



Ernesto Hernandez hears a pop. In an instant, he is posted back in Afghanistan and running through a minefield, risking his life to pull to safety an injured mine sweeper, who appears to have just lost both of his legs to an explosion. A minute later Hernandez finds himself sitting in a college classroom. This, for some, is life after war. This is life with post-traumatic stress disorder.

“PTSD is just a cloud following you everywhere you go,” Hernandez said. “Everywhere you go you don’t feel safe. There’s someone always looming in the background and some click or pop can just set you off. And if that happens you go into this dark, dark place that’s really hard to get out of.”

For Hernandez and others living with PTSD, hyperarousal is a constant, frightening and exhausting symptom. Dorland’s Medical Dictionary defines hyperarousal as “a state of increased psychological and physiological tension marked by such effects as reduced pain tolerance, anxiety, exaggeration of startle responses, insomnia, fatigue and accentuation of personality traits.” In other words, a constant state of fight or flight. Sounds, smells, sights and even feelings can send

someone straight back to the exact moment they experienced a traumatic event, forcing them to re-live the pain.

As a U.S. Marine corpsman in Afghanistan, Hernandez vividly remembers the feelings associated with improvised explosive devices, or IEDs.

“You get this blast wave and it kind of pushes you over to one side,” Hernandez said. “So every time I hear a loud click or pop, I grab my head and kind of protect myself like something’s going to hit me. I want to make some kind of motion.”

DeLisa Russell, a licensed professional counselor and Director of Veterans One Stop in Waco said these reactions are common after war, but also that it’s important to get control of them.

“In Iraq, roadside bombs were put in bodies of dead animals or in trash cans by the road, so if you’re driving down Speight [Avenue] and you see a dead dog in the road, and back in Iraq you’d seen the truck in front of you get blown up by this, how do you think that is going to impact the situation?” She said. “In Iraq, that instinct allows you to survive, but driving down Speight you don’t want to cross oncoming lanes and swerve



BATTLES WE STILL FIGHT

Photos & Story by Hannah Neumann

Sean Donnelly and Ernesto Hernandez were both diagnosed with post-traumatic stress disorder after coming home from combat. Here, Donnelly holds a battered strap, with holes from shrapnel, that was attached to his truck that was blown up on a mission in Afghanistan. Hernandez shows the bracelet he wears each day with the names of friends killed in battle, as a reminder to appreciate life, even in the hardest moments.

into traffic to avoid the animal.”

In 2010, as American combat troops began to take back Afghanistan, Hernandez deployed to serve as a corpsman, attached to the 5th Battalion Marines, after completing a medical course for advanced trauma. He was deployed to the most kinetic area of Afghanistan at the time, Helmand Province, where the most airstrikes and fighting were taking place. They were dropped in the same place the British were fleeing.

“We got dropped off in the middle of the minefield,” Hernandez said. “The first day we got hit and the second day was all firefights.”

On his first security patrol, Hernandez headed out with his squad, along with officers from the Afghan National Army, the ANA. In a split second, one of the ANA officers took a step, and an IED placed by the Taliban exploded under his feet, resulting in the immediate loss of both of his legs. Because his legs had been cauterized with the explosion, there was no active bleeding. Hernandez treated the officer, managed his pain, and sent him up to the helicopter. This was his first patrol in Afghanistan. It was just the beginning of a long, harrowing road as he fought to save the lives of men he now considered brothers.

At the beginning of his second week in Afghanistan, Hernandez was sent to an area called “Zone Black,” a name given after the British were ambushed in the spot.

“We knew we were going to get hit, but not knowing when was the scariest part,” Hernandez said. “Being in a minefield, you didn’t know if your next step was literally going to be where your legs got blown off. We had a minesweeper in the front and they would sweep and mark a path with chalk, and people would literally walk in each other’s footsteps so they wouldn’t get their legs blown off.”

