

Ethos

NAVAL SPECIAL WARFARE
ISSUE 6

NEVER QUIT

THE JOURNEY
OF A WOUNDED
WARRIOR



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Healing the Warrior



I'd like to begin by introducing myself. I am the new Force Medical Officer for NSW. I've relieved Capt. Jay Sourbeer, who has done a great job promoting wellness and medical readiness for this community.

I've seen plenty of combat wounded in my 19 years as a Navy medical officer. It's the nature of our business that the threat of injury or death to our operators and support personnel is hiding right around the corner. It's important to know that should the enemy get lucky, we have a process in place to take care of our wounded warriors. Navy and NSW medicine go the extra mile to ensure our wounded warriors are well cared for, from the point of injury to the last phase of rehabilitation. Organizations like the SOCOM Care Coalition provide further support and advocacy.

In this edition of Ethos, we discuss the importance of operators who are trained as combat medics. I cannot stress enough how vital it is to have Special Operator Combat Medics in your platoon. That medic's immediate casualty care for a wounded warrior may mean the difference between life and death. We need more operators, particularly SWCC, to be trained as SOCMs.



Recently, a SEAL was awarded the Bronze Star with Combat V and Purple Heart medals from the Secretary of the Navy. During this ceremony, the SEAL remarked that his awards represented the efforts of his teammates, which included the two SEAL medics who staunchly held his on-going blood loss with a tourniquet to keep him from dying in the field. He also mentioned how surgeons at the forward operating base in Bagram and the hospital at Landstuhl, Germany saved his leg. Then there were the medical and nursing teams of the Naval Medical Center in Bethesda, Md., that were essential to returning him to health again.

Ethos provides an insight into the world of the wounded warrior as it follows casualties from the battlefield, to Landstuhl, and back to CONUS and discusses what happens along the way. Ethos also focuses on Special Warfare Operator 1st Class Elliott Miller as an example of an operator fighting back from his severe injuries and how the NSW and Navy medical communities, partnered with our civilian counterparts, are providing the best medical care possible to address his needs.



Then there are the wounds that can't be seen. These are psychological and spiritual in nature. Chaplain Wes Modder describes these types of wounds and how we can cope with and prepare ourselves for this challenge to our well-being. Next, retired SEAL Capt. Bob Schoultz discusses the stoic nature of the operator and how that mentality overcomes personal crisis following injury.

It is my steadfast hope that the only casualties we see are those of our enemy. Should one of our own become a casualty, I'm confident the holistic care we provide to our warriors is the best in the world. It is the least we can do to dedicate ourselves to their full recovery, either back to their team or to a new lifestyle off the battlefield, should their injuries be too great.



We also seek to ensure NSW families are given the best resources and support before, during and after deployment. NSW leads the Navy in programs assisting the families during deployment. In addition, our ombudsmen are a critical link to information and sustainment for the NSW family. Ethos gives us a unique look into the life of one of our ombudsmen as she performs her duties for Special Boat Team 20.

My final thought on this issue of Ethos is that I hope it sheds light on the wounded warrior process and reinforces a peace of mind for our operators as they go forward and focus on destroying the enemies of freedom and our way of life.

I wish them good hunting and the best of health. ☺

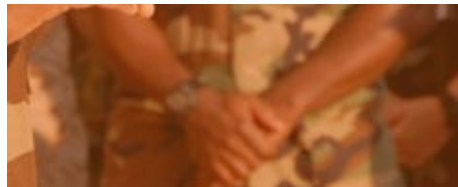


Capt. Gary Gluck
NSW Force
Medical Officer



Warrior Profile

A leader among leaders



Y

ears ago, Shawn

Johnson's friends told him there was no such thing as a black Navy SEAL and the idea was too far-fetched and unattainable.

Not only were they wrong about the SEAL community, but they underestimated

Johnson, too, big time. Little did they know that stubborn persistence is a hallmark quality shared by SEALs – and Johnson.

Nineteen years later, Master Chief Special Warfare Operator (SEAL) Shawn Johnson reflects on a career with the special warfare community that has led to his current job as the command master chief of Logistics Support Unit 2.

Johnson knew he wanted to be a SEAL back in high school. He was attracted by the prospect of adventure and working for a cause larger than himself.

"One of the things that intrigued me is that SEALs are known as the jack of all trades," Johnson said. "We don't come and do the

same thing every day; we do a variety of things, for different missions, and different challenges."

But the path to becoming a SEAL isn't easy for anyone, and Johnson soon found out he was no exception.

"Before getting into the teams, I failed my fitness test," he admitted. "I decided that eating pizza and going out every weekend was not the lifestyle that would get me to BUD/S."

Johnson took action. He began working out before and after his normal 12-hour shift and went straight to bed only to get up the next day and do the same thing. His hard work paid off. Johnson passed his test and

was off to BUD/S to endure some of the toughest, most physically and mentally demanding training the military has to offer. He would have to undergo challenges that would test every ounce of his endurance and ambition.

“I knew something that you work that hard for ... was going to be worth it in the end,” said Johnson, “and it was.”

Johnson attributed his success in the Navy to his hard work, dedication and the leadership qualities he has learned from his brethren.

“Being a SEAL and being a leader has helped me learn to be able to adapt and overcome tough situations, both in operational environments and non-operational environments.”

Leading SEALs and support personnel requires a warrior to remain true to his ethos, he said. “You have to earn your trident every day; you are constantly pushing yourself and proving yourself. In the end, being a Navy SEAL is about overcoming obstacles and challenges. Even when the odds are against you; it is about going in and persevering regardless of what you are up against. You pull together and overcome each challenge as a team.”

SEALs operate in diverse areas of operation and environments, so an astute knowledge of other cultures has become an important quality for today’s special operator. For example, Johnson has completed multiple deployments to South America, Europe and Middle Eastern countries where understanding the culture is part of winning the fight.

“We need people who understand various customs and languages throughout the world,” said Johnson. “A diverse fighting force makes us stronger.”

Johnson’s next personal challenge is to become a medical officer. Johnson said he hopes by setting the bar high and achieving all his goals, that his Sailors will be inspired to set their own goals to the highest point and strive to earn their trident every day. ➡

MC2 Joshua T. Rodriguez
NSW Group 2
Public Affairs

**“I knew
something that
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the end.
And it was.”**



New combat training pool dedicated in honor of Lt. Michael Murphy

There are numerous buildings on Naval Station Newport, R.I., with the names of Navy heroes: Nimitz, King, Callahan, Ripley, to name a few. On July 9, another Navy hero received that distinction as the Lt. Michael P. Murphy Combat Training Pool was dedicated before a large crowd.

The newest facility in the Officer Training Command area of the base was named in honor of Lt. Murphy, a 2001 graduate of Officer Candidate School and Navy SEAL, who was killed in action while conducting counter-terrorism operations in Kunar Province, Afghanistan, on June 28, 2005. Murphy’s parents accepted the Medal of Honor from President George W. Bush in a White House ceremony held Oct. 27, 2007.

Many members of the Murphy family, friends and fellow servicemen and women attended the celebration of Murphy’s life, including his father and mother Daniel and Maureen and brother John.

“Thank you all for honoring Mike and us,” said Daniel Murphy. “I think Mike would have thought it appropriate to have this pool named for him. A pool that will train future Navy officers.”

Special guest speakers included Rear Adm. Mark Boensel, commander, Navy Region Mid-Atlantic and Rear Adm. Garry Bonelli, deputy commander, Naval Special Warfare Command.

“It’s great the Navy decided to name this facility after Lt. Murphy. It’s very well deserved,” Bonelli said. “He is one of our very special Naval Special Warfare heroes.”

The Lt. Michael P. Murphy Combat Training Pool provides aquatics training for students of OCS, Officer Indoctrination School (OIS), Chaplain School, and the Naval Science Institute as well as other officer accession programs. The facility is also used by various military units for water survival training, swimmer qualifications, and screen testing for SEALs, EOD and Navy Diver programs.

The new training pool was opened April 20 for use by the students at OTC. At the July 9 dedication, official unveiled a large block of granite with the SEAL Trident logo etched in the front and a brass plaque with Murphy’s Medal of Honor citation fastened to the top.

“This is what he would have been most proud of — this etched trident (on the front of the granite block),” said Murphy’s father. “He was proud to be a Sailor and an officer, but he was most proud being a SEAL and defending his country.” ➡

Scott Thornbloom
Naval Service Training Command
Public Affairs Office

as cold as ice

Visibility is less than 10 yards. The temperature is hovering around 19 degrees. You're body is shaking in a futile attempt to stay warm. You're making a valiant attempt to snow shoe through waist-deep snow and somewhere there is an extremely hungry bear that has just woken from hibernation.

**Welcome to Kodiak, Alaska, home of Naval Special Warfare's
Cold Weather Training.**





Kodiak Island is the second largest island in the United States and is known mostly for its fishing. Two-thirds of the island is a national wildlife refuge and has more American bald eagles than a local beach has seagulls. Kodiak has comparatively mild weather with areas of similar latitude, but don't let that fool you into thinking that Kodiak is some picnic. There is a saying in Alaska, "If you don't like the weather, wait five minutes!" I was only there for a week and I experienced just about every weather condition possible from snow storms, rain and hail to the eruption of Mount Redoubt north of Kodiak, delaying my flight to the island.

The 4,900 square miles of Kodiak averages 74 inches of rain and 84 inches of snow annually. Temperatures hover in the winter months around 20 degrees (even the warmest summer day only reaches about 60 degrees.). There is less than 100 miles of roads, requiring boats or planes to access many areas.

Established in 1987, the three-week cold weather training program is designed to teach SEAL candidates the skills they need to endure and operate in frigid conditions. Candidates coming to Kodiak learn everything from how to use specialized survival gear to plotting a course in the mountainous, snow-covered terrain. And they are taught what to do if they should encounter one of roughly 3,000 Kodiak bears who call the island home (Visitor's note: In case you forget you are sharing the land with the planet's largest carnivore, nearly every public establishment on the island has one stuffed and prominently displayed for your viewing pleasure.)

Many of the candidates have little experience with spending a night out in the cold or in the wilderness, so instructors start with the fundamentals: how to set up a tent and start a fire.

(continued)



**28 days
of cold weather**

Here's a look
at some of
Kodiak's training
highlights:

**Day 2
Equipment
Issue**

Candidates
are issued cold
weather gear
and shown how
to use it



**Day 6
Survival Skills**

Candidates learn
basic survival: set
up a tent, make a
fire, find food

**Day 10
Terrain
Association
Course**

Learn to identify
terrain features
on a map and
surrounding
landscape



**Day 11
Day/Night
Map and
Compass Course**

Learn to find
navigation points
using a map and
compass

**Day 18
Rappelling**

Candidates
descend down a
cliff face with a
belayed rope

**Day 21
CSX Insert**

Three-day exercise
where candidates
are dropped off at
different locations
and must navigate
to meet the rest
of the class using
the skills they have
learned

**Day 24
Compass
Heading**

Intro to naviga-
tion charts; tides
and currents and
rules of the road

Candidates have learned basic navigation prior to Kodiak, but here they learn how to use a compass and use terrain association in a snow-covered environment.

