



**To:** Company Commanders

**From:** Company Commanders

## Supporting a Combat Veteran's Family

Taking care of Soldiers and their families doesn't end at redeployment. It is what we do as Army leaders. While we always take care of the Soldiers entrusted to our immediate leadership, we occasionally have the opportunity to make a difference for Soldiers assigned elsewhere. This month, we offer a glimpse into an inspiring story of an Army mom who reached out for advice as she pre-

pared to welcome home her son, a combat veteran. CC members (and even a commander's wife) responded generously to her request, sharing their own experiences and advice about helping a loved one deal with post-traumatic stress disorder (PTSD). In the following excerpts of e-mail traffic between this mom and CC members, we see leaders rallying to support an Army family.

### E-mail from an Army Mom

I felt compelled to write to you because I am at a loss as to where to turn for guidance as we face the homecoming of our son.

My son did a tour in Iraq for 15 months. He was the driver for the Humvees and APCs that patrolled his unit's area of operations. On two separate occasions, his life was miraculously spared, and I don't use *miracle* lightly. On the first occasion, he was pulled off the "roster" as the driver for his patrol just 30 minutes before it went out. The patrol hit an IED that utterly destroyed the truck, killing the driver and two others. The second occasion was a few months later, when he came home on mid-deployment leave. He had requested a departure date in mid-April, and he was sent home on the 10th. When he returned to Iraq, he learned that his platoon had hit an IED, killing his vehicle's driver—on the 12th.

Douglas' contract ends in two months. Last month, he was told he was going to be stop-lossed for a tour in Afghanistan. Just three days ago, however, we learned that he will be discharged in two weeks. We are almost numb with thanksgiving for God's continued grace and mercy!

I am concerned about him, though. When Douglas has been home on leave, we have seen changes in him—he's



Family photo

*Judy's concern for her son inspired other Soldiers to share their own experiences of adjusting to life after combat.*

"cold"; he's filled with hate for the Iraqis. If we drive too close to other cars or pass stopped cars on the road, he is visibly shaken. He has survivor guilt.

How can we help him adjust? How can we help him ease back into civilian life? *Can* we help him? Where can we go to get wise counsel about these things? I don't even know if I'm on the right track or asking the right questions, but my instincts tell me that these next few months are critical in helping him on the path to a healthy future. Please know that any guidance—web sites, books, etc.—you can recommend will be extremely appreciated.

### Pete Kilner's Immediate Response

Judy: Thank you for writing, and thank you for raising a child who selflessly serves our great country. I commend you for proactively preparing to help your son. I don't have personal experience with the questions you ask, so I am writing some of my fellow Soldiers who do, asking their advice.

### Response from Ray Kimball

**Past Commander, F/3-7 CAV, 3 ID**

Judy: Although I would never dream of trying to explain your own son to you, I can certainly identify with where he's been. So I'm going to tell you a little bit of my own journey in



From left to right, 1SG David Spurlin, SPC John Pazterko and CPT Ray Kimball during their unit's deployment to Iraq. CPT Kimball believes that "talking with other vets is so important" to readjusting to life after combat.

the hope that it might help give you some insights. If you think it will help, feel free to share it with him as well, and if he'd like to contact me and talk more, that's totally fine.

I deployed to Kuwait in January 2003 in command of an aviation maintenance troop—90 soldiers responsible for fueling, fixing and arming the reconnaissance helicopters of the 3rd Infantry Division. We crossed into Iraq as part of the lead echelons of the invasion on March 20 and spent the next 20 days punching through ambushes in unarmored vehicles and dodging sandstorms on the way to Baghdad. Through God's mercy, we didn't lose a single soldier. Because we were still under "peacetime" personnel rules and I had been in command for 24 months at that time, I gave up command of my troop in June 2003 and came home alone.

I figured I was in good shape—I had read all the literature on PTSD and had done my obligatory sit-down with a combat-stress counselor. So I immediately jumped into the swing of things back at home, which included an 8-month-old baby. And everything was going great—until a week later, when I nearly rammed a cop car in a speed trap on the side of the road because I thought he was setting an ambush. I drove home with a bad case of the shakes,

barely able to keep the car on the road. I spent the next hour curled up in a ball on my couch, resolutely refusing to believe what had happened to me. I refused to be "one of those guys." I was not going to be the bad stereotype of the returning vet who jumps at every truck backfire.

I went to a counselor the next day, who gave me the usual song and dance—you're in control, it's not as bad as you think, etc. The last thing I wanted to do was hear more of that, so I smiled, told him I would look up a counselor at my next duty station and walked away as quickly as I could. I spent the next two years in grad school, prepping for my next assignment as a history teacher at West Point. That meant that, professionally, I could largely keep to myself. I didn't have to admit that when I went into a classroom, I immediately went to the

seat that allowed me to see all of the windows and the door. I didn't have to admit that crowds freaked me out until I could find an empty wall to set my back against. And I didn't have to tell anyone, least of all my wife, that sometimes I ran drills at night where I practiced how quickly I could get my handgun out of the locked case she insisted I keep it in, get it loaded and take up a firing position. I told myself that I had things under control, that I was just on edge because friends were in combat and dying while I was in a safe assignment.

