples, see Department of Defense Wounded Warrior Diaries for Jonathan Holsey, Danielle Green-Byrd, Christopher Burrell, and Susan Downes at http://www.defense.gov/home/features/2008/0908_wwd/index.html.

³³ David Rozelle. *Back in Action: An American Soldier's Story of Courage, Faith, and Fortitude*. (Washington, DC: Regnery Pub, 2005) 153.

³⁴ Ibid., 225-227.

³⁵ Whitney Bryen, "New head of CU-Boulder's ROTC lost leg in Iraq, returned to battlefield" April 23, 2011. http://www.coloradodaily.com/cu-boulder/ci_17911573. Accessed 13 December 2014.

³⁶ John Pucillo. *Department of Defense Wounded Warrior Diaries*. http://www.defense.gov/home/features/2008/0908_wwd/index_pucillo.html. (accessed 27 November 2014).

³⁷ Ibid.

³⁸ Josh Hopper. *Department of Defense Real Warriors Campaign*. <http://www.realwarriors.net/multimedia/profiles/hopper.php>. (accessed 10 December 2014).

³⁹ Melissa Bower. "Battling PTSD: Major shares his story." April 29, 2010 . <http://www.army.mil/article/38233/battling-ptsd-major-shares-his-story/>. Accessed 27 November 2014.

⁴⁰ For more examples see Real Warrior video profiles for Steve Dundas and Stacy Pearsall at <http://realwarriors.net/multimedia/profiles/rwph.php>.

⁴¹ David Rozelle. *Back in Action: An American Soldier's Story of Courage, Faith, and Fortitude*. (Washington, DC: Regnery Pub, 2005) 200-203.

⁴² Ibid., 203.

⁴³ Nick Popaditch and Michael Steere. *Once a Marine: An Iraq War Tank Commander's Inspirational Memoir of Combat, Courage, and Recovery*. (New York: Savas Beatie, 2008) 162.

⁴⁴ Popaditch for Congress. "Meet Nick Popaditch." <http://www.popaditchforcongress.com/2012-aboutnick.html>. (accessed 14 December 2014).

⁴⁵ Interview with Air Force wounded warrior with PTSD, December 7, 2014.

⁴⁶ Aaron Tippet. *Department of Defense Real Warriors Campaign*. <http://www.realwarriors.net/multimedia/profiles/tippet.php>. (accessed 10 December 2014).

⁴⁷ Joshua Mantz. *Department of Defense Real Warriors Campaign*. <http://www.realwarriors.net/multimedia/profiles/mantz.php>. (accessed 10 December 2014).

⁴⁸ Ibid.

⁴⁹ Joseph Kapaczewski and Charles W. Sasser. *Back in the Fight: The Explosive Memoir of a Special Operator Who Never Gave Up*. (New York: St. Martin's Press, 2013) 200.

⁵⁰ Ibid., 236, 265, 269, 272.

⁵¹ Ibid., 291.

⁵² Popaditch, Nick, and Michael Steere. *Once a Marine: An Iraq War Tank Commander's Inspirational Memoir of Combat, Courage, and Recovery*. (New York: Savas Beatie, 2008) 5-13.

⁵³ Ibid., 48.

⁵⁴ For more examples, see Department of Defense Wounded Warrior Diaries for Matthew Conlan, Christopher Burrell, John Pucillo, and Jonathan Holsey at http://www.defense.gov/home/features/2008/0908_wwd/index.html.

⁵⁵ Interview with Army Special Forces member, December 8, 2014.

⁵⁶ Interview with Air Force wounded warrior with PTSD, December 7, 2014.

⁵⁷ Josh Hopper, *Department of Defense Wounded Warrior Diaries*. http://www.defense.gov/home/features/2008/0908_wwd/index_hopper.html. (accessed 27 November 2014).

⁵⁸ Stacy Pearsall. *Department of Defense Real Warriors Campaign*.
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⁵⁹ Aaron Tippett. *Department of Defense Real Warriors Campaign*.
<http://www.realwarriors.net/multimedia/profiles/tippett.php>. (accessed 10 December 2014).

⁶⁰ Interview with Air Force wounded warrior with mTBI, November 21, 2014.

⁶¹ Ibid.

⁶² Ibid.

⁶³ Matthew Slaydon. *Department of Defense Wounded Warrior Diaries*.
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