Still, every day, a Marine would take one wrong step that would drastically change or even end their life. This is what happened that day in Zone Black, when the squad’s minesweeper entered an alleyway. Hernandez watched as one of his men lay, bleeding and broken in the center of an exploding alley. He felt helpless. He took off, running through the minefield, grabbed his man, pulled him out of the hole formed by the explosion, and dragged him to safety. He applied tourniquets, a compression device used to control serious bleeding, and performed his initial assessment. ▶

"I see that he's bleeding a lot and I just know he's going to die," Hernandez said. "I see him going into shock and I tried to put an IV in him. It's not working. He doesn't have any peripheral veins left. I just tried and tried and tried but I couldn't get one, and he passed away right there."

He told one of his Marines that there was nothing else that could be done.

"Keep working, doc," the Marine replied.

Hernandez tried CPR, pressing on his chest until the helicopter came and took him away.

"He kept talking to me the entire time, until he went into shock, and he was saying 'Doc, save me. Doc, save me. Today is my daughter's birthday,'" Hernandez said. "That was the hardest part for me, you know? Because I tried."

This memory haunts Hernandez. He was awarded a medal of valor for his sacrifice and bravery. Hernandez knew what he was running through and he was terrified, but he couldn't just sit back and watch one of his men die without trying everything he could do to save him. After that day, Hernandez ran through minefield after minefield in desperate attempts to save his men, earning many awards for his courage.

"I'm a corpsman; he's a Marine," Hernandez said. "There's a special bond between us, and I was just trying to do anything I could to save them."

Hernandez was promoted shortly thereafter, sent to a prestigious position as an instructor, and trained thousands of men in combat trauma and tactics. Here, safe at home, his next battle began.

"This should be a very relaxed place, you just go in and teach, but my mood swings were insane. I was angry all the time. In my head I thought these guys were going to war even though we were pulling out of Afghanistan and I thought they were going to need that hard mentality. I was just super angry," Hernandez said. "I went through ups and downs and at some point I just couldn't stop crying. I couldn't go to work. I had to make up excuses."

Hernandez said mental illness often isn't seen as a valid excuse in comparison to physical injury and other ailments that prevent people from performing their daily duties.

"Having PTSD, and really any mental health issue, makes you vulnerable, and once you're vulnerable and you expose that to someone else, people don't want to necessarily know what's going on in your mind. That scares them, then they retract," Hernandez said. "Putting yourself out there, people just don't want to deal with that. If you tell someone about your mental health the next response is, 'Oh, do you need to go to the hospital?' But sometimes people just need to talk."

For those struggling with mental health issues, Hernandez said, taking to someone you can trust is the best medicine.

"When people think of mental illness, they often think of a person alone somewhere in a dark room wanting to kill themselves," Hernandez said. "Some people are very active, out and about and still dealing with really huge problems on a daily basis and don't show it. That was me for a long time. I used to not show it until it just built up and I couldn't handle it anymore."

Even the most basic and mundane experiences and interactions resulted in stress and fear.

"Being in public in general is hard. In the military you train to be very observant. You look at people and try to see if they're dangerous... you assess every time you're in public, and you always check where the door is and you always check what's around you," Hernandez said. "So it's very hard just being in public. It's also hard being in a relationship because you have to have someone who really knows and sees what you're going through or they'll just totally reject you."

Another prominent symptom of PTSD is increased negative feelings and beliefs. Trauma shifts the way a person sees themselves, as well as the world around them.

"Sometimes when I get upset, I go into hysteria, blowing everything out of proportion and something so easy, where I could just do it and it should be simple, like studying for a test, I just keep thinking about the possibilities that could come out and it just triggers that stress mechanism and increases my heart rate," Hernandez said. "I just take a step back and breathe and it does help."

Hernandez knew he needed to find a way to move on from the cloud that was darkening his world. He wanted to live with his mind in the present, with hopes for the future, not buried in the horrors of the past. It was Hernandez's boss, a doctor who experienced many of the same things as he did, that recommended he see a therapist.

"He actually reached out to me and talked to me and told me, 'You should go see somebody. Even I had to go see someone after we got back.' And he told me sometimes you have to do it because everyone is healing," Hernandez said. "I took that to heart, because he has a very decorated military career and I really looked up to him, so I really appreciated that he gave me that advice."

