

# Continue the mission

*Since the beginnings of Operation Iraqi Freedom and the Global War on Terrorism, thousands of U.S. Soldiers have been wounded in action – some more so than others. Of those Soldiers, 166 sustained a loss of a hand, foot, arm and or leg with 26 Soldiers being multiple amputees. Thanks to the advances in prosthetics (See related story) and a change in Army policy, many of these Soldiers are now confident in saying ...*

**“I am not done yet. I don’t want to be done yet.”**

By Dave Crozier

The Warrior Ethos states: *I will always place the mission first, I will never accept defeat, I will never quit, I will never leave a fallen comrade.* These four simple statements set the standards for Soldiers to embrace both in service to country and in their personal life. There are some Soldiers, however, for who the Warrior Ethos is also the driving force behind their desires to remain on active duty, despite sustaining injuries in the Global War on Terrorism that would have many an individual running for cover. Who are these Soldiers? They are Soldiers like Spc. Brian Wooldridge, an Infantryman with the 25<sup>th</sup> Infantry Division, Schofield Barracks, Hawaii; Spc. Joseph Kashnow, a Cavalry Scout with the 4<sup>th</sup> Infantry Division, Fort Hood, Texas; Master Sgt. Luis Rodriguez, a Combat Medic with the School of Combat Medicine, 101<sup>st</sup> Airborne, Fort Campbell, Ky.; and Staff Sgt. Joshua Forbess, an Artilleryman assigned to the 320<sup>th</sup> Field Artillery Regiment, Ft. Campbell, Ky. (See related sidebar stories). They are but a few of the Soldiers who have lost limbs, eyes, been severely burned, or otherwise suffered injuries that resulted in a rating of being 30 percent or more disabled.

Their desires to “never quit” are welcomed by an Army whose policies in the past would have made it practically impossible to do so. According to officials, that change in policy stems from the desires of President George W. Bush and Chief of Staff of the Army Gen. Peter J. Schoomaker to “never leave a fallen comrade behind” and to retain the expertise of these Soldiers to help the future Army. Sgt. Major of the Army Kenneth O. Preston believes this as well.

“Our wounded veterans are heroes. That they would choose to stay in the Army even after being wounded is a testament to their loyalty and dedication and an honor to us all. Therefore we

## Spc. Brian Wooldridge

An Infantryman assigned to the 25<sup>th</sup> Infantry Division, Schofield Barracks, Hawaii

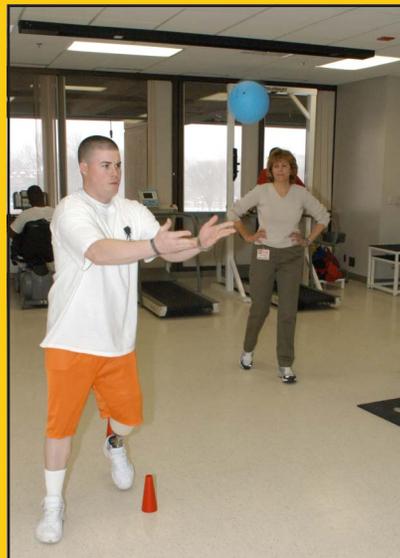


Photo by Dave Crozier

**Spc. Brian Wooldridge is put through balance training at Walter Reed’s Physical Therapy Ward.**

**His thoughts** – “The reason I joined was stability for my family. The reason I want to stay in is I believe that after everything that has happened to me, I just want to be able to share with other Soldiers my experience and maybe this kind of stuff won’t happen to them.”

**How he got here** – We were on patrol and we had seen some tracer fire coming from a police checkpoint that was under ambush so we wanted to check it out, and when we got there and rolled through the checkpoint. We got ambushed. We got an RPG to our Humvee and there was stuff going on everywhere. I said that I had been hit and my squad and team leader were in the front and they couldn’t get their doors open and I couldn’t move. The one guy

that was in the back with me, he had to get out so I did my best to get up and cover him while he got out. He got my squad leader and team leader out and we waited on some other parts of the patrol element to meet up with us to secure the area. Then they evacuated me to the medical site.