"Navigation out here is really tough because everything looks the same," said Special Warfare Operator 3rd Class Joshua Miller.

Putting their gear and navigation knowledge to the test is a major part of the training. Candidates are taken into the wilderness for a three-day exercise, where they are split up into groups and dropped off at different locations. They then must navigate to a specified location to meet up with instructors and other classmates to hike out of the mountains.

Once out of the mountains, candidates find themselves at the ice-covered Buskin River where they will learn just how well their protective combat uniform (PCU) gear works. Of course, the best way to do that is to jump right in and take a leisurely five-minute ice water bath in just the first layer of their PCU. Now freezing, the candidates emerge from the water and rush to put on the rest of their

PCU clothing, assemble their two-man tents, and get their camp stoves working to cook a meal.

Have you ever tried to put something together when you can't feel your fingers or your limbs? An approximation would be to hold your hands in ice water for ten minutes and try to untie a knot (Editor's note: this is just an example, not a recommendation to try this at home. We know you were thinking about it). If done correctly, instructors say the candidates should be 90 percent dry and ready to march within 30 minutes. Easy day.

"Getting someone the coldest they've ever been helps build leadership skills," remarked Ens. Ronnie Rector, officer in charge.

As grueling as cold weather training sounds, you may be surprised to know that it runs on a very small staff, many of which have multiple jobs. The detachment has 15 personnel: seven active-duty SEALs, two SWCC, three retired SEALs now working as civilians, and three active-duty support staff.

The lone yeoman takes care of all admin concerns for staff and students. An electronics technician, their one-man,



Opposite page, bottom left: SQT candidate prepares to boil water during the rewarming exercise; Det. Kodiak sign; SQT candidate closes his tent during the rewarming; SQT candidate floats in the icy Buskin River.

self-proclaimed “Geek Squad” is in charge of setting up computers and making sure communications are always up and running. There is also a Seabee. His job is not only to be the maintenance man for the many boats, four-wheelers and buildings, but he also runs the snow plow and has become the resident mechanic for the staff.

Each member has a specific job for which he is responsible, but the course wouldn’t run the way it does without everyone playing a bigger role.

Most of the support staff is working on receiving their instructor qualifications so they can help teach a few of the lessons. Instructors expect to see bigger classes in the future, so all the extra help is welcomed.

“The student to instructor ratio is large,” said Chief Yeoman Ken Nelson. “So every person who can help teach is a great benefit to the instructors.”

The future holds many obstacles for the Kodiak team to deal with, but like the terrain that surrounds them, they will find a way to adapt and overcome.

Training the candidates receive here

will be important in their future missions. The weather in the mountainous terrain of Afghanistan will show no mercy.

In the meantime, there is the rugged beauty of Alaska, a land that is hardly touched by man. The trees covered in snow are simply beautiful, the animals around you as wild as they come. Walking through the little fishing town and witnessing a simpler life almost made me wish my trip was just a bit longer.

Then I walked into the store and saw a stuffed Kodiak bear.

Thanks for the memories, Alaska. ☺

Story and photos by
MC2 (SW/AW) Erika Manzano

“Navigation
out here
is really
tough.
because everything
looks the same.”



ONE MAN

A BIG MOUNTAIN

A BIGGER MISSION

When Michael Kobold decided to summit Mount Everest, no one thought it was crazier than he did. But he accepted the challenge, and raised more than \$250,000 for wounded warriors in the process.



There is a peaceful moment of clarity that transcends everything when you stand atop the highest point on Earth. Like everything else on Mount Everest in the Himalayas, the concept of time seems frozen in irrelevance. There is nothing but the vastness of the world below you and the newfound sense of the soul inside you. Nothing will ever again be the same.

Everest is an extreme, utterly unlike any other created in the natural world. At 29,035 feet, the mountain hosts blistering cold winds up to 125 mph

and temperatures lower than 90 degrees below zero. There's barely enough air to breathe; most climbers rely on oxygen tanks. The blood in your body thickens, putting pressure on your circulatory system. This frigid titan of nature has claimed the lives of more than 200 climbers since 1921. It is not a venture you simply do one day on a lark.

But Michael Kobold, a 30-year-old watchmaker from Pittsburgh, decided to undertake the life-changing task. Why? Because he met a SEAL.

The NSW connection

Kobold's link to Naval Special Warfare was forged two years ago. After becoming a supporter of the Navy SEAL Warrior Fund, he was invited to a fundraising gala in New York City. Later, Kobold was approached by his friend, actor James Gandolfini, who wanted to purchase a Kobold watch and donate it to a Special Warfare Operator 1st Class (SEAL) Elliott Miller.

Kobold flew to Naval Medical Center San Diego to visit the recuperating Miller, who had a picture of Gandolfini in a white button-up shirt and denim pants, sporting a whimsical smile in a Kobold watch advertisement for the Soarway Diver "SEAL" prototype. The watchmaker's experience with Miller inspired him to find a way to raise more money to help other wounded warriors.

Kobold decided he would climb Mount Everest and subsequently made three goals: raise \$250,000 in public donations for the Navy SEAL Warrior Fund, raise public awareness and support for their men and women serving in the armed forces, and hoist a flag depicting the SEAL trident warfare device at the summit of the world's tallest mountain.

March 2008, first attempt on Everest

Kobold decided to tackle the prize right away. He and seven-time Everest climber Kenton Cool and famed explorer Sir Ranulph Fiennes flew to Nepal and scaled up and down Everest, but never quite reached the top. Weather conditions stopped the expedition at 20,000 feet.

Later at the second annual Navy SEAL Warrior Fund Gala, Kobold was relating this experience to a SEAL team commander. In response, the commander pointed out, "that's not really the summit."

His balloon sufficiently popped, Kobold vowed to complete the task. "Mountaineering for the sake of proving something to myself was not an issue; I had lived too comfortable a life of eating chocolates and sitting around to have that ambition," he remarked. "But the idea of summiting Mount Everest in order to raise awareness of the [Navy SEAL Warrior] Fund was something that struck a chord."

January 2009, training with SEALs

First he had to get his body and mind right. Used to a far less demanding life, Kobold joked that he “did not even like to climb more than a step ladder” before he decided to embark on the mammoth endeavor. Fortunately, he had some SEAL friends who shared his passion for the ultimate challenge. They volunteered to work in their off-time to help him become physically and mentally hardened.

It began at the NSW Center in Coronado. His body became acquainted with the six-story cargo net on the obstacle course, of which he was mortally afraid to climb. Laden with up to 50 pounds in his rucksack, his mentors pushed him through steep trails around the mountains of eastern San Diego, rain or shine. His muscles strained from pushing a large truck tire on the training grinder. He lost about 30 pounds off the frame of his “puny little watchmaker” body.

“Actually, a lot of the training was more physically and mentally challenging to me than the mountain itself,” Kobold admitted.

May 17, the climb begins

Kobold’s group embarked on the 2009 Everest Challenge Expedition, a perilous journey they knew would take every bit of their strength, skill, perseverance and luck to accomplish.

The expedition is a simultaneous feast of and an assault upon the senses. Heavy, spiked boots and walking poles crunch through the ice and snow. Metal ladders shriek from bitter cold and explorers’ weight. Saliva from the climbers’ masks freezes and chaps their chins. The blue-white bleak mountainside glows in the dark, as they look upward with frosting goggles and hissing oxygen tanks. The dark, cloudless horizon slowly gives way to a yellow ball, devoid of warmth. Sunrise makes an encore on the roof of the world.

There’s more to getting to the top than just dressing warmly and ascending. Avalanches, hidden crevasses, falling rocks, whiteout conditions, and sometimes hurricane-force winds lurk as physical obstacles. The body can suffer from dehydration, exhaustion, frostbite,



Top of the World. Michael Kobold, Ang Namgel and Kenton Cool proudly display the SEAL trident flag after reaching the top of Mount Everest.

pneumonia, broken bones, and infections. Equipment can be lost or damaged, potentially causing a life-threatening situation from which there is no escape.

About five percent of climbers who confront Everest never return. Along the way, Kobold and the others pass by the frozen bodies of past generations of climbers who never left Everest. “There are dead bodies everywhere on either side of your path,” Kobold recalled. The dead are part of the mountain, grim reminders of the uncompromising challenge.


At various places throughout the expedition, Kobold nearly decided not to finish the expedition, because “it is too hard, too high, I am not strong enough.” He suffered a fall on the ice, injuring his knee and had a horrible case of stomach flu that kept him from eating for three days. Then there were the two close calls with death when he almost slid off the mountain and had to jump over a seven-foot wide crevasse.

Encouraged by e-mail from his SEAL trainers, he pushed on. “You have no idea what a morale boost that was. It was really, really cool.”

May 21, 5:55 a.m., the summit

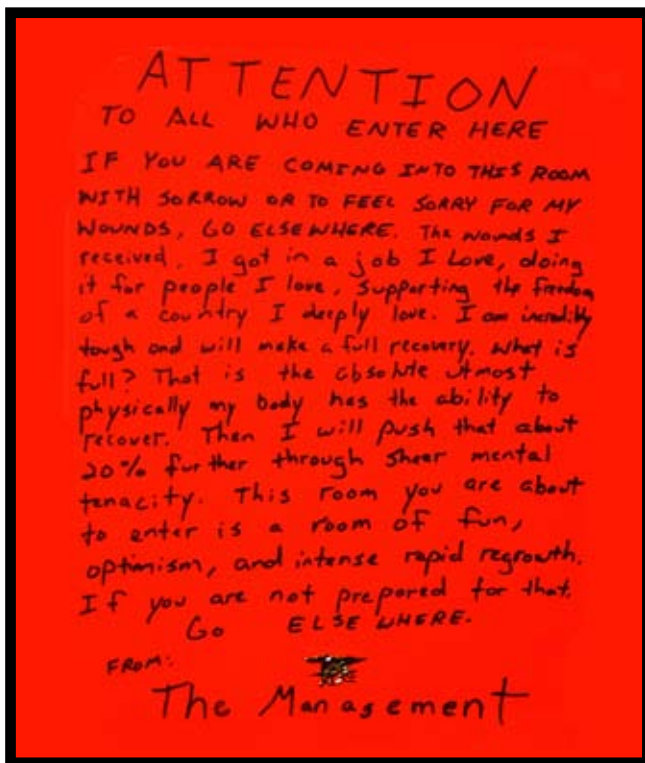
Kobold and the rest have reached the goal of a seven-week expedition. With victory in hand, they triumphantly unfurl a blue banner with the brazen yellow emblem known throughout the world as the U.S. Navy SEAL trident.

“This has been the hardest thing I’ve ever done, and without the SEALs’ help I sure would not have made it to the top,” he said during a satellite phone call from the summit to his staff in Pittsburgh.

His effort alone raised more than \$250,000 in pledged donations for the Navy SEAL Warrior Fund. The fund is a non-profit organization established to raise money in support of the families of U.S. Navy SEALs who have died while serving our country, or who are presently serving in harm’s way in trouble spots around the world. 

*MCC (SW/AW) Jeremy Wood
NSW Group 1
Public Affairs*

“The idea of **summitting Mount Everest** in order to raise awareness of the [Navy SEAL Warrior] Fund was something that struck a chord.”