Hearing this empathy and compassion meant a lot to Hernandez, who said people often misunderstand and judge those who suffer from PTSD. For a long time, Hernandez suffered silently, for fear of rejection. Many of his friends didn't develop PTSD, and to him, it seemed they moved on much more easily.

"That's fine, everyone has their coping mechanism, but I was judged and shunned and I even lost my job and got moved to a different section, in a quiet area of the building where nobody went," Hernandez said. "They secluded me and excluded me from a lot of things. They were afraid of suicide, because a lot of people in the military with PTSD that goes untreated often do commit suicide."

Hernandez knows this first hand. A 2016 study published by the Department of Veterans Affairs found that 20 veterans commit suicide each day. Hernandez was determined to avoid becoming a part of that statistic. He was determined to live, and he was determined to change his life in order to keep it.

Hernandez spent time in a facility aimed at providing care and resources for those with PTSD. When he left, he turned his focus to a healthy lifestyle, regular counseling, and eventually a loving and understanding fiancée.

"I think it's very important for somebody with PTSD to see a healthcare professional," Hernandez said. "Medication is one way to deal with it, but talking about it really helps."

As mental health has progressed through the years, Hernandez sees a light shining on PTSD and mental health issues in general, and believes there is a future in which mental health is given the attention and care it needs.

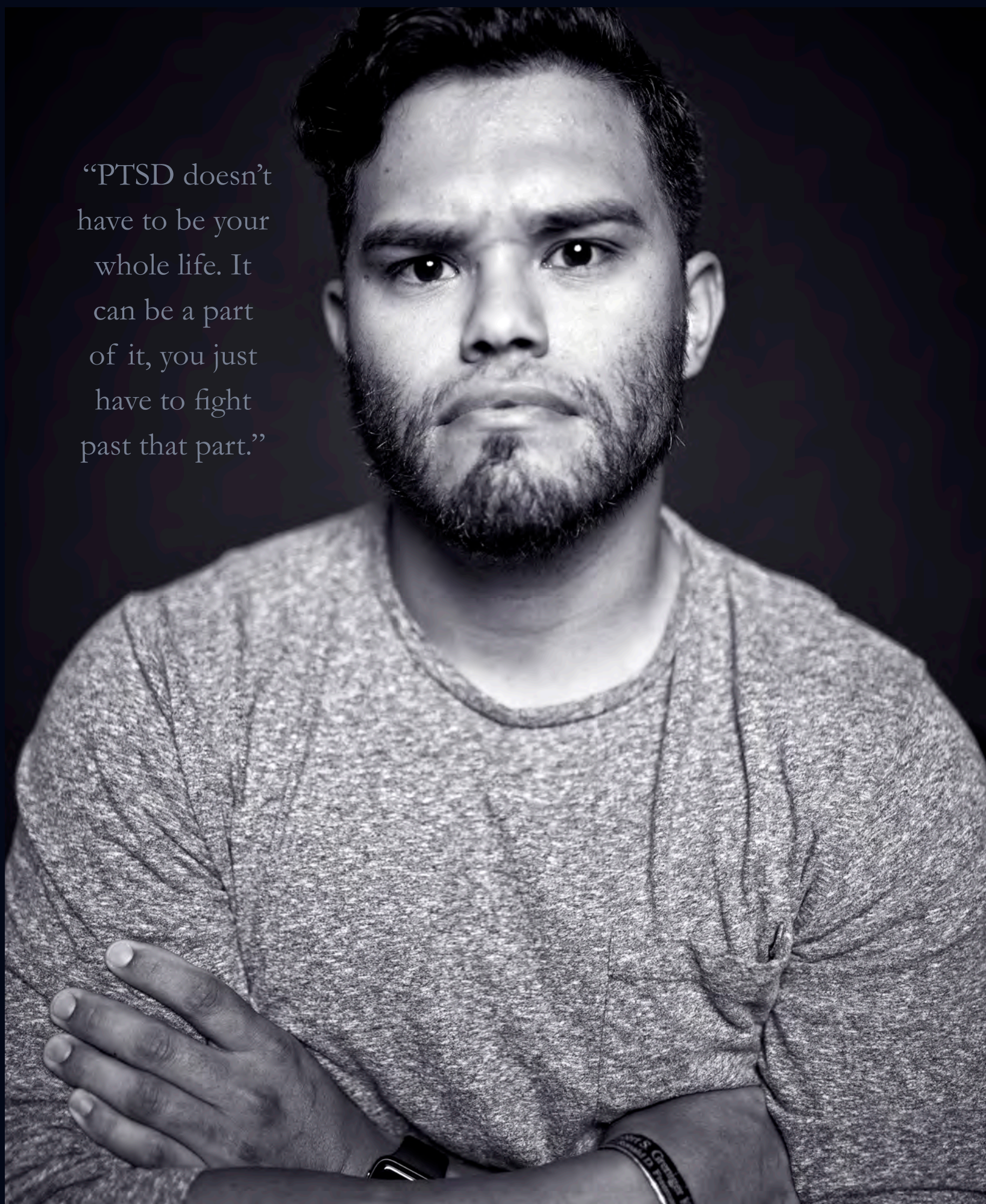
"PTSD doesn't have to be your whole life," Hernandez said. "It can be a part of it; you just have to fight past that part. Regular exercise and eating healthy was a big thing for me, and keeping to a schedule."