**His injuries** – I had my calf pretty much blown to shreds and shrapnel in my groin area. I still had my [left] foot when I got to the [operating room] but they ended up having to take it off.

**His recovery** – Things have been real good. The treatment has been wonderful, and the foot is a lot better than before. I am happy with it. It probably took me about a month before I felt good again [after the incident and before I got my prosthetic].

**His future** – He is expecting to be reintegrated back into his old unit in Hawaii. “I’m ready to go back to work.”



Photo by Dave Crozier

***Spc. Joseph Kashnow opted to have his leg amputated so that he has a better chance of staying in the military.***

#### **His thoughts –**

“From what I understand, my options in the military are open again, I still even have an opportunity to go to flight school, which is what I wanted to do when I joined the Army. I am still hoping to get that option. I joined the Army to serve. I am not done yet, I don’t want to be done yet.”

#### **How he got**

**here –** “I was wounded in September 2003 just North of Baghdad by a roadside bomb.

## **Spc. Joseph Kashnow**

a Cavalry Scout, 4<sup>th</sup> Infantry Division, Fort Hood, Texas

Shrapnel came through the floor of the vehicle and severely damaged my right leg below the knee. It broke both bones in several places, severed two arteries, and tore out a lot of muscle tissue and other injuries. They were able to save my leg to a point. I didn’t have any function and there was always a fear that I could end up losing it in the long run. I had a bone infection also, and I understand that it never really heals. It only goes into remission. I had already started my board and during the medical evaluation, I was found unfit for military service, and there was no way I could stay in at that point.”

He opted to have his leg amputated instead which opened up his options for staying in the Army.

**His recovery –** He went through two surgeries and nine months of having his right leg confined to a ring fixator (an external metal stabilizing structure used to set multiple fractures) before he opted to have the leg amputated altogether. His leg was amputated on Feb. 7.

**His future –** Now that he will get a prosthetic leg, he hopes to go to flight school to learn how to fly Kiowa or Apache helicopters.

should ensure those who are found fit for duty be given every opportunity to return to our ranks,” Preston said. “Their contributions have been and can continue to be extraordinary. They deserve our support.”

While it is the top brass’s desires to allow these Soldiers to stay in, current regulations are slow to change to allow them different options.

“Pretty much the leadership has determined that this must be done,” said Sgt. Maj. Willis McCloud, chief of reenlistments, retirements and reclassification, U.S. Army Human Resources Command. “The COAD (Continue on Active Duty) applications started coming in around April of last year and the program caught steam around December and we have been trying to get organized to make the program work [ever since].”

McCloud explained that under the new policy there have been many issues that needed addressing and are now in the works of being rectified. Issues include establishing a reclassification process for those Soldiers who can no longer perform fully in their current military occupational specialty (MOS) because of their injuries; changing the approval levels for enlisted corps retention; and looking at enlisted career paths and promotions to ensure those who wish to stay on active duty have the same chances of promotion and retention as other Soldiers.

“We are trying to come up with a process to reclassify Soldiers so they can stay in. We are not going to force their

hand,” McCloud said. “But if a Soldier wants to stay as infantry and is unable to do so because of his/her disability, there may be a better use for that Soldier in another MOS. Currently, however, the reclassification options are not open.”

McCloud said the Army is looking at establishing the same procedures for retention and assignment of these Soldiers to make it the same as is found in the officer branch. Currently the officer branch is the approval authority for whether or not there is a position available and if an officer can remain on active duty. While the enlisted branch can determine whether or not there is a position available for the Soldier, the final approval authority rests with the Physical Disability Agency.

“We feel there is an inequity here,” McCloud said. “And we are working to make the enlisted side of the house the same as the officers.

Lt. Col. Theopia Deas, who heads up the Physical Disability Agency, said the COAD process has been around in the Army for some time, but because of the Global War on Terrorism, they are seeing more applications. She cautioned, however, that submission of a COAD does not mean the Soldier will stay on active duty.