The Stoic Wounded Warrior

Seriously wounded or injured servicemen face a multitude of challenges. They must learn to live with a disability or disfigurement that they know will significantly impact their lives and their plans for the future. Often they become dependent on others to assist with the simplest or most fundamental aspects of living. The seriously injured frequently find themselves asking such existential questions as “Who am I now? What is there left to live for?” These questions, when carefully thought through, can lead to a degree of wisdom and insight that may be unattainable to the rest of us. Indeed, the Greeks believed that wisdom only comes through suffering.

Vice Adm. Jim Stockdale believed that suffering tests and builds character. He was brutally beaten after being shot down on a raid over North Vietnam in 1965, and was repeatedly tortured as a prisoner. His broken leg never recovered and he was unable to walk properly for the rest of his life. When describing his own disability, Stockdale referred to Epictetus – a Stoic philosopher from the Roman era – who was also lame, ostensibly from a beating he had received while still a slave. Epictetus said, “Lameness is an impediment to the leg but not to the will ... such things (are) an impediment to something else, but not truly to yourself.”

Stockdale believed in the Stoic philosophy that with discipline and training, one can develop the will to control one’s attitude toward externals – things that one can’t control. For Stockdale, shame and dishonor were the only things worthy of fear. “A shoulder broken, a bone in my back broken, a leg broken twice were peanuts by comparison (to shame).” Epictetus said, “Look not for any greater harm than this: destroying the trustworthy, self-respecting well-behaved man within you.”

In short, Stockdale and the Stoics believed that injuries to the body should (essentially) be


matters of indifference, and should be regarded as opportunities to further develop and strengthen one’s honor and character.

From my time on active duty, I recall the example of SEAL Petty Officer Carlos Moleda who became a paraplegic after being shot at Paitilla Airfield during Operation Just Cause in Panama. After months of rehabilitation, Carlos got on with his life, and eventually became a world champion wheel-chair bound athlete. Pete Van Hooser lost his lower leg from an injury in a parachuting accident as a lieutenant, and went on to a stellar career in NSW, eventually commanding Naval Special Warfare Group 2.

More recently, we have the example of Lt. Jay Redman who was recently interviewed on CBS News. Through the Internet, people all over the world have been inspired by the sign he posted (left) outside his door at Bethesda Naval Hospital that read in part, “Attention to all who enter here. If you are coming into this room with sorrow or to feel sorry for my wounds, go elsewhere ...”

SEAL Ryan Job lost his eyesight to a sniper’s bullet in Iraq. “This is just something that happened to me,” Job said. “I can’t change it. What are you going to do, stop living? It just made me take a different approach. I had goals and plans that had to change.” The words and attitude of a true Stoic.

Positive attitude, spiritual resilience and fortitude, the will to overcome adversity – these attributes that help our NSW warriors, SEALs and SWCCs get through training and succeed on the battlefield also serve them well when faced with a game-changing injury. However, Stoic self-sufficiency and resilience require a strong and healthy mind and spirit. An invisible injury that wounds the mind or the spirit, that breaks the will or one’s self confidence, that threatens one’s faith, presents a very different kind of challenge, and can be more insidious and devastating than an obvious physical injury. The help of a chaplain or a psychologist can be indispensable in healing mental and/or spiritual wounds, to allow the wounded warrior to focus his efforts on getting his life back on track.

Vice Adm. Stockdale kept Epictetus’ *Enchiridion* on his night stand in his stateroom, mentally preparing himself for what eventually became seven years that challenged every fiber of his being. When he was released and returned to the United States, his leadership, heroism and honorable actions as a prisoner were recognized with the Medal of Honor. 



Bob Schultz retired after spending 30 years as a NSW officer.

He is currently the Director of the Master of Science in Global Leadership program at the University of San Diego.



WANTED

COMBAT MEDICS

Job description:
Must be able to learn fast, stay calm under fire and not faint at the sight of blood. Must be interested in learning advanced skills to save a teammate's life while under fire. Only those interested in the most challenging and rewarding job need apply.

(continued)

“IN 27 WEEKS, THEY TAKE A GUY WHO KNOWS

ABSOLUTELY NOTHING (ABOUT MEDICINE)

AND THEY MAKE HIM

THE BEST BATTLEFIELD TRAUMA MEDIC IN THE WORLD.”

It was a year after Special Operations Combat Medic (SOCM) school before he needed to use his skills to save a life. “We were driving back from a training trip when we saw a flipped truck on the highway,” said a Special Warfare Operator 2nd Class (SEAL) who wished to remain anonymous due to his deployment status. “There was a guy trapped in the vehicle and he was missing four fingers.”

That’s when he sprang into action. The operator was able to stabilize the seriously injured man until help arrived and then later had the wherewithal to search for the man’s fingers. That’s the nature of a combat medic’s job – a skillful, calm reaction to a bloody, unpredictable emergency.

Each platoon of a SEAL team has two billets for the combat medic NEC. Boat detachments have one billet. Operators selected for the billets attend one of the military’s toughest schools — Special Operations Combat Medic course at the Army’s John F. Kennedy Special Warfare Center at Fort Bragg, N.C.

“I still remember being checked in that first day,” recalled Special Warfare Boat Operator 1st Class (SWCC) Michael Harm, a combat medic attached to Special Boat Team 12. “Master Chief Welt sat us down and said, ‘this course, with the knowledge you intake, is going to be like drinking out of a fire hydrant.’”

The SOCM course is 27 weeks long and is taught to Army, Navy, Air Force and Marine special operations forces. Those Sailors who are selected to attend the school are usually volunteers or prior hospital corpsmen who have gone through SEAL or SWCC training. Once they have been selected for the program, it’s game time and

the stakes are high.

“While you’re there, that has to be what you eat, sleep, breathe,” says SB2 (SWCC) Brian Chandler, a new SOCM graduate attached to Special Boat Team 12. “The same way if you were to go through BUD/S or SWCC school. That has to be your priority.”

SO3 (SEAL) Roy Perkins, a SOCM who graduated from school July 31 agreed with Chandler. “The first block of training (which was medical fundamentals) I remember being especially challenging. You’re bombarded with material, and it felt like all I ever did was go to class and study,” Perkins said.

The course is taught by instructors from all branches of service who expect nothing but the best from their students. Not only are students required to absorb and regurgitate every piece of information they are taught, they are required to keep a rigorous physical training schedule before going to class all day. It’s also mandatory for them to study a minimum of three hours per night and on weekends — no exceptions. If they don’t, they’ll fail.

“In 27 weeks, they take a guy who knows absolutely nothing (about medicine) and they make him the best battlefield trauma medic in the world,” said Master Chief Special Warfare Operator (SEAL) Michael Brown, force medical senior enlisted advisor for NSW. Brown said SOCM students are on a learning track equivalent to what a third-year medical student in anatomy and physiology class would be taught. That includes everything from learning how to stitch a wound to delivering a baby, and they get plenty of hands-on training. Students are required to work, either in a clinic or hospital, under the watchful eyes of doctors. Although they may never actually deliver a baby, they have to get their feet wet by doing the duties of an emergency medical technician, nurse or medical assistant.

Perkins said some of the material taught in the course goes beyond clinical medicine and delves into battlefield dangers, basic drug calculations, sanitation, environmental, and chemical, biological and radiological hazards. He also noticed how instructors kept their material updated.

“It is noticeable that the school house is always changing and adapting to stay current with the material they teach.”

Those who have the mental fortitude and passion for trauma medicine succeed and graduate from the course. “I think that’s the key,” agreed SOC (SEAL) Christopher Nie, a SOCM assigned to Group 1 Training Detachment. Nie, NSW’s 2007 SOCM of the Year, said “If you want to better yourself, you have to want to do it (finish the course).”

Becoming a SOCM entails a huge amount of responsibility. “As a SOCM, you possess the capability to help save someone’s life in times of need,” emphasized SB2 (SWCC) John Cowgar, the 2008 SOCM of the year.

There are also benefits. Completing the school gives the operator a new designator that allows him to stay in the SOF medical field. Plus, he earns more than half of the credits required for a medical degree. He would only have to take a test to become a

Special Warfare Combatant-craft Crewman from Special Boat Team 12 assists a simulated casualty during a casualty assistance and evacuation scenario.





MC2 Michelle L. Kapica

Special Warfare Combatant-craft Crewman from Special Boat Team 12 carries a simulated casualty to safety during a casualty assistance and evacuation scenario.

licensed paramedic.

Capt. Gary Gluck, NSW force medical officer, said SOCMs aren't the only ones who receive a return after investing their time in training. NSW gets the biggest benefit of all.

"Our NSW operators have seen an enormous leap in survival from combat injuries as compared to previous eras," Gluck said. Combat medics are the backbone of the community, he added.

Once a SOCM graduates, the training never stops. He is still expected to do routine departmental training with his respective team and he has to go back to SOCM skills and sustainment courses once every two years for mandatory refresher training. If he's an SB he may go through another skills course within the community to further enhance his proficiency.

"I created the (SB) sustainment program to further enhance and sharpen the skills of a SOCM, enabling them to better treat their teammates," Cowgar explained. The program is a phenomenal tool that has tremendously helped NSW and SWCC desiring to become combat medics. "If you go to him (Cowgar) first, you have a much higher chance of success in the program," said Brown.

Mentorship between junior and senior SOCMs is vital to learning "real-world" lessons and maintaining proficiency.

"The training they get is good but you can't replace experience," said SOCS (SEAL) Santos Trujillo, a former SOCM attached to Naval Special Warfare Command. "It takes a few deployments for a guy to really get comfortable."

For example, Trujillo said medical evacuations in Afghanistan can take a little longer than most others because of its mountainous terrain. As a result, SOCMs need to utilize what they have learned from their past medical experience as well as their training, especially if internal bleeding is an issue.

"When you're new, you sort have the deer in the headlights effect with medics who have never had someone's life in their hands in combat," Trujillo said.

Much of a SOCMs mentorship and training not only comes from senior SOCMs, but from hospital corpsmen attached to teams and boat detachments. Hospital corpsmen not only help with mentorship, they help run NSW's SOCM program. Brown said NSW's SOCM program would never be able to operate as effectively without support from the corpsman community.

SOCMs have proven their worth on the battlefield. If you're ready to answer the 'wanted' ad, talk to your chain of command today. ↩

MC2 (SW) Shauntae Hinkle-Lymas

THE LONG JOURNEY HOME

WHAT IF?

It is a question that haunts the minds of every servicemember, no matter how stalwart; every military wife or husband, no matter how experienced; every mother or father with a child off at war; and every child with a mother or father deployed overseas: What if something happens?

And by something, we invariably mean something bad. The fact of the matter is that as much as the question comes up, very few of us have even the slightest clue as to the answer. (Fewer of us even have the guts to entertain the question.)

We just don't know.

We are assured and we trust that, in the event that something does happen while we or our loved ones are downrange, everyone will be taken care of; everyone will make it home safely; God willing, everyone will heal (in time). We are sure of that. But we have no idea how it will happen.

In the following story, we will follow the journey of those wounded in action, from the moment of injury through their treatment and recovery. It is a long journey, often difficult and sometimes painful. But regardless of where they are in their recovery, every wounded warrior has one very vital thing in common:

They are survivors.





