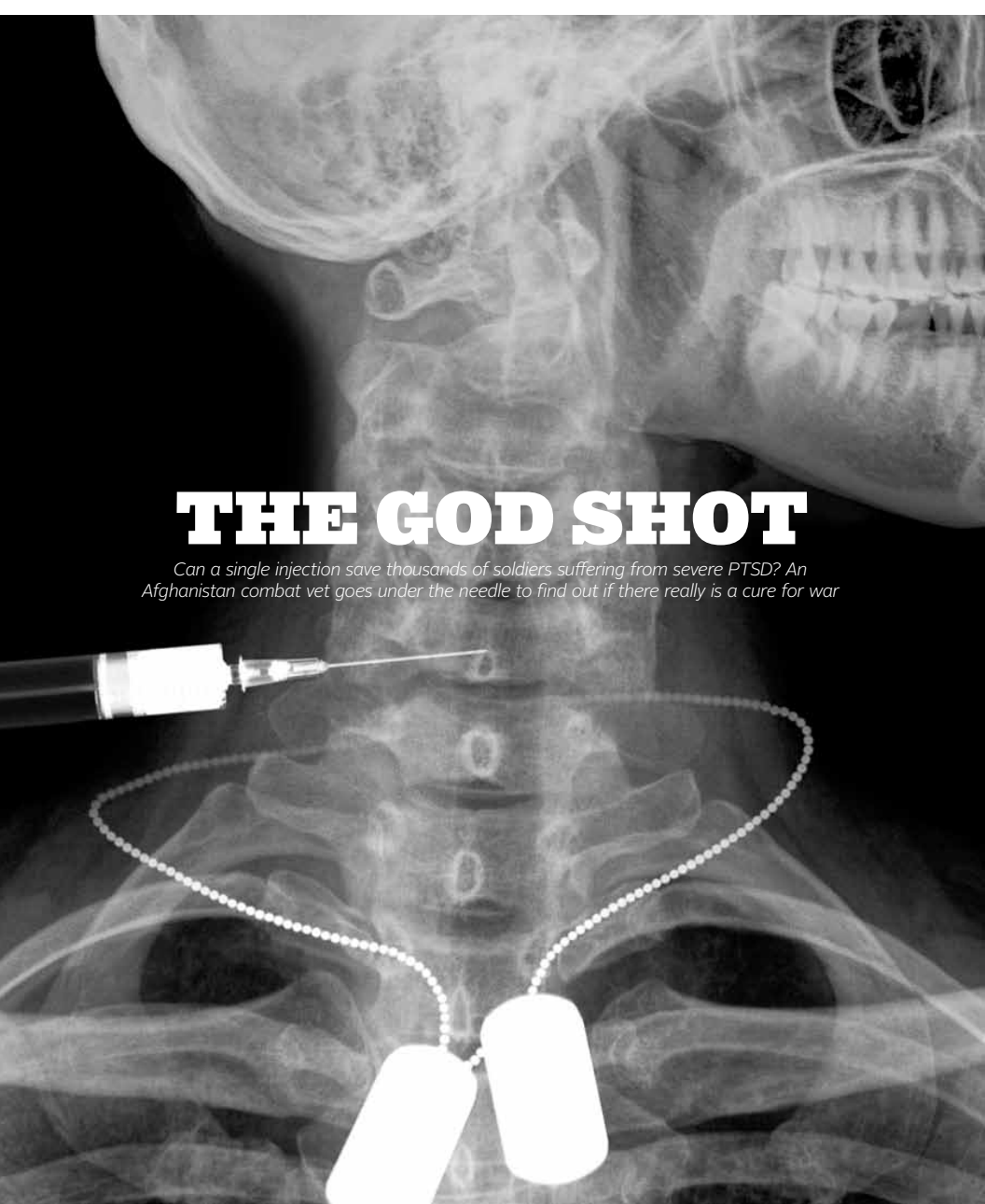




THE GOD SHOT

Can a single injection save thousands of soldiers suffering from severe PTSD? An Afghanistan combat vet goes under the needle to find out if there really is a cure for war

