



Soldiers with Post-Traumatic Stress Have a Champion in MOH Recipient Carter

By Martha C. Koester

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The fierce battle for Combat Outpost Keating in eastern Afghanistan almost five years ago transformed Staff Sgt. Ty M. Carter's life in more ways than one.

Last year, Carter was the second survivor of the Battle of Kamdesh to receive the Medal of Honor for his defense of COP Keating, after former Staff Sgt. Clinton Romesha received it in February 2013. The attack on Oct. 3, 2009, in Afghanistan's Nuristan province ended in the deaths of eight U.S. Soldiers and injuries to an additional 25.

Though the Battle of Kamdesh resulted in the highest military honor for Carter, it also brought a far more personal challenge that he continues to deal with — post traumatic stress.

The way Carter sees it, that's all it is, and no D — for “disorder” — is necessary.

“Something happened to me that was traumatic,” he said. “I am experiencing stress afterward; that's it. It's not a disorder. There's no chemical imbalance. It's

just an instinctive reflex that your body and mind do to avoid that traumatic incident again. ... Every time I hear somebody put the D on there, [I want to yell] ‘Ugh!’”

Carter, who is assigned to the 7th Infantry Division's headquarters at Joint Base Lewis-McChord, Wash., is on a mission to use his award toward a greater good. He wants to help others who are suffering from post-traumatic stress — and not just those in the military services, but among the American people as well.

“As a first sergeant or a sergeant major, it's like you're taking a pebble and tossing it into a lake or a pond that makes ripples [among your Soldiers],” he said. “Right now, I have got a very big stone I'm tossing in the ocean, and there's no idea of how far this message can and will go, and how many people whom [my wife] Shannon and I can reach by pushing this message out. ... If service members, or even civilians, choose to seek help because they have been educated in what post-traumatic stress is, then possibly we can save lives in the services and also outside the services.”



Staff Sgt. Ty M. Carter says the first step toward removing the stigma from post-traumatic stress is removing the “D” for disorder. (Photo by Martha C. Koester)

Removing the stigma from post-traumatic stress is his main focus and one he takes seriously as a non-commissioned officer.

“As a section leader, we train our Soldiers,” Carter said. “We give them what they need to prepare themselves for combat. We give them what they need to help their families prepare for them being deployed in combat. We also train them on how to come home properly.”

“Now, post-traumatic stress is not something that’s new,” he continued. “Severe post-traumatic stress, the only reason why we acknowledge it is because it changes the way you see things. It affects your body and your mind. It turns [PTS] into a reflex to where you remember what happened so you can avoid the incident.”

Though post-traumatic stress is often associated with combat veterans, it may result from a natural disaster, physical abuse or any other traumatic event, according to the PTS resources at Military One Source’s website, www.militaryonesource.mil.

We all have some small form of post-traumatic stress because we all have experienced something traumatic, Carter says.

“Post-traumatic stress is completely natural, and it’s instinctive,” he said. “But Soldiers, service members, Americans, in general, don’t see it that way. They see it as post-traumatic stress disorder. In other words, ‘There is something wrong with me, and if there is something wrong with me, I will be perceived as weak if I ask for help for it.’

“That’s where the main stigma is — that Soldiers think, ‘If I go get help for this wound that is invisible, I will be perceived as weak, and I will be ridiculed.’ So one thing we are trying to do is remove the ‘D.’ It’s not a disorder. It’s natural. It just happens, and you need to get help for it, or else it’s going to screw up your life. If

we do that, if we get the leaders, if we get the subordinates, and if we get everybody’s peers and they start to agree, ‘OK, this is natural and do you want to improve your life, which we all do — life, liberty, the pursuit of happiness — [then] go talk to somebody about it.’”

With the Army’s support, Carter says he and his wife, Shannon, are using his award to do a new job — pushing his PTS message hard.

“We’re flying all over the place, anywhere where there is a post with wounded warriors, or even where it’s [about] post-traumatic stress specifically,” he said. “I’m trying to tell everybody, ‘Look, don’t ever use the D again, because you’re just increasing the cycle,’ and it’s making it to where people think, ‘Wow, I have a disorder. There’s something wrong with me.’ You know, there is nothing more wrong with you than a bullet wound or a stubbed toe or a sprained ankle. It needs to heal, but you have got to get it treated. That’s my new job.”

As training and leading is important to NCOs, Carter sees it as his duty to set an example for other NCOs. It’s the NCOs’ responsibility to get involved in their Soldiers’ lives, he said.

“It’s the NCO’s job to understand what is going on with his or her Soldiers or service members to where they can see a change [in behavior], because it’s not going to be dramatic like it was for me. It’s going to be something slow and smooth. Like, for example, physical training scores might start to drop or a performance level. [PTS] might show up as someone not caring about their uniform because they have pretty much stopped. They are starting to stop caring about themselves, and the only reason why they are showing up to work on time or in their right uniform is because they fear being chastised or punished.”

“The Soldier won’t know. The NCO won’t know if they are experiencing it. It’s the people around them who notice it. ... In the end, it’s the leadership’s responsibility: to learn how to acknowledge or learn how to notice the signs, to encourage peers to acknowledge it and notice the signs, and then to be a positive role model as far as getting help.”