Safe Passage. Landstuhl Regional Medical Center staff unload patients from converted school buses, nicknamed “ambuses.” The wounded were transported to LMRC from the 435th Contingency Aeromedical Staging Facility at Ramstein Air Force Base, Germany. The patient’s face has been blurred to protect his privacy.

April 15, Landstuhl Regional Medical Center, Germany

Today is a good day to be in the Intensive Care Unit (ICU). This would seem to fly in the face of logic, but in Room 13D208, Marine Cpl. Alexander C. Miller, 20, an aviation mechanic from Marine Light Attack Helicopter Squadron 167 (HMLA-167) based at Marine Corps Air Station New River, N.C., assured those present that today is an exception.

“I love this place,” Miller said with a wide grin as he leaned up against his hospital bed and shifted his weight to take the pressure off of his left leg, which is encased in a knee-length white cast. Laughter fills the hospital room.

The chief culprit of the laughter is actor Stephen Baldwin, visiting LRMC on his way back from Iraq. The actor is doing a USO tour supporting Operation Iraqi Children along with other celebrities and performers, including singer Tony Orlando and Leann Tweeden, hostess of NBC’s *Poker After Dark*. Tweeden had just given Miller a hug and a kiss on the cheek to conclude her visit with him – a likely cause of the Marine’s blossoming affection for the ICU.

Three rooms down the hall in Room 10D221, Tweeden listened to the story of how something landed Army Specialist Joshua S. Tibbs in the ICU. The soldier is a 23-year-old, Maryland-born, Virginia-raised soldier assigned to the 10th Mountain Division, 1st

Battalion, 32nd Infantry Regiment out of Fort Drum, N.Y.

Tibbs spoke of the uneasy feeling that he and one of the Humvee drivers in his unit had experienced four nights ago, where he stood watch near an Afghan National Police outpost on the outskirts of Dangram, in the mountainous Kunar Province.

Wounded in action

“I think we’re going to get hit today,” the driver had confided to him, wary (as most soldiers are) that speaking the words aloud might jinx the entire mission.

“You know, I’ve got that same feeling,” Tibbs had replied.

And their mutual feelings had been right.

“At 0200 on Sunday, local time, we started getting shot at,” Tibbs said matter-of-factly, gesturing to his heavily bandaged right leg cast. The patients at LRMC are encouraged to talk about their time downrange, especially their moment of injury. Caretakers say that it normalizes the experience, turning it into a story instead of an ordeal.

Tibbs’ story began on Easter Sunday when an unknown number of Taliban insurgents opened fire on his unit’s post. The gunfire likely issued from Russian-made Kalashnikov PKM machine guns – a favorite of the local Taliban, said Tibbs – a weapon that fires 7.62 rounds at a rate of 650 per minute.

Those are big bullets coming really darn fast, for the layman.

As mortarmen, Tibbs and fellow Spc. Brett Hefelfinger knew that their first order of business was to get into their body armor, get to their mortar tube and locate a target reference point as quickly as possible. Tibbs ran barefoot to his post, not even bothering to put on his boots in his haste to engage the enemy. That’s when the rocket-propelled grenades began to fall.

The RPGs were coming from 600 meters off their right flank and Tibbs and the other mortarmen traded fire with the Taliban for several minutes before the night grew silent.

Moments later, the call came out from the lieutenant, “Get prepared for another attack!”

Hefelfinger told Tibbs to quickly clean up the area around their mortar pit to clear away powder or debris that might ignite during the next round of mortars that they were sure would come. Tibbs had barely stepped out of his pit when the firing began again.

“Right before I got hit, the crazy thing is, everything went into slow motion,” Tibbs said, drawing out the last two words. “It was really weird. It felt like everything just slowed down when I got hit: I felt the round slowly go in ... and then explode on the way out. And then I was just like, ‘Wow ... yeah ...’ It was crazy, it was really crazy!”

(continued)



For wounds received in action. Army Private 1st Class Mitchell L. Baldwin, 19, is awarded the Purple Heart in his room at Landstuhl Regional Medical Center.

Air Force Theater Hospital at Joint Base Balad, Iraq. The next morning, he was on his way to Ramstein Air Force Base and the 435th Contingency Aeromedical Staging Facility (CASF).

The gateway for combat wounded

Every morning, between 7:30 a.m. and 8:00 a.m., a trained and ready team of more than 40 staff members materialize from varying departments within the Landstuhl Regional Medical Center, from the Deployed Warrior Medical Management Center's (DWMMC) administrative support personnel to charge nurses from the intensive care wing. They assemble at the emergency room entrance on the north side of the hospital. LRMCC is the evacuation hub for CENTCOM, AFRICOM, PACOM and EUCOM, so rarely a day goes by when the trademark big blue ambulances from the 435th CASF don't arrive.

"We're the funnel for downrange casualties," said Lt. Cmdr. Fred W. Lindsay, officer-in-charge of DWMMC. Patients who don't fly in from Balad or Bagram are usually coming from Djibouti in the Horn of Africa; Ali Al Salem Air Base in Kuwait; or Kandahar, Afghanistan. It varies every time, Lindsay said.

Although casualty numbers are steadily declining (LRMC received only 43 battle injuries in March, an all-time low), the medical staff must be prepared to deal with patients on a large scale, with only 150-plus beds at the ready, and room for 1,000 beds in case of emergency. It has 100,000 primary care beneficiaries and 245,000 total beneficiaries in the European Command alone. This being the case, LRMCC ambulances have adapted to accommodate. Patients from in-theater are transported from Ramstein AFB via converted school buses, outfitted for litter-bearing, intravenous drips and any other medical need that may arise. The staff affectionately refers to them as "ambulances."

When the two blue ambulances roll through the gate, the staff springs into action. They are quick, efficient and well-practiced. The buses are separated into two types of patients arriving for admittance into the hospital: ambulatory, or patients who can move under their own power; and non-ambulatory, like Tibbs, meaning patients who require assistance (i.e. a litter and gurney) due to the extent of their injuries.

"One, two, three, up! And one, two, three, down," called one of the ICU staffers, maintaining a cadence to ensure that the



Headed Home. Baldwin is wheeled through the hospital to meet the ambus to go home.

Tibbs shouted out, "I got hit!" and dropped to the ground, low-crawling to the cover of his mortar pit.

Combat triage

Battlefield triage began instantaneously. Specialist "Doc" Tamayo, the responding field medic, sliced open Tibbs' pants leg to get a clear look at the wound. It was a through-and-through, with an entry point at the right calf and exit wound through the tibia bone. He tied a tourniquet about four-inches from Tibbs' right hip, then took QuickClot® combat gauze and stuffed it into the hole left by the Taliban's bullet. Satisfied that the bleeding had stopped, he quickly wrapped pressure dressing around the wound. Then, Tamayo took off Tibbs' body armor and did a full assessment to make sure there were no further injuries. He calmly talked to the injured soldier throughout the treatment and examination, making sure he stayed conscious and lucid. Then, with another soldier's help, the field medic picked Tibbs up and took him to the most secure room at the post.

As Tibbs was stabilized and awaiting emergency medical evacuation, he tried to make light of the situation, telling Hefelfinger, "Hey, Brett. I ain't cleaning up again!"

Within 40 minutes, Tibbs was on a UH-60 Black Hawk helicopter enroute to Jalalabad Airfield, "J-bad" to locals. As he fought unconsciousness, he heard the pilot call back "one-zero-mikes" to the onboard medic. Ten minutes to J-bad. He heard the medic tell him "good luck" as they unloaded his stretcher on the helicopter pad.

He had strained to stay awake until now, but when the first giant clot of blood came out of the exit wound at J-bad, Tibbs says he looked down at it and decided he had been conscious long enough.

"I'm going to lay back down now," he said.

It was less than an hour from when he'd first been shot.

After surgery, Tibbs was flown to Craig Joint Theater Hospital at Bagram Air Base in Afghanistan, where he spent Easter night. Most injured servicemembers are evacuated to either the hospital at Bagram or the 332nd

Tibbs shouted out, "I got hit!" and dropped to the ground, low-crawling to the cover of his mortar pit.

litters disembarking, hand-over-hand, from the back of the bus do so as smoothly as possible. One of the hospital chaplains is always on hand during this process and is the first to greet the wounded warrior upon their arrival at the hospital. They speak to each patient on an individual basis, but the basic gist of their conversations remains pretty much the same.

"Welcome home. You're at an American hospital and we're here to take care of you. Just relax ... you're safe now," said Father Stephen J. Stavoy, Navy chaplain.

Tibbs is taken to the ICU, where he is medically triaged again and tested for various other, less noticeable conditions. Every patient is tested for signs of both Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). While improvements in body armor have reduced mortality rates, injuries from improvised explosive devices (IED) very often result in TBI, which leaves no visible indicator when it is sustained. The staff at LRMC is extremely vigilant in testing each patient for this injury.

After they are assigned a room and a bed, incoming patients are also given non-medical care as well, including civilian clothes, sundry items, a \$250 Army and Air Force exchange service voucher and a personal shopper. There are also care packages of donated items, such as DVDs, books, magazines, phone cards, quilts and crafts that are kept stocked and waiting for the next wounded warrior who needs them. Uniforms, pastoral care, emergency relief grants and interest-free loans, financial services, and CAC/ID cards are also supplied as needed.

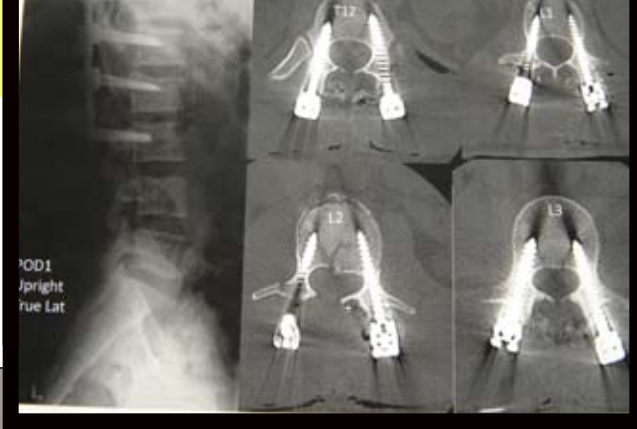
Since January 2004, LRMC has treated 1,251 battle-injured patients from Operation Enduring Freedom; 9,477 battle-injured patients from Operation Iraqi Freedom; and treated a total of 53,453 patients. Of those, 9,714 returned to CENTCOM without needing any further treatment than was provided by LRMC.

When Tibbs finished his extensive in-processing – Lindsay and the DWMMC and ICU staffs updated computerized medical records and set up medical appointments for the next day – he laid down in Room 10D221 and switched on the bedside television, trying to relax. He is not yet home; far from it. But he is safe.

(continued)



Words of welcome, words of comfort. Air Force Chaplain Lt. Col. Timothy McKenna greets an injured Marine as he is unloaded from the non-ambulatory ambus by the Landstuhl Regional Medical Center staff.