We arrived at West Point in June 2005, and almost immediately I started going downhill. I became irritable at nothing, short-tempered when things didn't go the way I planned and generally a pain in the ass to everyone I loved. The tipping point for me was when I nearly hit my now-3-year-old child because he wasn't getting dressed quickly enough. The shock of that was enough to force me to come to terms with the fact that what I was doing was not normal. Fortunately, I was able to find a counselor at West Point who had just finished a tour in Iraq with the 4th Infantry Division. No platitudes from him—just listening and understanding. With his help, I came to understand my triggers—the things that set me off—and what mechanisms I could use to cope.

### Additional Advice from Ray Kimball

1. Get him talking with someone who understands. Best would be another Iraq war veteran, but any combat vet will likely have enough shared context that your son will talk with him about things he won't talk about with his family. What's most important is that he talks and that he doesn't keep his experiences bottled up.
2. He will most likely not talk with you about *his own* experiences, at least for a long time. But he may be will-

ing to talk about *his buddies* with you. So ask him about his gunner, his team leader or squad leader. This approach is more likely to get some conversation going between you and him about the war.

3. If he is willing (and he probably won't be at first), he can see a counselor for free through Army OneSource. It is confidential, and the first several sessions are covered by the government free of charge.

I've finally come to terms with the fact that I'm a different person from the one who went to combat. Not better, not worse—just different. I can't relate to the world the way I did before. I see things through a different set of lenses, and things that used to be all-important to me before now seem ridiculously trivial. It's difficult explaining that to someone who hasn't been there, which is why talking with other vets is so important. I also shied away from telling my own story, mainly because I got tired of people calling me a hero without even knowing what I'd done. I served with some heroes, but I'm not one of them. Mostly, I got tired of the inane questions.

"Did you kill anyone?" Yes. Do you really want to know how?

"What's combat really like?" Gee, will you let me lock you in your car for a week and shoot holes in it so I can show you?

"Did you think there were WMDs?" No, jackass, I just wore a chem suit in 100-degree heat for a month because I wanted to slim down a little.

Nobody wanted to know about the superb men and women I'd led. Nobody wanted to hear about the specialist who gritted out a sandstorm hunched under a poncho and finished a complex repair task because he knew that aircraft had to be in the air as soon as the weather settled down. Nobody wanted to know about the sergeant who led

a three-man team shoveling rockets, ammo and fuel for 24 hours straight because the rest of us were still fighting through massive traffic jams and moon-dust sand. To a great extent, it seemed like everyone I met was doing their damndest to avoid confronting the fact that men and women were fighting and dying overseas in the first place. So I just didn't talk about myself at all.

One final thing—I understand survivor's guilt. I've lost two classmates and three former copilots so far. Every time I think of them, I wonder why them and not me. Every time. I can work through all the rationalizations, spell out all the reasons why it's completely illogical to think that way—doesn't matter. I have to believe that I'm still around for some good reason, and not just a quirk of fate. Your son sounds like an amazing young man. I hope he can do the same.

### Response from Ryan Neely

**Future Commander; Past Platoon Leader in 2 BSTB, 2 ID**

Judy: My name is Ryan Neely. My similarities with Douglas are ironic. I am a Soldier who just came back from 15 months in Iraq around Christmas of last year. I, too, was an "IED hunter." I assume he is an Engineer Soldier as I am, but maybe not. I saw his unit many times; we were not too far apart in Iraq. Your stories of Douglas' miracles reminded me of my proximity to death. I was in a vehicle hit by an IED, and my platoon paid a heavy toll throughout the deployment. I share this only to liken myself to your son and to the tough readjustment phase that he and I continue to go through.

My differences with Douglas also need to be addressed. I want to be honest and share the limitations of my ability to understand and advise you on what your son is going through. I do not have lasting effects such as hypervigilance, anxiety attacks or a deep hatred for Iraqis. I don't think I have survivor's guilt. I certainly can't diagnose Douglas' state, but he seems to exhibit more of the signs of lasting combat stress, as I understand them. If Douglas has PTSD that affects his daily life, I have no right or ability to offer advice other than that he needs professional help, which is

*1LT Ryan Neely reenlists PFC Matthew Dennison at FOB Loyalty, East Baghdad. "To heal," says 1LT Neely, a combat veteran "has to go where he doesn't want to go—into the depths of his pain and anguish."*