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Reintegration, after deployment

Post-deployment, the Army offers a host of reintegration programs and resources, which include counseling, to ease the process. The Army requires that, after deploying, Soldiers go through Soldier Readiness Processing and talk with a behavioral specialist, Carter said.

“Before, they used to ask, ‘Hey, do you need to speak to anybody today?’ and [Soldiers would say] ‘Of course not,’” Carter said. “But now, if you’re required to see somebody who says, ‘OK, are you feeling any signs of stress,’ right then something goes through their head: ‘If I say yes, will I be chastised? Will my career be affected? Will my family be affected, because my career is affected? What’s going to happen to me if I say yes?’ It is the leadership’s responsibility to remove that fear. They need to lead by example.”

According to a 2012 report by the Department of Veterans Affairs, almost 30 percent of veterans who have spent time in war zones have been diagnosed with PTS.

“I was even embarrassed when I acknowledged I had post-traumatic stress, because I thought it was an excuse,” Carter said. “I thought it was some made-up thing in your head, and [Soldiers] were just trying to get out of work or whatever. But when it hit me, I didn’t even know I had it. Everybody else around me knew. They saw the change [in me].”

Carter said he was escorted into an Army behavioral health clinic four days after the firefight at COP Keating. After the action at Keating quieted down, that’s when he said the emotions kicked in. That’s when his treatment started.

“[The Army] knew I had problems, and then they knew how deep the problems were because they started

hearing what had happened [during the battle at COP Keating],” he said. “Luckily for me, I was able to push that away or compartmentalize it to where, when I was on a mission, I was on a mission. ... My counseling continued from Fort Carson (Colo.) to Joint Base Lewis-McChord, and I continued seeking treatment.

“I was able to actually recover to the point where I was able to redeploy,” Carter said. “Not only that, but the post-traumatic stress was reduced so much that I could actually be a functioning partner in a relationship. Then I was able to get married and have a kid, and now here I am. ... If it wasn’t for all these people working with my family and my wife, I would still probably be living in my apartment in Lakewood (Colo.), spending 50 percent of my paycheck on cabs and alcohol and partying and all that stuff.”

Carter is grateful for the help he received and said he could not have made it this far without it. However, another survivor from the battle for COP Keating was not as successful, Carter said. Spc. Ed Faulkner Jr. struggled with PTS, but did not seek treatment. After returning from Afghanistan, Faulkner died from a drug overdose in September 2010.

“When [Faulkner] got out [of the Army], he didn’t get the treatment he needed,” Carter said. “That’s where I could be, and that’s one of the reasons why I am pushing the message so much. Right now, my job is to



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be the face of post-traumatic stress and removing the stigma.”

And to remove the stigma of post-traumatic stress, it all goes back to removing the “D” for disorder, Carter said.

“It’s about educating service members and people on what post-traumatic stress really is and making it understood how common it is,” he said. “It’s up to the individual to make the first steps in acknowledging and accepting the advice of loved ones. In the end, we are all responsible for our own choices.”

Army strong

Carter sees an Army that is transitioning with an eye toward the future, and he likes what he sees.

“The Army is getting a lot better: the whole Sexual Harassment/Assault Response and Prevention thing, the removal of hazing, a lot of the practices, the deglorification of alcohol, stuff like that,” he said. “I mean these are all completely against what the military has been in the past. We’re bringing women into combat arms now. It’s an evolution that’s moving toward the better.”

As a family man, Carter believes that the Army remains the best choice he could have made.

“Everyone who joins the [military] services has their own reasons,” he said. “Everyone who knows the Army Values actually has their own definition based on their own experiences. I hope that most service members joined for the same reason I joined — to protect and support your family. I believe that the men of Black Knight Troop (3rd Squadron, 61st Cavalry Regiment, 4th Brigade Combat Team, 4th Infantry Division of Fort Carson, Colo., who Carter fought with at COP Keating) were protecting and supporting their family. But at the time, the family was each other. We did everything we could do to protect and support each other in that firefight.”

“I believe that the harder you are and the stronger you are with your subordinates, you will increase their chances of survival when everything becomes ‘too hard.’ In combat, everything gets too hard, but you still push through. It’s something that you don’t really have a choice — do you want to lay down and die, or do you want to continue to survive and push on? So when everything is too hard, when things are too scary or too traumatic, you still push on.” ■

Symptoms of post-traumatic stress

There are four types of symptoms, according to the Department of Veterans Affairs’ post-traumatic stress website, www.ptsd.va.gov.

1. Reliving the event
 - You may have nightmares.
 - You may experience flashbacks and feel as if you are going through the event again.
 - You may see, hear or smell something that causes you to relive the event.
2. Avoiding situations that remind you of the event
 - You may avoid crowds.
 - You may avoid driving.
3. Negative changes in beliefs and feelings
 - You may not have positive or loving feelings toward others.
 - You may forget about parts of the traumatic event or not be able to talk about them.
 - You may think no one can be trusted.
4. Feeling “keyed up”
 - You may have a hard time sleeping.
 - You may have a hard time concentrating.
 - You may be startled by loud noises.
 - You might want to have your back to a wall in a crowded room.

To seek help, go to www.behavioralhealth.army.mil.



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