Life with PTSD means that dark cloud is never far away, but for Hernandez, it no longer looms over his head. The battle continues, but the sun shines through.

Hernandez looks down at a bracelet on his right wrist. On it, the names of two friends who were killed in battle. He wears it each day. A reminder when he's having a tough time, that he has a luxury not afforded to all who served — a future.

"When I'm having a rough time and I think I'm going through bull****, it doesn't really matter in the grand scheme of things," Hernandez said. "I look down and think, 'OK, this is the real thing.'"

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Sean Donnelly deployed to Afghanistan in 2012 as a sergeant and team leader in the Army, conducting over 100 missions in his first eight months at war. On one of these missions, Donnelly's vehicle was hit by an improvised explosive device, or IED. The goal of this mission in particular was to conduct a route clearance down to a village in Kandahar, a city in Afghanistan. The order was to follow a path known to be lined with IEDs and disable them. They found nine, and after a batch of misinformation led them to believe the route had been cleared, their vehicle hit a 10th and set off a 60-pound IED. The blast hit Donnelly's squad leader, knocked out his driver and ultimately disabled the vehicle, blowing off all four tires on the left side. This would be the first of four times Donnelly would come into direct, unexpected contact with an IED in Afghanistan, and the first of many instances that would send him home wounded, beyond repair of a typical hospital stay.

After coming home, Donnelly dove into research on post-traumatic stress disorder as a science major, to help himself better understand what was going on in his mind post-war. Donnelly said PTSD is a lot of different things. Aside from triggers that set people off, hypervigilance is an ever-present factor.

"Someone will have heightened awareness of their surroundings and of people around them, which puts them on edge, because you know, you're in a country for eight months with a fear in mind," Donnelly said. "It is a fear that something will or may not happen, and so you're always on guard. Sometimes it's even worse for those who don't really experience anything because they still have that underlying fear that something could happen."

Donnelly said another battle after the homecoming is the loss of trust and closeness with people that once may have filled that role and no longer seem capable of doing so, not through any fault of their own.

"You go to battle with these guys and you trust them with your life," Donnelly said. "When you come home, it's hard to trust even the closest people to you — your family, friends, it doesn't matter. You're still going to isolate yourself."

Donnelly said isolation is one of the many things that PTSD drives soldiers into after war.

"PTSD is a combination of all these things. It's isolating yourself from other people, over-aggression for simple things. You know instead of yelling at someone in the car I used to point my finger like it was a gun," Donnelly said. "That's the mindset that you had, and you still have that at times. To get more physiological, your sympathetic nervous system is in overload when you're overseas. You have adrenaline and all these factors that just contribute to the post-traumatic stress after."