So, do chicks really dig scars? Marine Lance Cpl. Andrew Belliet, 20, demonstrates the angle of which his destroyed humvee landed after hitting an improvised explosive device (IED) to late night TV host Leann Tweeden. In her hand, Tweeden holds a copy of x-rays taken of Belliet's spine, pre- and post-surgery.

Ideve had already been to Room 10D221 this morning, coaching both he and his hospital roommate, an improbably optimistic 21-year-old Marine Lance Cpl. named Andrew Belliet, whom had the unique distinction of having been blown up three times.

The third time – the proverbial “charm” that landed the Wisconsin native in LRMC ICU with a broken back – occurred when his Humvee element from 1st Platoon, 7th Marine Regiment, Baker Company hit a roadside IED in Garma, Al Anbar Province, Iraq. After the explosion, Belliet climbed out of the gun turret of his wrecked Humvee, pulled out five of his fellow Marines to safety; coordinated the Quick Reaction Force (QRF) for flank security; ordered a casualty evacuation and called in the contact report before passing out ... because he had a broken back. Belliet's potential awards for his actions were unknown at press time.

Belliet had gotten to LRMC a week before Tibbs and got seven surgical screws in his reassembled back.

Tibbs and Belliet had taken turns, with Ideve's watchful assistance, doing slow laps down the hall of the ICU. Belliet, moving gingerly in a back brace and with the assistance of a cane, gave a nod as he passed Room 13D208, unaware that he and his fellow Marine, Miller, will both be vying for the affection of Leann Tweeden the next day.

“My girlfriend,” Belliet grinned, referring to Tweeden. “She just doesn't know it yet.”

If all anyone had to do is get blown up a few times to win her over, he laughed, people would be lining up.

After therapy, Tibbs called home to his family for the first time since his injury. He spoke with his brothers in Winchester, Va. The family was notified of Tibbs' injury the same day that it happened, receiving the call from the rear detachment at Fort Drum. Tibbs' mother is deaf, so a borrowed laptop and a lengthy e-mail are in order.

“They've treated me really good here. Everybody likes to laugh and have a good time,” Tibbs said. “They're going to send me to Walter Reed.” This is good news for Tibbs. Walter Reed Army Medical Center in Washington, D.C., is only about 90 minutes from Winchester, so he's sure to see his family soon. Patients who need additional care stateside and who are not sent to Walter Reed usually go to the National Naval Medical Center in Bethesda, Md., or the Naval Medical Center in San Diego, Calif.

He fell asleep to the sound of a laugh track as Everybody Loves Raymond illuminated the hospital room in flashes of blue-white light.

Recovery begins with therapy

“The main purpose of the in-patient physical therapy services is to start them up on an exercise program to increase strength, to increase flexibility and to improve their mobility,” said Lt. Cmdr. Mitchell Ideve, officer-in-charge of in-patient physical therapy services at Landstuhl Medical. “Primarily, [our main purpose] is to get them on their feet again.”

Ideve understood the importance that many wounded warriors place not only on recovery, but being able to operate

independently as well. For this, Ideve's department furnishes patients with various assistive devices such as crutches, walkers or canes. The average stay for a LRMC patient is only two to seven days before they move on to a medical center stateside, said Ideve, so time and motivation are critical.

“When they come in, we don't see a branch [of service]. We don't see a Sailor or a Marine ... we see a warfighter who needs our help. And we take care of them,” said Capt. Joe Miller, acting assistant chief of physical therapy at LRMC.

“They gave me a wheelchair at first, but when I took off on my own, they were like ‘Alright, you want to be mobile? Here are some crutches,’” Tibbs laughed. Lt. Cmdr.

**“Welcome home.
You're at an American hospital and we're
here to take care of you.
Just relax ... You're safe now.”**

Father Stephen J. Stavoy, Navy Chaplain Corps.

“We try to send patients to a facility that’s as close to their home base or their families as possible,” said Lt. Cmdr. Lindsay.

Crossing the pond

Everything is cold, gray and wet on the morning of April 17. The bright blue of the ambulances, parked parallel to each other, stands in stark contrast to the cloudy sky over the runway of Ramstein Air Force Base. An Air Force C-17 Globemaster III belonging to the Mississippi Air National Guard’s 183rd Aeromedical Evacuation Squadron (183 AES), part of the 172nd Airlift Wing, looms behind the buses like a protective mother bird trying to gather her hatchlings under her giant gray wings before the rain.

And the rain does come; the kind with the cold, fat drops that inexplicably zero in on the vulnerable gap between the back of the neck and the uniform collars of the airmen of the 183rd as they steadily process their passengers between the back of the buses and the C-17’s converted cargo bay. Undaunted, they wrap their patients in warm blankets on their litters, often layering them over the donated handmade quilts acquired from LRMC.

The call goes out again: “One, two, three, up! And one, two, three, down.” One by one, the non-ambulatory patients are loaded onboard, up through the open cargo bay door, and onto the waiting racks secured to the deck of the space inside. The ambulatory patients shuffle to the small, fold-down “jump seats” that line both inner bulkheads. The crew of this flight – flight designation number JLWVGK220105A – does everything in their power to make preparations, trying to make the coming flight as comfortable as possible for passengers and patients. But the flight across the Atlantic Ocean to Andrews Air Force Base in Maryland is nearly 11 hours long. And that’s only for those whose stateside destination is Walter Reed Army Medical Center.

The pilots of the C-17, Mississippi Air National Guardsman Capt. Aaron LaPointe and Maj. Edward Walsh, taxi down the rain-slick runway and point the bird toward home. The feelings of relief, anticipation and uncertainty are almost as tangible in the crew of the 183rd as they are in the patients they are bringing home.

“As far as I’m concerned, there’s no job that I can do in the service that is more important than this,” said Walsh, who together



Flying Home. Members of the 435th Contingency Aeromedical Staging Facility onload patients from the ambulances onto the Air Force C-17 Globemaster III belonging to the Mississippi Air National Guard’s 183rd Aeromedical Evacuation Squadron (183 AES), part of its 172nd Airlift Wing.

with LaPointe has flown countless medical evacuations since 2005.

After all, adds LaPointe, they are bringing home some of America’s most precious valuables, “Its heroes.”

Tibbs and the rest of the occupants in the “sick bay” do their best to rest during the flight; when allowed to move about the cabin, many of the ambulatory patients immediately set up makeshift bedrolls from whatever they have on hand, and try to lie down on the deck of the cargo bay. Most give up on that particular enterprise once they discover the deck is frigid.

The first stop for flight JLWVGK220105A is Andrews Air Force Base, where the 779th Medical Group Support Squadron awaits Tibbs and his fellow wounded warriors to take them to Walter Reed. Those who do not deplane with Tibbs will go on to Scott Air Force Base in Saint Clair County, Ill., and the care of the 375th Aeromedical Airlift Wing. From there to the 446th Aeromedical Evacuation Squadron at McChord Air Force Base in Tacoma, Wash.; then the 349th Aeromedical Evacuation Squadron at Travis Air Force Base in Fairfield, Calif. Those world-weary warriors who make it this far stay at Travis overnight before taking one last flight to Marine Corps Air Station Miramar in San Diego, before finally taking a bus from there to the Naval Medical Center. It is, indeed, a very long and

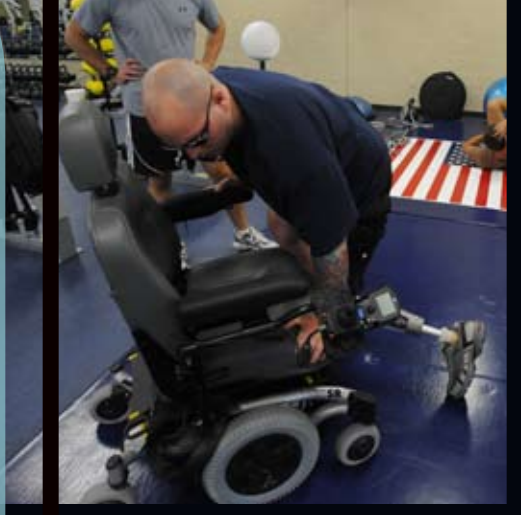
exhausting physical journey for those who take it; but the longest journey begins when these wounded reach their destinations: the journey to recovery.

May 22, home

Tibbs is in high spirits. His gunshot wound is healing well; he no longer needs the brace that immobilized his right leg; and he has traded his crutches for a cane. He works out regularly, building his upper body and cardiovascular system, while still going moderately easy on his leg, as per doctors’ orders.

“The doctor says my leg should be healed in four to six weeks,” Tibbs wrote in an e-mail when asked for an update on his status. He still remembered every step of his journey vividly up to this point, but as a survivor, he knows that every journey – no matter how long – progresses the same way: one step at a time. ☺

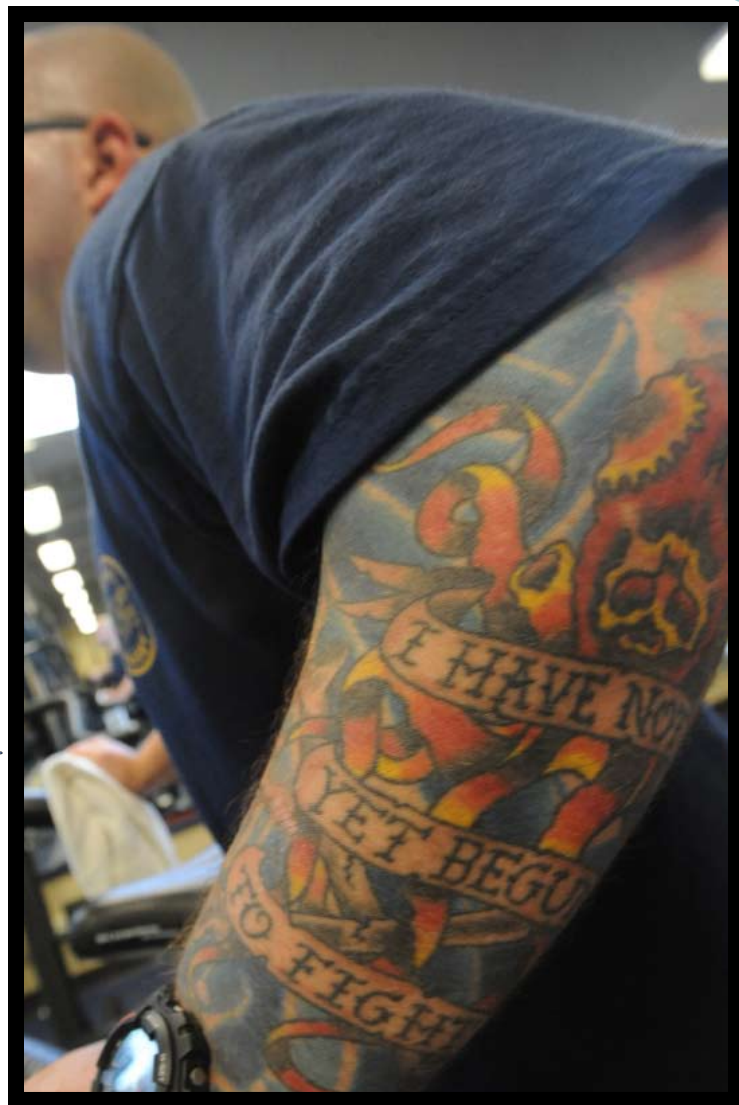
MC2 Terrence Siren
NSW Group 3
Public Affairs



JOURNEY OF A WOUNDED WARRIOR



When an injured SEAL finally arrives back home from the hospital, the journey has only begun.