I would be pissed I didn't get this shot earlier if I weren't so grateful I got it at all. I haven't been quite right since the war, posttraumatic stress and all. Nothing I did in seven years of trying to get back to normal—therapy, meds, madcap schemes—really helped. It turns out a big part of the cure was under my nose the whole time. Well, six or seven inches under my nose and a couple of inches back and to the right, in a cluster of nerves by the spinal column called the stellate ganglion. Two injections of a couple of local anesthetics—lidocaine, the same thing dentists use, and bupivacaine—into that part of the neck and I was pretty much back to my old self.

Dr. Eugene Lipov, the man who administered my shot and who has pioneered the use of the so-called stellate ganglion block for PTSD, tells me the Navy SEALs call it the God shot. Well, SEALs have their sea stories. Here is mine.

I came back from Afghanistan in the spring of 2007, developed insomnia that was eventually diagnosed as PTSD in 2008 and every few months for the next five years had either a major legal or psychological issue—the kind that led to hospitalization or jail time. As hard as I had to fight in Afghanistan, I had to fight doubly hard to get here, a place where I'm celebrating two years without getting locked in a loony bin or a cell.

During my 16 months as a U.S. Army combat infantryman in Afghanistan, the enemy lived outside the wire and had no face. He hid in plain sight and used IEDs or indirect fire. Back in the States, the enemy also hid in plain sight. The thing is, he wore my face and occupied my brain. This isn't a war story. This is a postwar story.

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Let's break it down by the numbers.

America has been at war for more than 14 years since September 11, 2001. This is the

longest war in American history and the least debated. Most of the U.S. isn't really at war. It is spaced-out in front of glowing rectangles. At any given time, only about one half of one percent of Americans are in the military. That's about the same number who identify as New Age

or Hindu. This number includes all members of the military—from stateside desk jockeys to foul-smelling infantry privates—and most are serving in soft jobs, whether or not they're deployed. The infantry makes up only 15 percent of the Army; by comparison, elderly people make up 14 percent of the general population.

Of post-9/11 veterans, 20 percent suffer from PTSD. Only 50 percent say the war in Afghanistan was worth it. And in 2012, 45 percent of the 1.6 million veterans of Afghanistan and Iraq applied for disability benefits from the Department of Veterans Affairs.

"The mental health of our troops is very much a national security issue," says Dr. Elspeth Ritchie, a former military psychiatrist who held the top mental-health job in the Army. "If we don't take care of our veterans, people aren't going to want to sign up and join the military."

Of the approximately 2.7 million Americans who have been deployed to Iraq or Afghanistan, 17,000 earned Combat Medical Badges, 78,000 earned Combat Infantry Badges and 121,000 earned Combat Action Badges—signifying that these soldiers have faced a degree of

ILLUSTRATION BY JUSTIN METZ

HERE I WAS, A TRAINED KILLER, AND I COULDN'T EVEN MANAGE TO KILL MYSELF.

mortal danger. As with any award, these numbers may be somewhat inflated, but they still serve as a good metric: About eight percent of those deployed overseas are actually "in the shit," as they say in the movies. So what happens when they come home? I can only go by my own experiences and what I know from the guys in my old unit, but man, are we fucked-up.

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My friend Charlie killed himself a year ago, four days before Christmas. There was no life insurance, nothing to take care of his wife and children after his death. Then there was Kris, a super-squared-away platoon sergeant I knew in Afghanistan. He shot himself in the heart last year so he could still have an open-casket funeral; he left a note for his mother to make sure he was wearing his dress uniform in the casket. Mike overdosed on pills, booze and heroin when I was still in the Army. Those are the first three men who come to mind, but there are many more. Roughly 30 out of 100,000 recent

veterans commit suicide, nearly double the civilian rate. It's one of the top problems facing vets, among other serious issues, including chronic homelessness.