LTC Pete Kilner

## Resources Suggested by Ryan Neely

### Books:

Cantrell, Bridget and Chuck Dean, *Down Range: To Iraq and Back* (Seattle, Wash.: WordSmith Books, 2005)

Grossman, Dave and Loren W. Christensen, *On Combat: The Psychology and Physiology of Deadly Conflict in War and in Peace* (Boston: Back Bay Books, 1995)

Grossman, Dave, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (Boston: Back Bay Books, 2009)

Matsakis, Aphrodite, *Back from the Front: Combat Trauma, Love, and the Family* (Baltimore: Sidran Institute Press, 2007)

### Web sites:

<http://iava.org/content/resource-oefoif-vets>

<http://woundedwarriorproject.org/>

becoming more available to vets. What follows are my experiences and some observations. I pray they are insightful and beneficial to you.

When I came home, I was emotionally numb. I was impatient and quick to anger. I held resentment and animosity toward the general public for not being willing to serve or sacrifice, as well as for not being able to understand what happened to me and other Soldiers in combat. I may have seemed fine to friends and outsiders, but my wife felt that I was withdrawing from her. I wasn't sharing or opening up. I tended to be extremely passive about everything—nothing was important enough to get a rise out of me, to get me excited, except when I got angry. I attribute this emotional numbness and coldness to the fact that, for over a year, I'd had to suppress my emotions. Excitement, anxiety, nervousness ... all emotions had to be dampened in order to maintain a calm demeanor in the toughest of situations.

Don't be discouraged, but I think the first step is to realize the limits of your ability to heal him. It's not always so, but combat veterans tend to see anyone who is not a combat veteran as uninformed, naive and just inexperienced. Douglas may not fall into this, but combat becomes an exclusive club of sorts. Therapeutic moments typically come in the company of this exclusive club. The more he has in common with another Soldier, the more therapeutic the time can be. He has to find some outlet where he feels understood. This will come mostly from fellow combat veterans in a group setting at the VA, the VFW, etc. He may want nothing to do with any of these groups or anything too "military" for some time, but I think this only isolates him more and could prolong suffering and pain. To heal, he has to go where he doesn't want to go—into the depths of his pain and anguish. No one can coerce, plead or will him into this. In fact, the harder people

push, the harder he may push back. He has to feel safe to share, but that won't happen in an environment or relationship he deems as threatening or pressured. Find a balance—you may think you know what he needs, but if he doesn't think so, telling him may only alienate him.

Here are some practical steps that you can try, based on my experience:

■ Overwhelm him with praise and pride about his service. This can't be a bad start; at least for me, it wouldn't have been. Don't let the complexity of his situation keep you from saying something; just make it positive and supportive. He may surprise people who haven't been around him in a while: neighbors, extended family, church members, etc. All of them need to praise him. Don't pity him, don't try to understand him. Just accept him as a servant of our country who is paying the emotional and mental costs of war.

■ Treat him like a man. If any experience makes us one, or so we want to think, it is seeing and experiencing death in armed combat. My mother wanted to keep me in the box she felt comfortable with—her innocent boy, clean cut and no rough edges—but that wasn't me anymore. I felt belittled and misunderstood and underappreciated for the sacrifices I had made.

■ To sustain healing over the long term, I went on a marriage retreat with my brigade. The approach was that to heal a marriage, one must first heal the wounds of combat. There were about 100 couples there, three months after returning home. We were asked to share our most troubling combat memories with those at our table and with our spouse. One of my friends got about 10 seconds into his memory and lost it; I cried like a baby, too. I knew what he was going through because we had shared that experience. After that, I lost any sense of pride, and that guy and I hugged for about five minutes while he kept on crying uncontrollably. I will never forget that moment. I still tear up thinking about it.

For me, the fellowship of other vets is paramount to healing, is vital for my identity and gives me pride. The first step is sharing, which is a catalyst for being able to process and make sense of our experiences. This may take years, but if we try to understand everything first, sharing may be stifled, and thus our healing will be stifled.

I hope this was of some help, and I would love to continue a dialogue with you, or especially Douglas. God bless you.

## Response from Joe Geraci

Past Commander, A/1-508 PIR, 173rd ABN BDE

Judy: My heart goes out to your family, as well as my prayers for your son. As I can somewhat understand—from hearing about the experience of my mother and father during my two deployments—it is extremely hard for the parents of deployed Soldiers. You support your children and are proud of their service, but at the same time you are concerned about their well-being. The resulting range of emotions can be quite draining on a parent.

I don't know if this will help, but know that everything you describe is extremely normal and that there are tens of thousands of mothers out there with your same concerns.