▶ A temple of fitness perfection,

the new NSW Group 1 gym was built to give SEALs a place to meld their bodies into lethal hardness. Treadmills. Kettle® bells. Versa® climbers. Olympic power rack platforms. A fight room to improve hand to hand combat training. All the necessary tools to keep these highly-tuned human weapons of mass destruction running at peak proficiency. But the fitness equipment serves another purpose.

Today, the athletic trainer from LOGSU 1, Robert Jason Jadgechew, is using this gym to train a very special SEAL.

"You can give me five more good ones Elliott," orders Jadgechew. "Let's go, come on!"

Jadgechew's encouragement is directed to a tall, Special Warfare Operator 1st Class named Elliott Miller. With his cue ball head, dark eye-

brows and sunglasses, he has more than a passing resemblance to 1970's TV detective Kojak. Even though he's smiling, he's still intimidating.

Miller is a SEAL temporarily assigned to the gym. His day as the supervisor begins with a brief of current events that are in progress. Miller then checks his e-mail and updates the tasks list. He supervises the clean up throughout the day and ensures the equipment is functioning properly and the gym is running smoothly.

At the moment, his job is to be put through a series of medicine ball exercises.

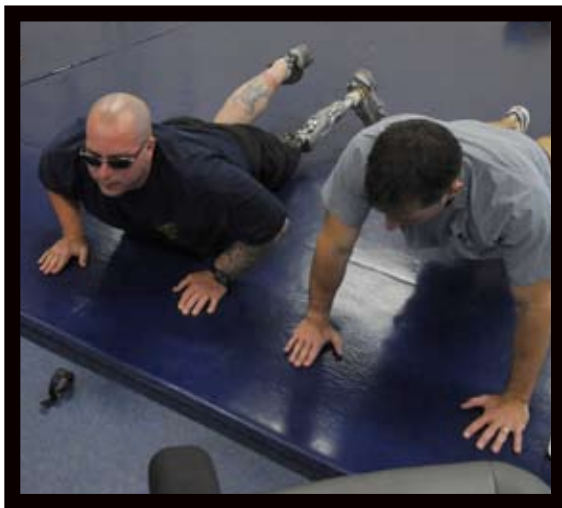
Seeing Miller standing on the blue gym mat and throwing the heavy ball at the wall, you might believe his is like the other NSW personnel working out in the gym today.

He's smiling, sweating, and giving Jadgechew

a look that is half-joking, half-warning. The picture seems normal until you tilt your head down and notice the titanium rod that has replaced Miller's left leg. Then it may dawn on you that after a few minutes he still hasn't said a word.

Jadgechew gives Miller as much encouragement as instruction. Together as a team they go through the 90-minute strength and cardio routine. Jadgechew comes to the gym just to work with Miller; he normally works with his patients in the 1,600 square-foot Rehabilitation Center next to BUD/S medical. There, he and the LOGSU-1 rehab staff treat the West Coast service members in a facility that would rival those owned by professional sports teams.

The state-of-the-art gear includes treatment tables, traction, taping and bracing equipment,



hot and cold packs, vibration therapy, ultrasound, electro therapy modalities and even a Hydro Track® self-contained underwater treadmill – just to name a few.

What's not the same as a pro ball club are the injuries. The rehab team has provided therapy for severe injuries ranging from gunshot wounds, IED blasts, mortar rounds, limb loss, jump fractures, traumatic brain injuries, burns and grenade blasts.

Miller endured six of those injuries in one day and miraculously survived.

A San Diego native, Miller enlisted in the Navy within hours of the 9/11 attacks. He was barely a year out of the Marine Corps, where he served four years, and enrolled in Southern Illinois University. He entered BUD/S class 241

and completed SQT in May of 2003. He joined SEAL Team 5 as a combat medic and sniper.

In November 2006, Miller was in the Al-Anbar province of Iraq with his team. He was serving as a sniper over watch for a Marine patrol when he was fragged by a grenade. When his teammates evacuated him to a nearby quick reaction force vehicle an improvised explosive device exploded and severely wounded him again. Among his injuries, his left leg had two massive fractures, his arm was broken, and he lost most of his blood. He suffered traumatic brain injury and was burned over 60 percent of his body from the phosphorus in the bomb.

He would remain in a coma for four weeks. He had no recollection of being taken to the local combat hospital. No memory of the flight to Land-

stuhl, Germany where he would be stabilized for transport back to the states. No memory of being airlifted to Brook Army Medical Center in San Antonio. He woke up in Texas.

What he woke up to was a reality filled with pain, healing, surgeries, more pain, and more healing. Never quit.

Over the next two years, Miller would undergo nearly 60 surgeries. Skin grafts to his legs and hands. Reconstruction and repairs to his left leg and right arm. More surgeries. Infection. Amputation. Shoulder surgery. As his team deployed, Miller made his own deployment to a full-time resident traumatic brain injury center in Omaha, Neb. for seven months of intense cognitive rehab. Wheelchair and prosthetic skills. Intensive speech therapy. More surgery, more therapy and rehab. Multiple hospitals in multiple cities.

But there was another aspect to recovery: finishing the mission he began in 2006.

Miller soon was physically able enough to make an extended travel. Encouraged by everyone involved in his recovery and given specific permission from Capt. Tom Brown, commodore of Group 1, Elliott was able to fly to CENTCOM and rejoin his deployed team. For a few days, he joked with them, swapped stories, and felt like he was back in the brotherhood. He journeyed back with them and completed the deployment. It was a major boon to his spirit.

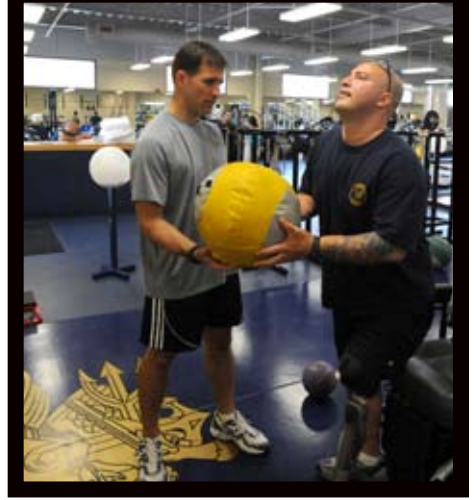
"It was important to Elliott that he leave Iraq on his terms," said Joe Miller, Elliott's father. "Emotionally and mentally, it was important to Elliott that he finish what he started and come home just as he left for deployment – with his team."

Doctor Bridget Cantrell, noted psychologist and author of books about wartime deployments, said, "Elliott going back to his platoon mates to catch up and rehash, process, reconnect, and then to decompress gives him an opportunity to be accepted, validated that he is still part of his tight team," she said. "He gets closure and, in a strange way, forgiveness for getting wounded and leaving them before the mission was complete.

"This component alone will be a great motivator for him to move forward in his life, knowing that he is not alone in this journey no matter how painful it gets, the that he is still a SEAL and welcomed back into the pack."

As Miller progressed with his therapy back in San Diego, Brown and Wally Graves, the Group 1 family support manager, pushed to get Miller back to the Group 1 claimancy so he could be near his teammates and have gainful employment. NSW medical professionals agreed it might be good for him to continue his treatment at the LOGSU 1 rehab clinic. They came up with a plan for him to be attached to TRADET and work in the gym. His schedule would be flexible enough for him

(continued)



to participate in his extensive rehabs, doctor's appointments and therapy.

The LOGSU 1 medical staff worked with orthopedic surgeons, as well as the staff at Comprehensive Combat and Complex Casualty Care at Naval Medical Center San Diego to ensure they were doing everything they could to support him.

"The relationship between the Rehab Clinic and Naval Medical Center San Diego is remarkable," said LCDR Jessie Gross, Group 1 medical department head. "It's an ideal model of rehab and physical therapy. We are in constant communication with medical specialists at the hospital and everyone is dedicated to Elliott's recovery."

But the success Miller is having is not only from his great medical care. The staff believes Miller's will feeds off the presence of his friends and teammates.

Master Chief Special Warfare Operator Luis Lastra knows that no matter what Miller is struggling with, he is a SEAL first. "I treat him like any other SEAL with a job to do," he said. Lastra felt it was important for Miller to be treated normally. Miller's easy laugh and positive attitude around

others is infectious.

"The other injured guys see Miller working and they are motivated to do better," Jadgechew explained. "Miller sees the guys working and he wants to make them proud. It's an amazing atmosphere."

Gross said his staff is honored to be able to help every service member who comes through the doors, but he knows their successes belong to the individual patients.

The medical professionals at LOGSU -1 provide care for a patient population that strives for excellence. The operators are a tight group. They risk their lives for our nation. It makes the job of medical professionals with LOGSU 1 that much more rewarding. "We owe them our very best," said Jadgechew.

Miller's goals are to build muscle and core strength and weight management. Rehab training sessions contribute to his other therapies and further Miller's ultimate goal of riding his mountain bike again. Miller also takes physical therapy, occupational therapy, and speech therapy in the hopes of recovering some of his language skills lost to TBI. Communication is a major obstacle that must be overcome and Miller is reluctant to use a mechanical aid.

"It frustrated me that he didn't want to use a device to help him communicate," Lastra said. "He can text like crazy and is good at checking his e-mail, but it's hard to communicate face-to-face."

You would think the lack of vocal communication would be the most frustrating part of his changed lifestyle. But Miller is more concerned about something else.

"The most difficult part is not being able to be with my teammates and friends from the teams whenever they were redeployed," Miller typed. "I didn't ask for this; nobody would ask for this."

For now Miller's mission is getting up every single day, putting on his prosthetic leg, going to work, going to physical therapy, going to speech therapy, going to the hospital and seeing the doctor. He wants to walk, to ride a mountain bike. It's a long road; a never-ending journey that he didn't ask for and must never stop. But he's not alone.

He has been helped along the way by teammates, friends, family, the NSW community, and total strangers. More than even he could probably count.

Graves has been tirelessly working with Miller to make sure he has access to everything he needs.

"There are so many agencies and foundations that are around now who are eager to help out wounded service members," Graves explained. "I reached out, made calls and found out what he needs and who could help."

Miller knows his road is long, but he is committed to recovery. He wants to be an inspiration



to someone with similar challenges. He wants to give back to the community that has embraced him as a brother and share with them what he has learned.

"Don't ever, ever, ever give up hope because there is a light at the end of the tunnel," Miller wrote. "No matter how far, dark, and dismal it may appear at times, it is there. You just have to have a little bit (no, maybe a WHOLE LOT) of patience and faith in yourself. You alone will have to get up and take it for yourself.

"Sometimes you have just got to grab the bull (or your life) by the horns and take it for the ride." €

Story by Mandy McCammon

Photos by MC2 (SW/AW) Dominique Lasco



“THE MOST **DIFFICULT** PART
IS NOT BEING
ABLE TO BE WITH MY
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FROM THE TEAMS
WHENEVER THEY WERE REDEPLOYED.”