I tried to kill myself in 2009. I was drunk as hell and driving my brother's immaculately maintained 1988 Jeep Comanche, which he'd left in my safekeeping while he was stationed in Germany. I tried to flip the truck into a river, make it look like an accident. It didn't work, and I wound up in jail for three days (I'd been difficult for the police to subdue) and then the psych ward on the fifth floor of the Naval Medical Center Portsmouth for 12 days. One day in group, they asked why I'd tried to kill myself.

I asked if I could use the whiteboard. I drew a simple utility graph: This line represented living; this line represented dying. The benefits of dying outweighed those of living. I felt only anger, rage and shame and that I wasn't doing anything but hurting other people. They put me on suicide watch for the rest of the day.



Farwell spent 16 months in Afghanistan as a U.S. Army combat infantryman; above, patrolling in Naka district, Paktika province, summer 2006.

when I said we should get lunch, I didn't mean here and I didn't mean every day." After 12 days of wearing scrubs and working on puzzles, I was finally discharged. It was Baddr who turned the tide. He told the doctors, who were reluctant to release me, that if I said I wouldn't try to kill myself again, I was telling the truth. I haven't attempted suicide since.

For a long time, though, I wished my attempt had been successful. Here I was, a trained killer, and I couldn't even manage to kill myself.

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I bounced around for a couple of years, living a less than stable life. The last time I was psychiatrically hospitalized was at a civilian psych hospital in Idaho, from December 25, 2013 until just after New Year's. On Christmas Eve I had jumped out of my dad's truck while he was driving it 45 miles per hour just north of Jackpot, Nevada. ER doctors treated me for light abrasions and wanted to send me to the VA hospital in Boise, but my dad insisted I be taken to Canyon View, the local psychiatric ward in Twin Falls, Idaho. I'd spent the previous month unraveling spectacularly in Berkeley, California, where my ex-girlfriend was a student. When she'd had enough, she called my dad, and he wanted answers.

My dad had already lost a son—my older brother, Chief Warrant Officer Gary Marc Farwell, who was killed in a helicopter crash on February 3, 2010. He wasn't about to lose another. Plus, he'd already gained some grim experience in this, having twice driven from Arkansas to Virginia to medevac my sorry ass. The first time was when I broke my back crashing into a tree. I was drunk, which was bad, but I had been on my way to help an Army buddy who was in a bad way, so I considered it a karmic wash. The second time was after we buried my brother and his helicopter crew's "commingled remains" at Arlington National Cemetery, a year after burying most of his body in Idaho. I don't know why it took almost a year for the Army to figure out they had pieces left over, but sometimes things go wrong in large organizations.

After the burial, my folks went back to Arkansas, my brother's wife and kids went back to Idaho, and I went to jail for 10 days for a previous drunk-driving charge, wearing the same

suit I'd worn to the funeral—in fact, the guards thought I was a lawyer and were about to call in a warrant on me for not checking myself into jail. That was an odd experience.

After I got out, I went to a bunch of bars in northern Virginia. The next few days are spotty, but I know for sure that I got arrested twice in two days at Reagan National Airport, both times for being drunk. For running out on a bar tab, I was charged with defrauding an innkeeper; the charge was later dropped. I think I still owe a bail bondsman \$20. I spent at least one night in a hospital, leaving without being discharged, fight-or-flight reflex on full alert. I can't say I recommend it. I definitely don't recommend pulling out one's own catheter.

I showed up on a childhood friend's doorstep, and she helped me more than I deserved, bringing me to her parents' place in Yorktown, Virginia, drying me out and calling my dad to come pick me up. Her father, a Vietnam cavalryman, seemed to understand and offered some wise words I'm still trying to follow. (Thank you, sir.)