*After his last deployment to Afghanistan, MAJ Joseph Geraci is now stationed at West Point, where he teaches counseling and psychology and works as a psychotherapist for veterans.*

You are not alone. In addition, there are tens of thousands of servicemembers facing the same challenges as your son. Being completely honest with you, combat changes not only a Soldier but all those who are close to a Soldier. Soldiers are presented with life-altering situations that 99 percent of society will not be asked to experience, so it is only natural for Soldiers to change through their experiences. Some of this change can be of concern, as you mention in your e-mail (being cold, filled with hate and visibly shaken, feeling guilty and depressed), yet with time and acceptance of the change, a Soldier can also access the positive aspects of being through combat—increased self-worth, increased compassion and care for others, increased feelings of contentment and service.

The critical part is experiencing and working through the concerning aspects in order to access the more positive aspects. Some Soldiers can work through the concerning aspects by themselves or with close friends. Others, like myself, were able to work through them in counseling. One important thing that must be present is the Soldier's willingness to work through the concerning stuff. As hard as it may be for those who love their Soldiers and want their Soldiers to return to the way they were before, it must be on the Soldier's timeline—when he or she is ready.

My biggest recommendation for you would be to continue to love your son, as it sounds like you have, but also to give him the space to work through what he needs to work through. Be supportive and let him know that you are there for him, but do not pressure him. It is critical that he find someone to talk to, but this has to be of his choosing; he has to feel supported and that the listener will com-

pletely accept him in a nonjudgmental way. There are counseling services available to him through the Army, but I imagine that he will not take the Army up on the offer. Another asset available to him is the Department of Veterans Affairs. The VA runs hundreds of Vet Centers throughout the nation that offer readjustment counseling. They offer free services for servicemembers and their immediate family members. The web site for the Vet Centers is [www.vet-center.va.gov](http://www.vet-center.va.gov). Most of the counselors at the centers are veterans themselves and are committed to helping Soldiers readjust to civilian life without the paper trail of documentation. I spent six months going weekly to a Vet Center after my last deployment, and I know that it greatly benefited me and my family.

Well, I hope that this helps. Let me know if you have any other questions. Take care of yourself, and stay strong.

#### **Response from Molly Kranc, Wife of Ryan Kranc**

**Past Commander of Quickstrike Troop, 4/3 ACR**

Judy: I am the wife of an Iraq veteran, and I am moved by your family's predicament. My husband shared your e-mail with me because he knew I can relate to your questions and to the situation you are facing.

When my husband Ryan came home from combat, I tried very hard not to have any expectations and just to accept the reality of what he'd gone through and the person he had become. We sought counseling individually and jointly, which did help, but I really was hoping that the counseling would "fix" my Soldier so our lives could go back to "normal." There is a feeling of loss and grieving as the experience changes your life in a way that is irreversible. My



Family photo

*CPT Ryan Kranc and his wife, Molly, recognized the value of counseling after he returned from his combat deployments. "My own process has been a long one," says Molly, "and I think it helps to take the long view."*

own process has been a long one, and I think it helps to remember to take the long view. Patience is so important, as life with your Soldier can be exhausting and exasperating.

I have come to the conclusion that PTSD is a chronic condition that cannot be cured, only managed. We've taken the holistic approach to health as a family. Caring for yourself as a family member is very important so you can remain a calm, independent, loving shoulder amid all the ups and downs that your Soldier will experience. Most Soldiers we know do try various ways of self-medication, which is a very human response. But since some forms of self-medication are very damaging physically and psychologically, it is important to watch for these signs.

I hope that my candor isn't too depressing. What I would like to offer is encouragement. There is help out there and there are countless people who do know your struggles. Your Soldier is one of the lucky ones; he has a family that is

engaged and attempting to help him reintegrate into life in a healthy way. He has a safety net. I would say to be patient with him and with yourself. Best wishes to you and your family now and in the future.

### **Judy's Response**

Whew, I don't know where to begin. My mind and heart are all over the map.

I didn't ever think that I was unique in my concerns; I just didn't know where to go to voice them. And, quite frankly, I didn't want to face them. While we pray that his issues won't be severe, we must be equipped and prepared in case they are. I find it interesting that as unique as each individual psyche is, there are enough common responses to life's events that we can find camaraderie and solace in sharing them and learning from others. What a blessing that is!

I know I've said "thank you" throughout all of these various communications, but such simple words seem entirely inadequate for expressing the depth of my gratitude to each of you who has written. I am so deeply touched by what feels like having been taken under the wing of the four of you—knowing that all of you hear me, understand me, have gone before me and are reaching back to extend your hands to help our family maneuver through this journey.

*We are stewards of America's bravest sons and daughters. Our Soldiers come from patriotic families, and they return to them. We are privileged to train, inspire, lead and love them as best we can. This story highlights the actions of a few leaders, but we all know this sort of thing happens every day. If you are willing to share your story of adjusting to postcombat stress, contact [peter.kilner@us.army.mil](mailto:peter.kilner@us.army.mil). Leadership counts!*

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Art by Jody Harmon

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