The reality of war is that everyone gets wounded. Some wounds heal rapidly, but some take a lifetime. Some wounds can be seen. Some wounds are invisible ... inside the heart, soul and spirit of the warrior. These unseen wounds are often the most difficult to heal—they must heal from the inside out. The reality is that the wounds of the heart, soul and spirit have a spiritual component that is not being adequately addressed. Despite the valiant efforts of many organizations and the commitment to address these issues, there remains a serious gap:

the faith gap.

The WARRIOR'S SHIELD



Legend has it that when a warrior Spartan mother would send her son off to war she would say to him, "Come back with your shield or on it." If a warrior came back without his shield, it meant he had laid it down in order to break ranks and run from battle. He was supposed to use his shield to protect the man next to him in formation; to abandon his shield was not only to be a coward but to also break faith with his comrades. To come back on his shield was to be carried back either wounded or dead. Thus, the adage meant that the young warrior should fight bravely, mainly in his martial discipline and return with both his body and his honor intact. Warrior mothers who spoke this were not necessarily heartless because it was spoken from great love. They wanted their children to return

from battle with their sense of self-respect still with them, feeling proud of how they performed under pressure, not tortured and destroyed by guilt and shame. To come back with the shield was to come back still feeling like warriors, not cowards or murderers. The Spartan mother's message is timeless. As your Chaplain, my prayer and desire for each warrior in this community is not only for you to live through the tough times but to have a life worth living after the fight, into eternity.

Somewhere downrange is this same warrior, a warrior who can remember the sense of honor and pride he felt that day when the warfare device was placed on his chest graduation day — and he wants it back. It is not what his buddies think, but how he was raised at home and the core values he adopted in life before becoming a warrior and in training to become one that will remain his foundation. He knows there is a God ... and he knows that he is called to be a warrior. But one question remains: can he serve both? Can the married warrior come home to a family and function? Can he develop a spiritual resiliency that will serve him on and off the battlefield? Can this spiritual resiliency bring spiritual health and healing from the wounds? Can he kill for his country without being called a murderer? The violence he unleashed leaves him needing assurance that he has killed for a righteous cause; he wonders if his country is doing the will of almighty God.

Grateful Americans laud the war hero but few recognize the unseen war that rages within. You dream and see the faces of those you have lost ... and the anger rages. Physical injuries have scarred over, but the emotional and spiritual wounds are still open. This is where spiritual healing begins.

Spiritual resiliency on the battlefield will guard your humanity, your future, your heart, and bring healing that goes far beyond what any professional can do. Without it, we are no good to ourselves, our teammates or those whom we protect. Without it, we may not find the way back from war.

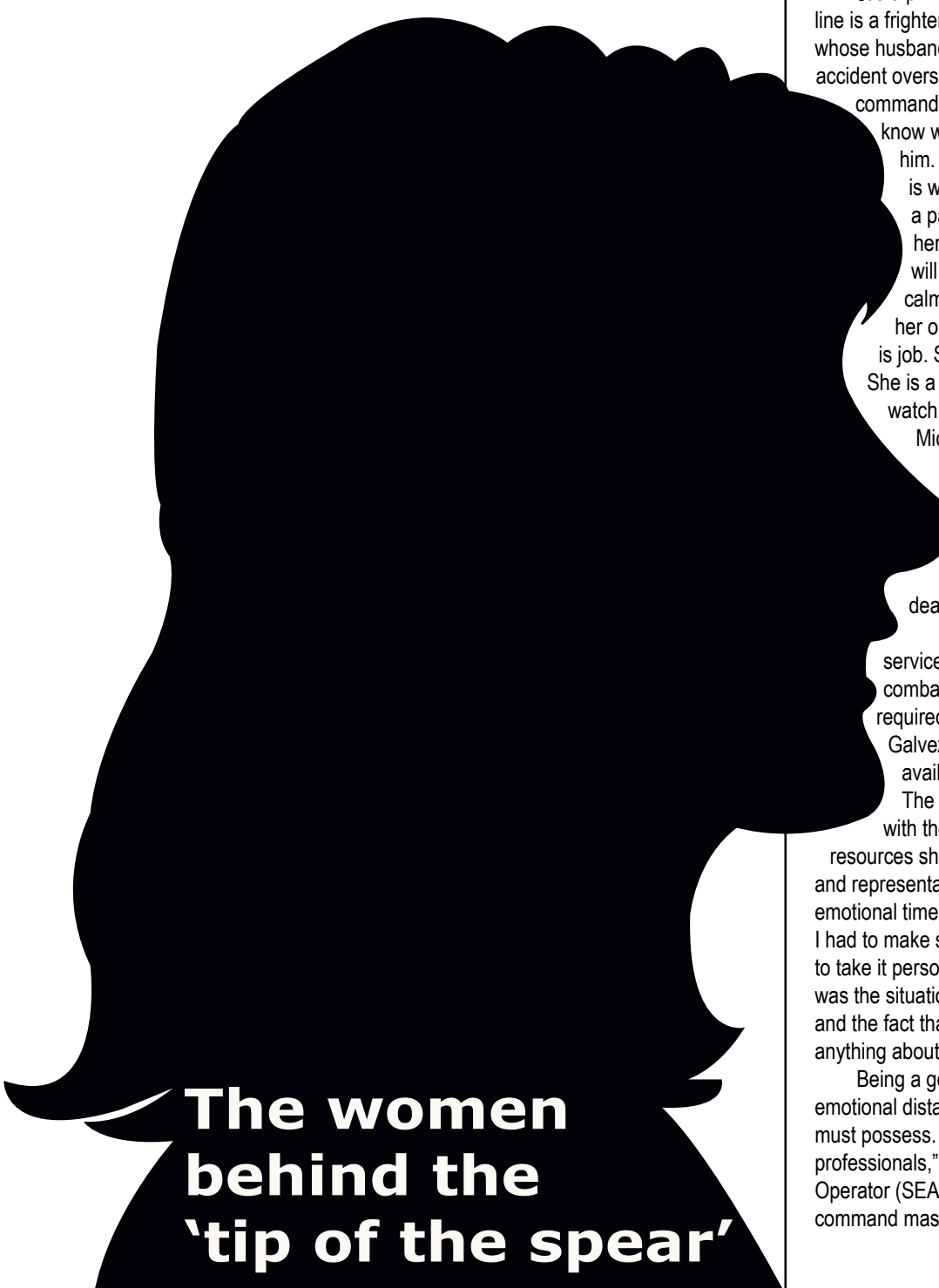
As we assess ourselves and our performance, the nature of our enemy is changing. As your chaplain I pray and desire for my warrior brothers to come back with body, soul and spirit intact. I want you all to come back with your shield. All NSW chaplains are praying for you every day and are here to serve you. ➔



Lt. Wes Modder
NSW Force Chaplain

It

has long been said that behind every good man, is a good woman. The same is true for operators and support personnel stationed at NSW commands who are considered the “tip of the spear” when it comes to war fighting.



**The women
behind the
'tip of the spear'**

It's 3 p.m. and a phone rings. On one end of the line is a frightened friend and fellow military spouse whose husband had just been injured in a training accident overseas. The person she called is the command ombudsman. The spouse doesn't know what happened or where they are taking him. All she knows is that he is okay. She is worried and scared and on the verge of a panic attack. The ombudsman listens to her, calms her, and tells her that everything will be fine and she is here. The spouse calms down, takes a breath, and listens to her ombudsman tell her the next step. This is job. She is there to listen and offer support. She is a rear guard for the operators, keeping watch over their families. She is someone like Michelle Galvez, ombudsman for Special Boat Team 20 in Little Creek, Va.

Although the above is a hypothetical nightmare for any spouse, it is a reality for ombudsmen like Galvez who had to deal with a similar incident.

"I have assisted a family whose service member was injured in a non-combat related incident while deployed and required medevac to the states," remembered Galvez. "Communication and 24-seven availability during the crisis was my role."

The ombudsman said she kept in contact with the spouse to make sure she had the resources she needed, and provided moral support and representation from the command. "It was a very emotional time," she added, "and as an ombudsman I had to make sure to be there for the spouse but not to take it personally when she was upset or angry – it was the situation she may be lashing out against and the fact that she was not able to help or control anything about it."

Being a good listener and maintaining a certain emotional distance are qualities a NSW ombudsman must possess. In addition, they must be "quiet professionals," said Master Chief Special Warfare Operator (SEAL) Ronald Culpepper, SEAL Team 5 command master chief.

(continued)

"They have to have the ability to separate personal from professional, keep operational security in mind, communicate well with the family members and have a business-like approach to their job," said Culpepper.

"Naval Special Warfare ombudsmen are a tight-knit group as is the rest of the community and we are zealous in looking out for each other and our families," said Galvez. Ombudsmen and families "live with a high op-tempo, a lot of unpredictability, and frequent deployments to anxiety-causing destinations," she claimed. "I think because of this, we're able to be very intuitive and responsive to our families' needs."

"We don't worry about the little things," said Mickey Ledford, assistant ombudsman for SEAL Team 1. "We are always willing to help – and beat down doors when necessary to get the right help."

Galvez, a veteran ombudsman, is known not only as the command ombudsman, but as someone who goes out of her way to be personal with the spouses, something she learned from another ombudsman.

"When we were first stationed at Special Boat Team 20, there was an ombudsman who was really active in keeping the spouses informed. She would always call and check up on me and created different activities for the spouses," remembered Galvez. "I really appreciated the personal touch because ombudsmen don't have to reach out to people. They just have to be available."

The impact of the personal touch was not forgotten when Galvez decided to become an ombudsman herself.

"I [decided to become an Ombudsman] to pay forward some of the things that other people have helped me out with along the way," said Galvez. "I just wanted to get involved to help the new spouses realize what NSW was all about and what kind of resources were available around the command."

Her long years of working at "paying it forward" and volunteering as an ombudsman paid off earlier this year when Galvez received the honor of Tidewater Spouse of the Year.

"I was incredibly shocked," said Galvez. "It was very touching to know that my efforts had been so appreciated. I'm used to working behind the scenes; usually the only recognition an ombudsman receives is the occasional

e-mail thank you from a spouse."

Home life for an ombudsman like Galvez is as normal as it can be. Her life could be said to revolve around the ever-changing special warfare community and whether or not her husband is deployed. A typical day for Galvez and her three kids is packed with things like walking the dog, getting the kids ready for school, going to work, and answering any phone calls the ombudsman "bat phone" might receive. Then she goes home, cooks dinner, helps the kids with homework, walks the dog again, gets the kids ready for bed, checks e-mail, and finally sleeps.

"No matter what, there never seems to be



**"Naval Special Warfare ombudsmen
are a tight-knit group
as is the rest of the community
and we are zealous
in looking out for each other
and our families."**

enough hours in a day," laughs Galvez.

Her routine might sound mundane, tedious and normal, but it is no less important a job than what her husband does for a living. She still makes time to write a blog about being a military spouse, contribute articles to local news papers, and organize play dates for her children.

Amanda Rice, whose husband is currently away on his first deployment, said Galvez has helped ease the burden.

