

ATSS-DAS

MEMORANDUM FOR Commandant, United States Army Sergeants Major Academy, Fort Bliss, Texas 79918-8002

SUBJECT: Access Agreement for release of Student writing assignment Personal Experience Paper.

1. I, MSG Lockhart, Dean, submitted a Personal Experience Paper to the United States Army Sergeants Major Academy archives regarding events and experiences that may be of historical significance to the United States Army and the Noncommissioned Officer Corps.

2. I understand the manuscript and attached documents will be accessioned into the historical holdings of the United States Army Sergeants Major Academy archives and will belong to the United States Government to be used in any manner deemed in the best interests of the United States Army as determined by the Chief of Military History or his representative. I also understand that I may retain a copy for my own use subject to classification restrictions.

3. I hereby expressly and voluntarily relinquish all rights and interest in the paper to the United States Army with the following caveat/exception:

() ALL: Initials

DL NONE: Initials OK TO RELEASE

4. I understand that the information in this paper may be subject to the Freedom of Information Act, and therefore, may be releasable to the public contrary to my wishes. I further understand that, within the limits of the law, the United States Army will attempt to honor the restrictions I have requested to be placed on this material.

Date: 14 Dec 10

Student Printed Name: Lockhart, Dean

Signature: Dean Lockhart

Accepted on behalf of the United States Army by:

SGA Printed Name/Date: Robinson, Anthony C. 14 Dec 10

Signature: Anthony C. Robinson

A LEADER'S CHALLENGE

MSG Dean Lockhart

United States Army Sergeant Majors Academy

SGM Keith Brown

2 December 2010

Outline

- I. Ambushed
- II. The Future is Unsure
 - a. Family
 - b. Those Who Helped and Motivated
 - c. Life After The Attack
- III. Conclusion

Abstract

As the United States moves into another decade of fighting the war on terrorism, we must take into consideration the 44,000 injured Americans left in the wake of this war. With all of the physical and emotional issues that these Soldiers are experiencing many of them and their families are dealing with the difficulties of continuing their military service. I would like to use my experience as a severely wounded warrior to shed some insight on ways I have been resilient when in dealing with the physical and emotional roadblocks that successfully allowed me to return to active duty after being medically retired.

“Lord, hear my prayer, let my cry come to you. Do not hide your face from me now that I am in distress. Turn your ear to me; when I call answer quickly” - Psalm 102

“Here we go,” I said to myself as the improvised explosive device (IED) detonated, ripping through the right side of my M998 HMMWV (Humvee). “We are under attack.” It was approximately 0745 Wednesday, 23 July 2003. We were en route to Al Fallujah for a leader’s reconnaissance. I was the M240B gunner on the commander’s vehicle responsible for the frontal security of the eleven vehicle convoy. We had not been on Highway 10 for very long when we came upon a bridge just outside AR Ramadi. The commander gave the order to change lanes, due to the tactic of insurgents dropping hand grenades from the top of bridges. When we came through to the other side, I remember the shrapnel from the 155mm artillery round, buried in the road, snap my left femur in two places before the metal ricocheted up into my pelvis and out the right side of my back. I thought to myself, I have just been shot. As the vehicle slowly crept to a halt, I desperately tried to reach for the machine gun in an anticipation of a barrage of enemy small arms fire, but my broken leg was twisted in a position to where it was impossible. I realized my injuries rendered me ineffective to man the machine gun and that I would need to be replaced. When I figured out that there would be no follow-on attack, I reached for 1LT Ryan Kranc, my platoon leader, to tell him I had been hit. In a matter of minutes, he went to get our platoon medic, CPL Steve Riggs. I was concerned for the crew of the vehicle and wanted those hurt to receive medical attention before me. I was breathing alright and thought I was going to be OK. I did not fully understand the severity of the injuries I sustained until I woke up later in a German hospital. I could hear the nine line MEDEVAC request being transmitted as the extremely competent medic evaluated my situation. He had used every field dressing in his bag to plug the multiple wounds my upper extremities, back and pelvis sustained. Within minutes I

was prepped and ready to be transported to the nearest medical facility. I am proud to say that even through intense pain and shock, all my years of training came to me. I was still a noncommissioned officer and grateful that through my experience, I was still able to assist those at the scene by ensuring security of the ambush site was set and that the helicopter landing site was prepped for the aircraft to receive casualties. Before I was loaded onto the aircraft I said the "Lord's Prayer" and grasped tightly to the pyx (container that holds the consecrated Eucharist) that held Christ's Body. When I arrived at the 28th Combat Support Hospital, at Camp Dogwood, Iraq, I remember giving CPT Tara Hayden, the nurse in the trauma room, a picture of my two week old daughter. I looked her in the eye and told her, "You can't let me die. I haven't even seen her yet." She held my hand and told me I had the very best working on me and that I needed to hold on. Two weeks later I woke up in the Homburg University Hospital. Life as I know it would be altered forever.