“Acceptance of the COAD is not automatic. Soldiers must be selected,” Deas said. “There are three things we measure; whether or not the injury was combat-related, is there a shortage in the MOS, and does the Soldier have 15 years or more on active duty. All Soldiers have a chance



Photo by Dave Crozier

***Ralph Upsolites, director of Orthopedics and Prosthetics at Walter Reed holds up a C-Leg that has been decorated with military unit logos.***

to stay in, but many times it is up to the specific job the Soldier does.”

Deas said the first step in a Soldier seeking to get approval of a COAD is to get their career branch to agree to it and then the branch needs to submit a letter of approval or denial to her office where the final decision is made. So far, there have been 13 COAD applications with six approvals.

Fred Schumacher, a program manager in the Physical Disability Agency, said that although it is apparent the higher ups want to see these Soldiers stay on active duty if they so desire, the futures of those Soldiers need to be considered.

“We need to closely monitor career paths and programs so we don’t have Soldiers who can’t be promoted because of their inability to complete NCOES or other requirements,” Schumacher said. “For example, while it may be viable for many Soldiers to become instructors, for some MOSs that would be a career killer.”

This opportunity to remain on active duty is being extended to the hundreds of Soldiers who have been medically separated and placed in the Disabled Soldier Support System (DS3), McCloud said.

“Many of the Soldiers who have been allowed to return to active duty have been found fit for duty in that they were able to pass their physical fitness test. But there are more than 600

Soldiers who were released from active duty are now being contacted by phone to see if they want to be given those same opportunities under this initiative,” McCloud said. “In fact there has been an entire office stood up just to make those phone calls to see if they would like to come back on active duty.”

Regardless of a Soldier’s desires to remain on active duty, there are a few things that must happen. All Soldiers who have lost limbs or suffered debilitating injuries must go before a Medical Evaluation Board and then a Physical Performance Evaluation System. The process for this is outlined in Army Regulations 40-501, *Standards of Medical Fitness*; 600-60, *Physical Performance Evaluation System*; and 635-40, *Personnel Separations*; DOD Directive 1332.18, *Separation or Retirement for Physical Disability*; DOD Instructions 1332.38, *Physical Disability Evaluation*; and 1332.39, *Application of the Veterans Administration Schedule for Rating Disabilities*; Chapter 61, Title 10 USC, *Retirement or Separation for Physical Disability*; and all new policy guidance and directives from Headquarters Department of the Army concerning retention/separation of Soldiers injured as a result of hostilities in support of Operations Iraqi Freedom and Enduring Freedom. Soldiers seeking information should consult their local military personnel office.

## Master Sgt. Luis Rodriguez

NCOIC School of Combat Medicine, 101<sup>st</sup> Airborne Division, Fort Campbell, Ky.



Photo by Dave Crozier

*Master Sgt. Luis Rodriguez talks to a class of Combat Medics during a recent class graduation at the School of Combat Medicine.*

**His thoughts** – “I think I have very good chances of staying in. Because I am able to do the bicycle for the PT test and am able to walk, but also because I am a master sergeant, and most of my job is behind a desk now. And my MOS will allow me to work this way and on the front lines or in a hospital, I have many choices. Besides, to me there is no substitute for experience.”

**How he got here** – “On Nov. 24, 2003, we went on a morning mission to a hospital in Mosul. It was a three-vehicle convoy. We were all infantry medics, and I was in the last vehicle on the passenger side. We went about a quarter mile down the road when all of a sudden it felt like somebody put a metal trashcan over my head and started beating on it with a baseball bat. (His vehicle hit a roadside bomb) That’s when I realized I was in trouble. Right after that happened, about 10 seconds went by and I got this feeling of there was nothing I could do for myself. Then I heard the gunfire.”

He said he knew something was wrong with his leg. He couldn’t see at first, but felt the specialist put the tourniquet on his right leg.