Donnelly said this adrenaline experienced in war is something that lives on after and contributes to the hypervigilant nature of someone battling PTSD. He said even a simple noise or pop, or simply standing in a crowd, can send his mind and body into overdrive. In instances

like this, Donnelly said some people with PTSD even experience digestive problems because their blood is going to extremities to prepare them for a fight.

"You lose focus sometimes," he said. "That's a biochemical combination of just feeling like crap, like your equilibrium is off, because you're so used to being at such a heightened state that it's hard to come down from that, and it takes a long, long time or some help."

Because a heightened level of fear, most often unprovoked, is a common symptom, people battling PTSD often experience panic attacks. While these are usually unprovoked, they can also occur when a person is reminded of their trauma in some way. Donnelly had his first attack in a college classroom shortly after returning home. Outside of the classroom, the attacks and hypervigilance persisted.

"You go out to a bar or a sporting event and you just can't stop looking at anybody and everybody that's left of you, right of you, behind you, in front of you," Donnelly said. "Of course people are aware of other people, but I'm not just looking at other people. I'm looking at somebody potentially going to harm me, I'm looking for a threat, and you know most people don't look for threats on a 24-hour basis."

DeLisa Russell, Director of the Veterans One Stop in Waco, explained that while this heightened awareness may cause difficulty now, it may have been just the thing that kept these men alive overseas.

"Being aware of your surroundings—different sounds, smells and situations—that hypervigilance is often a survival skill while you're deployed," she said. "The problem is, when you come back to normal life, you don't necessarily need that same hypervigilance. Say you're deployed and you are used to getting up and patrolling your area every two or three hours to make sure there's not an enemy threat. That would keep you alive while you were deployed out there in a conflict situation, but that's not

something you need to do back on campus at Baylor.

Russell said it can be hard for veterans to let go of something that was a useful tool in keeping them alive back at war, even though they no longer need it.

Donnelly said recognizing and admitting to having a problem is the first step in the healing process and is often something incredibly difficult for soldiers, and men in general, to do.

"It was eight months after being diagnosed and I was bawling after, thinking, 'Wow, I really do have a problem,'" Donnelly said. "That's the first step, just getting help, because guys won't often do that. I know so many that just won't do it."

Russell said this is common with veterans who are battling PTSD or moral injury after war. The U.S. Department of Veterans Affairs explains moral injury as shame, guilt, anxiety and/or self-condemnation that results from actions taken in combat, or things witnessed, that violated their morals. While many avoid seeking help for fear of judgment or appearing weak, Russell said survivor's guilt can also play a role. ▶

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PTSD

"It's not even always afraid of being seen as weak, but they think, 'I had a buddy that didn't even live and I'm falling apart, but I'm here and alive and I should be able to man up and handle this,'" she said. "A lot of times there's guilt and shame that come with those feelings of weakness. They feel they should be able to heal on their own. With veterans it's interesting. They're often the last to ask for help, but the first to show up when they feel like their brothers or sisters need help."

While Donnelly is a big proponent of natural approaches to healing, he's also found success with medication.

"Medication does help a lot because like for myself, a certain symptom I had, as soon as I went on a certain drug that was specific for that, I felt 10 times better instantly," He said. "I was able to focus for six or seven hours and study material, versus before when I was really stressed or anxious and all these other things combined, I couldn't do anything. I couldn't even be outside for more than an hour and sitting in class was painful."

Donnelly said through his studies of PTSD, he turned to medication to help set things right, and after his own success, recommended the same medication to two friends who also served.

"They had the same experiences, same thoughts, same feelings... and that main feeling was that you felt so off in your head, you felt so foggy, is the best way to say it, that you felt like something was wrong with you," Donnelly said. "I felt like I had some kind of disease or something bigger than what it was, and that's horrible. You feel horrible every day and that sucks."

Donnelly said that for an issue with as many symptoms and complexities as PTSD, it is important to dissect, evaluate and approach healing each one separately. He said because everyone's battle with PTSD is different, and symptoms can vary, it's important to tackle each specific area of concern, rather looking for an overarching solution.