There were many uncertainties for the future of my family. Things were touch and go for roughly two weeks until I was stable and out of the drug induced coma. I had sustained multiple shrapnel wounds to the legs and pelvis. My femur was broken in two places and I shattered my sacral bone that required fixation with plates, rods and screws. I sustained severe nerve damage to the S1 and S2 sacral nerve, soft tissue damage to both thighs, and had severed the rectum. The trauma in the pelvis also caused excess cerebral fluid on the brain that required doctors to go into the cranium to relieve the pressure. I had been medically retired, which the army did at the time to ensure family members receive full benefits when their Soldier dies from combat related injuries. I had been placed on the Temporary Disabled Retirement List (TDRL) which is a "list of Army members found to be unfit for performance of military duty by reason of physical disability which may be permanent, but which has not sufficiently stabilized to permit an

accurate assessment of a permanent degree of disability. “ (March 2008). Doctors at Walter Reed were amazed that I had survived such trauma that was equivalent to a 50 percent mortality rate of a car crash. My issues were so complex that doctors were unsure whether I would be able to walk again or have children. What was I to do? How would I take care of my family? What kind of quality of life would I experience? These were questions that continuously ran through my mind. For a long time I felt that God was mad at me; abandoned me and was punishing me for things I had done throughout my life. Although I had struggled intensely with my faith, I had come to realize that God places you in positions to support his plan. He does not give you more than you can handle. There were many positive outcomes to my situation. I met new people and strengthen relationships with others. As a rear detachment Sergeant Major, I could relate to and have an impact on wounded warriors and their families as they returned home from combat.

I cannot stress the importance my family was to my recovery. I was a man given seventy-two hours to live. This would weigh heavily on any family. My wife, Lisa, supported me vigilantly during this extremely trying time and acted as the lynchpin, holding my family together during the many months of recovery which followed. Lisa showed extreme courage during this time despite many uncertainties and without knowing the ultimate outcome of my health. She placed her life on hold and allowed me to lean on her until I was able to get back on my feet. Without my wife, daughter, family and friends, I do not feel I could have pulled through this traumatic event. Being able to hold my first child was very therapeutic and also gave me the drive to push myself. I had to recover for her. I wanted to be there for her as she grows.

Beverly Young, the wife of Congressman William Young, walked into my room one day. She had this charisma about her that drew me to her. I felt like she was part of my family and that I could confide in her with anything. Before I knew it, I was sobbing in her arms telling her

that I didn't know what the future held for me and my family, and that I loved being a Soldier and wanted to remain in the army. What I had gone through and the desire to continue to serve my country truly impressed her. With her help, my chain of command in theater, and General Kylie, the commander of Walter Reed, I was back on active duty within two weeks. This was a huge step in my recovery. At the time, it was unheard of that a Soldier returned to active duty once retired. No longer does the military retire Soldiers in imminent death status. I would like to think that my remarkable recovery had influenced the military to change this policy. I decided at that point that the doctors would not dictate the possible grim outcome of my recovery.

I made small goals throughout my time in the hospital. I would have to learn how to do the simple things we take for granted like walk, bathe, get dressed, and conduct normal tasks around the home. I was doing physical therapy twice a day, five days a week. By September of that year I was walking with a cane preparing myself to begin jogging. By the end of the year I was requesting to see specialists from all over the country in the hopes of restoring most of the internal nerve damage to the pelvis. It was frustrating when promising procedures would end up failing to produce the results desired. I would often look back at the others on Ward 56 at Walter Reed and tell myself that my condition could have been worse. I would watch them as they pushed themselves in their recovery to return to a normal life. I was not ashamed to seek the psychological help that I needed from time to time when my recovery took setbacks. By the end of 2004, I had to come to grips with the long-term limitations I was left with.

Over the next seven years I had obtained jobs throughout my career that were conducive to my medical condition. I was an AC/RC instructor at Ft Stewart Georgia, during the first part of my extended recovery and was eventually given the opportunity to be a First Sergeant for a cavalry troop at FT Lewis, Washington. I was leading again! In these roles I wanted my Soldiers

to see me out front leading without limitation. I was running a fourteen minute two mile, wearing my full gear, and participating in all field training exercises. My wife and I even had our second child, Elisabeth, in October of 2006. I considered myself in excellent physical condition considering what I had gone through. Soldiers knew what had happened to me only after I would explain my condition to them during an After Action Review about casualty evacuation or some other medical training. During Physical Fitness sessions, I would talk about how being physically fit played a key role in how my body recovered from such traumatic injuries. My goal was for them to see me out there doing what they were doing. I wanted them to think about how I had overcome adversity only when they felt as though they could not.

It has been extremely difficult to remain a Cavalryman. Trying to manage my medical issues in non conducive environments has been no easy task. I exhaust every effort to keep them from hindering my mission while trying to prevent infection. They have even kept me from deploying with my previous unit. The unit I led and trained for two years. This has haunted me psychologically for quite some time. Have I let my chain of command down? Can I still be a productive part of this viable force? Will I be out of touch with what is going on in the conventional army due to non-deployable status? Should I retire and allow others to fill the void? These are questions that I often struggle with. It seems that I have been continually fighting to serve my country instead of fighting the enemy that threatens this nation. I have been through two medical evaluation boards and have worked hard to prove I can be an asset to any unit. I have led Soldiers and prepared them for success in combat. I was even selected for promotion to Sergeant Major. These accomplishments were no easy task. The stigma of being no use to the army because of injuries needs to be ended. Thousands of warriors and me have made tremendous sacrifices for our nation and still we choose to serve. I am a Noncommissioned

Officer that cares about the force and with my mind and limited physical ability, still have much to offer.

References

Burlas, J. (2004). Nurses are Heroes Too. *A Soldier's Blog*.

Retrieved from http://asoldiersblog.blogspot.com/2004_02_22_archive.html

Department of Defense, (2008). U.S. Army Physical Disability Agency: *TEMPORARY
DISABILITY RETIRED LIST (TDRL) FREQUENTLY ASKED QUESTIONS*

Retrieved from http://www.pdhealth.mil/downloads/TDRL_FAQs.pdf