"She always sends us e-mails on what activities or services are being offered on the base," said Rice. "She organizes ladies' day out picnics for us and keeps us really busy so we aren't constantly thinking about our husbands being deployed."

First deployments for any wife are tough and

Galvez hasn't forgotten how she passed the time when her husband left.

"I saved all of his phone messages on the answering machine so the kids and I could hear his voice when we needed to," she recalled. "We also made a family scrapbook and journal so that we could catch him up when he returned, and kept him a part of our regular conversation."

Deployments still aren't easy for even the most seasoned NSW family, but from what Galvez has experienced through the years as a spouse and ombudsman, she knows that the community is there to take care of its families.

"Deployments are only easier now only because I know more of what to expect and can be more flexible," said Galvez. "I know not to watch the news as much because I know it's not beneficial to my mental health and worry meter. I don't expect him to call or e-mail often so when he does, it's a nice surprise."

Galvez and other ombudsmen may go out of their way to help operators' families but they are strictly volunteers at a command. They commit their own time to help check in new families, attend

command indoc briefs and keep lines of communication open.

"An operator knowing that he has a family support program when he's deployed takes some of the stress off of him and he can focus more on the business

at hand," said SOCM (SEAL) Kevin James, command master chief for SEAL Team.

Culpepper agreed and added that without ombudsmen, there would be a negative impact on the mission. "When family members suffer, the military suffers. Ombudsmen are critical to the family members and NSW."

Ombudsmen like Galvez are not content to sit back when there are issues that affect quality of life. They keep the rear guard and make sure the families of NSW are prepared and secure while the operators are defending our freedom abroad. ☺

MC2 (SW/AW) Dominique Lasco

Learning your Lesson:

Fighting Smarter Not Harder



During February 2009, a mounted patrol in the vicinity of Ramadi, Iraq, was crossing a canal when the road gave way. Occupants in the RG-33 mine-resistant light armored vehicle were temporarily trapped inside when it rolled over and landed in five feet of water.

Unequal pressure caused the doors to remain closed despite efforts to exit the multi-ton vehicle. After water filled up the compartment, the pressure equalized and everyone got out alive.

This later resulted in a redesign to the external side of the doors to allow for opening pull points and anchors for outside assistance.

In order to capture the knowledge gained from this incident and countless others that occur during deployment and training, a web-based program was implemented called Naval Special Warfare Lessons Learned Program. It is

a training primer for those operators preparing for deployment.

“Lessons learned save time, money, and lives,” said Ray Hollenbeck, former SEAL and now WARCOT Lessons Learned liaison. The program “exists to enhance readiness and improve combat capability by capturing the experiences of Naval Special Warfare operators.”

Hollenbeck defined lessons learned as any insight that improves military operations or activities at the strategic, operational, or tactical level, and results in long-term, internalized change to an individual, group or an organization.

In the case of the RG-33 rollover, someone took the time to document it in the lessons learned program so that the next time it happens it will be easier to escape. If anyone has a question as to why the modifications were

made, they can look up the incident on the web site.

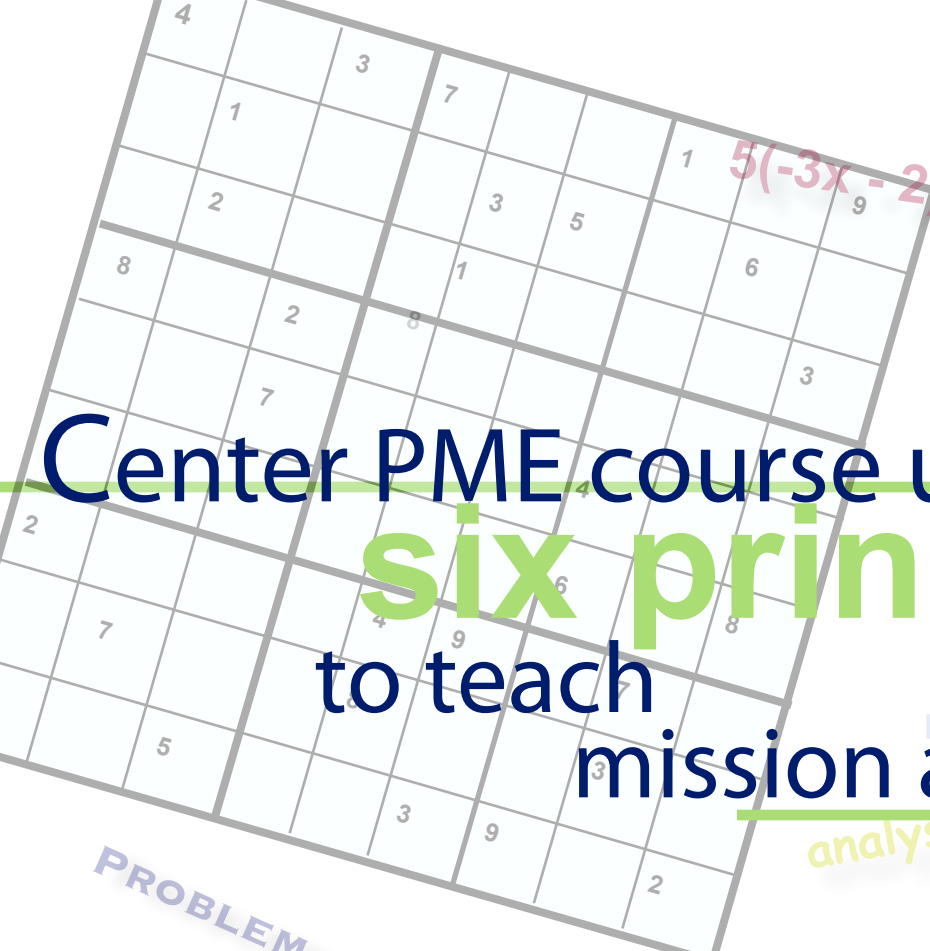
The program is a valuable tool that anyone can use as a pre-deployment guide or a post deployment after action report addendum.

If you’re curious about what lessons have been learned, you can log onto the site and look at the library of reports. You can search the library for incidents filtered by command, date, classification or topic. The topics range from surveillance, techniques, to uses of 50-caliber sniper rifles; and the commands listed include almost all special operations forces.

Submitting a lesson learned report is simple. You can submit directly to a lesson collection manager at your command or upload directly to the web site:

<http://www.jllis.smil.mil/ussocom/> 

MC2 (SW/AW) Dominique Lasco



$$5(-3x - 2) - (x - 3) = -4(4x + 5) + 13$$

ALGEBRA



Center PME course uses six principles to teach mission analysis

LOGIC PROBLEMS

analysis

COMPLEX PROBLEMS

PROBLEM SOLVING



SUDOKU. LOGIC PROBLEMS. ALGEBRA.

CRITICAL THINKING

These are examples of complex problems that may be solved using simple rules. They require analysis, critical thinking, and problem-solving – skills taught to junior officers and chief petty officers by the professional military education department at the Naval Special Warfare Center.

Mike Bloom, lessons learned collection manager for the Center, designed a mission analysis criteria template and teaches it to the students. The education material is based on the Naval Special Warfare mission planning doctrine and Vice Adm. William McRaven's book, *Spec Ops*.

"This is a way of going back through missions and analyzing what went wrong and what went right," said Bloom, a former SEAL. "This ties into the NSW Lessons Learned Program, but this is an evolved initiative primarily for education."

Although mission analysis has been around for a while, Bloom said there has never been a tool that was as objective as the one created by the Center.

"Because of that, we haven't been able to look past mission failures or successes and really determine what went wrong," he said. "This is a way that we can look at the good and the bad and explain why something happened the way it did. This is a tool that

is now more catered to us as operators."

The criteria template itself is simple, consisting of what McRaven calls the six principles of special operations. These are simplicity, security, repetition, surprise, speed and purpose. Using these six principles as a template, operators in the class will study a past mission. Then, in an open forum, students discuss what principles may have been compromised and the sequence that lead to a certain event, good or bad. But the initiative is new and each mission has to be vetted before being used as an education product in the professional military education course of instruction.

According to Bloom, these mission analysis products will be used to populate a library of missions and operations for the force. After vetting, they will be posted on NSW Joint Lessons Learned Information System for dissemination to the force.

"We are in the process of building a library of education products to be used as case studies during the SEAL Lieutenant Career Course, the Junior Officer Training Course and the SEAL Chief Career Course," said Bloom. The resulting library "has great potential as a tool to promote critical thinking in pre- and post-mission analysis with our future NSW leaders."

MC2 (SW/AW) Dominique Lasco

Now Introducing ...

CENTER for SEAL & SWCC



- 1. Identity:** CENSEALSWCC is a learning center aligned under Naval Education and Training Command (NETC). Not part of WARCOM, Naval Special Warfare Center or NSW Recruiting.
- 2. Mission:** Provide career management and professional education for operators along with off-duty education resources. We are a gateway to proactive management of a career in NSW.
- 3. CENSEALSWCC Portal:** The “one-stop shop” resource for SO and SB advancement and rating study requirements. The single source containing all advancement exam references.

What is the Center for SEAL and SWCC? What can it do for an operator like you?

We have heard these questions over and over again. We’ve heard how guys think we are part of the Center, or the Recruiting Directorate, or even part of WARCOM. Let us help set the record straight.

Bottom line up front: We at CENSEALSWCC are focused on career management and professional education of operators, enlisted and junior officers. We provide a wealth of advancement exam resources for SO’s and SB’s and advanced SOF education for chiefs and junior officers. We can even help with off-duty education information, including how much your training is worth in college credits and what degree programs are tailored toward operators.

We are a learning center that reports to the Naval Education and Training Command and maintains a relationship with WARCOM to ensure we stay close to our community. We are not under the command of NSW but we take direction from the WARCOM so we understand what the latest needs are for the force. Our staff of active & retired senior enlisted and officer SEAL and SWCC are here for you.

If there is one big takeaway, it is the CENSEALSWCC professional development portal. This site is a “one-stop shop” resource for all advancement exam references in the bibliography and rating study requirements. You can access this info even when you’re downrange. Got questions about the Alternative Final Multiple Score? We have answers. Want to find out the latest rating community news or look at the expectations for SO and SB career paths? It’s all housed in the portal. ➔

We’re here to help. Contact us if you have any input or questions.

<https://censealswcc.navsoc.socom.smil.mil>

Contact your NSW advancement coordinator
SBCS Andrew Kroll 619-537-2810



That Guy ('[th]at 'gɪ), n.

1. Anyone who, after drinking excessive amounts of alcohol, loses control of self or situation with humiliating or compromising results.
 - a. Used to suggest shameful or embarrassing behavior: *What is **That Guy** thinking? No way am I hanging out with **That Guy**!*
 - b. Used to imply an unpleasant transformation/metamorphosis: *Everything was great until my friend had a few too many and turned into **That Guy**.*
 - c. Associated with negative — sometimes extreme — consequences: ***That Guy** puked in my car! **That Guy** was loaded into an ambulance last night.*
 - d. Used as a reference of mockery or to make fun of another's condition: *Get a load of **That Guy**!*

2. A negative example, often used to mock someone: *Don't be **That Guy**!*

DON'T BE