Donnelly tried different forms of therapy but found Prolonged Exposure, or PE, to be the most impactful. According to the U.S. Department of Veterans Affairs, this is a trauma-focused psychotherapy, that has the most evidence for treating PTSD. This type of therapy aims to help lessen the impact of PTSD symptoms by confronting painful memories and feelings that someone would normally avoid after a traumatic experience, which helps them to regain control over their lives.

"Prolonged exposure was the best form, because it really dived into the story and the trauma itself, and the main goal was to relive that day," Donnelly said. "I would record myself for 30 or 40 minutes... and just for the first six sessions I would start from the beginning and then each time I would remember something more, and I would basically have homework assignments where I would have to go to a bar and sit with my back to people, or sit on a train facing the opposite direction of traffic... go to a baseball game or a football game with crowds of people... you know, go out with your friends, just do something that you would normally love to do, but that PTSD has taken you away from."

Through therapy, medication and other self-help behaviors, Donnelly has been successful in confronting his PTSD head-on and taking his life back.

"I control my PTSD now," he said. "I control it with medication and with exercise. Each and every day I still feel tense or unable to relax, but that hypervigilance is not as extreme as it used to be. I can talk and have a conversation, and there's no more social anxiety. The focus is there now. Exercise helps, I do some breathing stuff here and there. I haven't

quite figured out the final fix, but that's also hard to do when so many things are going on."

While Donnelly has learned to control many symptoms of his PTSD, he still lives with regret and frustration from his time in the Army. Arguably, one of the dominating factors that serves to ease the hardened minds and justify the harrowing memories of those who went to war is the comfort of knowing they served their country with a purpose. For Donnelly this isn't the case. He still lives with the question, "What was it all for?"

"One of my friends died when I was overseas, and I can't answer the question of 'Why did he die for this country?' 'What was his purpose overseas?' 'Was he doing some greater good?' 'Was I doing some greater good for my country?' And my answer every time is hell no," Donnelly said. "I could honestly say that I went overseas to Afghanistan and I did absolutely nothing. We did all these missions, but what higher purpose did it serve for this nation? Absolutely nothing. So that's hard to live with. Having these things happen for no reason."

It's no secret that war is ugly and devastating, but for Donnelly, it's more than that. It's something he can't always understand or justify, and that's hard to live with. Forced to relive the horrors of war day to day, it's no wonder so many soldiers return home broken and bruised, and even sometimes beyond repair. Haunted by the memories, Donnelly often finds himself unable to sleep.

"We had a lot of kids over there. I pulled my gun on a kid and I still think about that a lot today," Donnelly said. "We were in our vehicles traveling through a village that didn't like us very much, so they would throw rocks at us, and so I was in the back of the vehicle with my M4 and this kid came running up full speed, and was about to throw something. I flipped my switch to fire and pointed it right at him and he stopped luckily, and that was the end of that. But, it was the fact that I was able to and willing to take this kid's life that doesn't sit well with me sometimes."

He said that while the kids were just as big a threat as anyone else, and that it would be dangerous to be complacent and allow for any danger to slip through the cracks, he still feels changed by those choices he was forced to make. He said those experiences added to the list of things he had to battle within himself when he came home.

"Coming home you're not empathetic. You're unsympathetic about everything; you're emotionless," Donnelly said. "That was one of the things I dealt with. That kind of comes from you being willing to take a life, because that's your job."

While a part of him is stuck in the horrors of his past, Donnelly is now pre-med at Baylor with his eyes set on the future, which for him involves acceptance to med-school. With a prominent symptom of PTSD being the possession of increased negative thoughts and feelings, many who battle the illness see a dark future, if they can envision a future at all. For Donnelly, the future is his source of happiness and hope.

"It always comes back here and there where you feel like you don't have a purpose, or even when you're on a track, thinking what is the purpose and what is my purpose in life," Donnelly said. "Back here it's like, now what? You know overseas, I just had to survive that, I just had to get home, so it takes a while, but to move forward you first just have to establish a goal, short-term and long-term goals are always good. I focus on what I'm doing now, and I'm still planning for the future. I've felt so much better being on the track that I'm on and trying to go to med-school. It finally feels right for me, and that's very hopeful."