My point is, I had been on quite a few cross-country journeys with my father already, not always under the best circumstances. But the one in 2013 was different, and not just because I had jumped out of the truck airborne-style. This one scared the hell out of me, and I started to get serious about getting help. Life was pain. The therapy I had received while still in the military was a tourniquet on a bleeding wound—it kept me from dying right away, but it sure as hell wasn't a permanent solution. The therapy I got from the VA wasn't much better. The VA recognizes two treatments for PTSD as "evidence-based" and "gold standard": talk-based protocols and medication.

They didn't work so well for me. I was kicked out of one of the VA's flagship PTSD programs in Menlo Park, California, and my medication history spans nearly the whole alphabet, missing only four letters. "Most studies show that if you get the treatment and stick through it, about two thirds get better," says Ritchie. "But only one third sticks to the treatment."

I knew I was part of the problem—I had trouble conforming to the brand of middle-of-the-road flowchart medicine that seemed most effective on older Vietnam veterans who were so beaten down they'd take anything. There had to be something else. I looked into MDMA trials in Charleston, South Carolina and noted that psilocybin also showed promise. Then I started calling around.

I first heard about the stellate ganglion block in 2014 from Dr. Frank Ochberg, a leading expert on posttraumatic stress injury. He and many others, including former president



Farwell and other soldiers playing soccer with children in Terwa district, Paktika province, Afghanistan. Nearly 20 percent of post-9/11 soldiers suffer from PTSD. Only 50 percent say the war was worth it.

George W. Bush and retired Army vice chief of staff Peter Chiarelli, are working to replace the term *posttraumatic stress disorder* with *posttraumatic stress injury*, which better reflects the very real neurological and biological changes that occur in the body after trauma. Ochberg introduced me to an informal group of psychiatrists, psychologists, therapists and journalists. Years later, one of my closest friends would refer to Ochberg as my guardian angel.

I didn't get the shot then, but I should have. Instead I hunkered down for the next year and a half, trying to keep myself out of jail and out of the mental hospital, trying to keep myself normal. I moved out of my parents' house in Arkansas and rented a place a few miles away. My girlfriend moved from California to be with me, and I tried to live like a normal person. It worked, sort of. I mowed my lawn, grew a garden, stayed out of trouble and the nuthouse. Still, I couldn't sleep, couldn't focus, couldn't give my girlfriend the attention or love she deserved, couldn't get my shit together on any-

thing but the most basic level. After almost nine months of enduring all the awful crap that living with me entailed, she made the best decision for us both. She left me.

Sleep was still hard to come by. When I did sleep my sheets were soaked in sweat by the time I woke up. I moved into a smaller apartment, got a cat and worked on my writing. While researching another story in 2015, I spoke with a genuine hero of the war in Afghanistan. His name is Jason Amerine, and he was a lieutenant colonel in the Special Forces. In 2001 he led the first team into Afghanistan, saved Hamid Karzai's life and lost three Americans and more than 20 Afghan allies under his command when a 2,000-pound bomb dropped from a U.S. plane hit their position. Our conversation drifted to PTSD, and he told me he'd gotten the stellate ganglion block. He admitted to having reservations about giving up the familiar pain PTSD provides.

"The sum of all my experiences was meaningful to me, and I didn't regard them



Left: Farwell, hooked up to an IV, in front of his Humvee in Ghazni, Afghanistan. **Right:** A medical team at the Ashton Center for Day Surgery outside Chicago preps Farwell for a stellate ganglion block injection, which has shown promise in treating PTSD.



negatively, even though my body was screwed up, even though I undoubtedly had a degree of PTSD," Amerine said. "I didn't want it to all magically go away, because that was who I was. If I was gonna think about my men who died, I wanted to feel that, and I just didn't know what the shot would do."

My interest piqued, I decided maybe it was time for me to get the shot. After all, what harm could it do?

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First I asked my psychiatrist at the VA if she could refer me for a stellate ganglion block. Then I had to tell her what it was and explain that it's commonly used in pain management. She didn't know of any VAs that offered the procedure, so she put in a note to my primary care doctor, whom I visit once a year or so, to see if I could get the block for pain management. My medical records show that this request was denied, though no one ever called to let me know. So I called Ochberg. He called Lipov, and Lipov called me and invited me to get the shot and write about it. A couple of days later, he asked if I would be interested in going on a daytime TV show on which a panel of doc-

tors discuss medical issues with guests. I flew to Los Angeles and did the pre-show, and met a guy who'd had the shot. His wife claimed it was magic. I went on the show and basically acted like a bummed-out weirdo, but I met Lipov for the first time. He was there with a documentary filmmaker and the TV show crew. Which is how, a couple of weeks later, I had the odd experience of watching rough-cut video of myself at the exact moment I gained some measure of my life back and left the last sweat-stained sheets on a hospital gurney.

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Dr. Eugene Lipov is in the frame. He's giving me the injection. He's wearing light blue scrubs and a surgical cap with an American flag pattern, looking vaguely like a doctor who has swapped heads with a biker. Behind the lens is Kris, a tall, broad-shouldered Californian by way of Pennsylvania who acts as field producer, cameraman, editor and all-around virtuoso for the show. This whole thing is meta, an out-of-body experience.

"We are treating Matt today. So Matt has had PTSD," Lipov says, pausing to ask, "Do I look at you or the lens?" Kris prompts Lipov to act nat-

ural. "Matt is here today because he has severe PTSD. He's tried multiple therapies that have failed, and he wanted to see if the stellate ganglion block works. I found in about 2006 that a stellate ganglion block returns the brain to its pre-trauma state."

"Why?" Kris asks from behind the camera. It's a leading question, but the narrator inside me is grateful. I haven't done as much research as I should have going into this; I'm impulsive by nature.

"It's an old anesthetic process used since 1925 for pain management," Lipov says. "I found in 2006 it seems to reboot the brain, and a very common question is: Why can an anesthetic block that lasts eight to 12 hours give years of relief? All I can offer is a hypothesis. PTSD is a biological condition. When somebody has severe trauma, military or otherwise, it promotes something called NGF—nerve growth factor. Turns out when NGF is secreted from the brain and then turns off, it leads to nerve fibers sprouting in the neck. With the stellate ganglion block, those nerve fibers die off."

He holds up a medical demonstration skull

with part of a spinal column running under the white bubble that would normally hold brains. I've already made the "poor Yorick" jokes. Lipov points at the neck bones.

"The first injections are done on the right side of the neck near the C6 and the C7 vertebrae. These are safer. If it works at this point, we stop. If it doesn't, then we go for a block at about the C3. How do we judge if it works? The body gives clues in the form of a Horner syndrome." This is when the right eyelid gets droopy. A few patients need a booster shot a year later, but most never do.

Then Lipov gets right to the point. Before the procedure, he asks patients to think of the worst thing they've ever seen and feel it. Then he asks the patient to do the same after the shot.

After the first injection, Lipov asks, "How do you feel?"

"Kind of awake, a little bit loopy," I reply.

"Can't tell any difference?"

Lipov asks.

I reply, "Hard to tell." He'd given the injection in the correct spot, using an X-ray and a dye to guide the .22-gauge needle. My memory of this is spotty because for most of the time I was racked out and strapped down on a gurney, snug under the somatic blanket provided by propofol, Michael Jackson's favorite drug. My dad calls it "milk of amnesia."

Lipov puts me under and administers the second injection. Later he and Kris come back to wake me up. Lipov lightly taps me while I snore under the thin white hospital blanket. "Matt, Mr. Sleeping Beauty," Lipov croons in his Ukrainian accent. I startle briefly and then ask if I am done. Yes, Lipov affirms. Yes, finished with the second shot.

"Oh...hey," I say weakly.

"Feel any different?" Lipov asks.

"Yeah, uh..." I'm trying to think of how to frame my thoughts, and the fact that a camera is pointed at me isn't helping.

"Feeling chilled?" Lipov prompts.

"Yeah!" I reply, noticing how relaxed I am. It's a weird feeling, one I'm not used to, and I'm grateful. Lipov turns to Kris and says, "Same response as the other guy." The other guy is a former marine I met in the waiting room. His mom and my dad became fast friends, swapping their own war stories of dealing with unhinged children.

Lipov asks if this second injection feels any

different. Again my response is lame. "Yeah, I woke up and smiled with this one." Lipov and I high-five.

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I noticed the difference the day after my injection. My dad—an enlisted submariner who'd sailed on a World War II-era diesel electric boat—and I toured Chicago, including a visit to the Museum of Science and Industry.

I was able to tour the museum's German U-boat, which was crowded and loaded with loud noises and flashing lights, without freaking out, without my blood pressure rising. It wasn't until halfway through the tour that I realized that nothing about it—the lights, the sounds, the claustrophobia, the crowd—was freaking me out.

In Chicago I also saw my friend Baddr, the med student who'd seen me the very first time I'd gone to a psych ward, back in 2009. Now a

BEFORE THE PROCEDURE, LIPOV ASKS PATIENTS TO THINK OF THE WORST THING THEY'VE EVER SEEN.

surgeon, he'd read more on the shot and despite initial skepticism thought it held promise. "Quacks don't publish," he said.

I slept great that night. And I've slept well almost every night since.

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A month after receiving the stellate ganglion block, I traveled to Washington, D.C. to talk to some people for a book I'm writing. It was early December. I hate Washington. I didn't always, but that changed with the war and my brother and his crew's burial across the river at Arlington. Ripped open some scabs, that did.

Now, four years later, I was at the cemetery again. It was a Monday. I wanted to get it out of my head, as callous as that sounds. I brought some flowers, pins and mementos and stood in front of the grave for a while. Looking at the new rows of tombstones and tilled earth that

had grown in since the last time I'd visited, I thought about the fact that sharks continue to grow teeth throughout their life. After a few minutes, I figured I'd paid my respects. I had another appointment. My body moved to the position of attention, and I saluted. Tears formed. I moved to the position of parade rest and studied how I felt. I was sad. I missed my brother. I was angry he was dead. But I wasn't going to pick a fight or slam back 20 shots of Jameson. It was far different from how I'd felt four years before.

It was December 7, the anniversary of Pearl Harbor. That night I was still keyed up, so I went walking through D.C.'s Adams Morgan neighborhood. I followed a bunch of kids dressed in ugly Christmas sweaters with short shorts and tight bodies into a random bar in Georgetown. Bars, sober, are hilarious for me now; I like to go and observe the action. It's a way, I suppose,

of understanding what I was like for many years, without the group-therapy revival narratives of AA, which drive me nearly as insane as group therapy at the VA.

I watched these kids. They were celebrating a friend's 21st birthday with the requisite 21 shots. They were rich kids. Not a care in the world. I sat down at the bar, drank a Diet Coke and tried to figure out how I felt. White-hot anger would previously have been my default setting: They were sitting here, celebrating, at the same age I was shitting myself in a fortified compound that was crumbling in Ghazni province. But

now it didn't make me angry.

It made me a little sad. That's true. But mostly it just made me feel separate. Not isolated. Separate. That's a distinction, one that makes me think back to my Mormon roots, when elders used to "set us apart" for religious callings. After Afghanistan, I left the church, and now I really don't know what I believe, beyond that if a god or other exists, it has a sense of humor.

I felt set apart. Priestly, perhaps. I had carried out extreme violence. I had suffered for it. And yet I didn't have to. It was my choice to make, and I made it. I felt possessed of some special knowledge, essential to life, that these naifs had yet to grasp.

I wasn't angry. And I could sleep. And that was a start.

Additional reporting by Elsa Givan.