**His injuries** – He was peppered with shrapnel, lost the tips of two fingers on his left hand and had his right leg severed above the knee. He has endured 16 surgeries, a lot of complications, infection and skin damage that required an additional two inches of leg to be amputated.

**His recovery** – He is still going through recovery as he recently had another surgery on his leg to remove some scar tissue. He does PT every day, does aerobics and hopes to be running a mile by the end of the year.

He spent four months in the hospital and said it takes time getting used to his C-Leg.

**His future** – Currently looks promising as he helped to establish new curriculum with the School of Combat Medicine that teaches other combat medics, combat lifesaver skills from lessons learned in OIF/OEF.

## Staff Sgt. Joshua Forbess

A Combat Arms Soldier assigned to the 320<sup>th</sup> Field Artillery Regiment, Ft. Campbell, Ky.

**His thoughts** – “I love my job, I love the Army, I love training Soldiers; that’s what I do, that’s what I was meant to do. I don’t know if it is fate or whatever, but there is nothing else I would rather do in my life than to lead and train Soldiers in a combat environment.”

**How he got here** – Forbess doesn’t remember a lot about what happened to him, only what he has been told by others. He was injured on Nov. 15, 2003, when he was on one of the two UH-60 Blackhawk helicopters that collided in mid air over Mosul. The next thing he remembered he woke up at Brooke Army Medical Center, Fort Sam Houston, Texas, some eight weeks later.

**His injuries** – He suffered burns to 11.5 percent of his body, mainly to his head and face and right arm. He had broken bones in both his hands, suffered severe smoke inhalation and almost died after contracting pneumonia. He has had muscle taken off his back and placed on his head, skin grafts, and pins in his hands, skull conformity surgery and other reconstructive surgeries. In all, he has undergone some 10 surgeries so far and has had to have his eyelids reconstructed so that he can close his eyes.



Courtesy photo

**His recovery** – Still ongoing. He said for the most part there is nothing wrong with him other than the fact that he is unable to wear his Kevlar because of the scars on his head, and that they don’t know if he will be able to be out in the sun for prolonged periods of time. He said he has to wear sunblock all the time.

**His future** – is currently working as the training NCO for his unit but said he is working towards getting that Kevlar back on his head so he can get back to the front lines. “I am really looking forward to being forward deployable again.”

## Getting them Fit for Duty – Amputee Care Centers look to hi-tech solutions

Probably the most traumatic of injuries suffered by Soldiers in the Global War on Terrorism is that of losing a limb – a hand, foot, arm, leg or various combinations thereof. Thanks to

advances in prosthetics and medical treatments, these injuries are overcome with both new and old technology.

“We have a protocol here at Walter Reed Army Medical Center, a standard, that is very different from the civilian standards,” said Ralph Upsolites, director of Orthopedics and Prosthetics. “Before the war started we had this protocol that we would give them the latest technology. We were the first to use the Utah III, an above the elbow prosthetic arm that has simultaneous motion.”

Upsolites said that simultaneous motion allows the Soldier to move the arm, wrist and hand all at the same time making it easier for them to grab things as it is more of a natural movement.

“We also use a feature called sensor hand speed which has a microprocessor that moves 250 times faster than the previous models which allows the Soldiers to open and close their hands more rapidly,” Upsolites said. “In practicing occupational therapy like catching a ball, with the older models there was a delay in closing the hand. Now we have this more natural movement where they are able to activate that muscle and nerve group and are able to catch balls thrown at them.”

The folks at Walter Reed also have another feature for hand prosthetics that isn’t often found in civilian life, according to Upsolites. They have artists that actually come in and work on the final silicone hand and paint in nails, hair, veins, to make a more natural appearance which mirrors their real hand. Besides using the myoelectric prosthetics, like the Utah III, the Soldiers also receive body powered prosthetics.

“You can see this from the Vietnam era where Soldiers have hooks for hands and they are controlled by the movement of the



Photo by Dave Crozier

*Ralph Upsolites demonstrates a prosthetic arm that will be fitted on an amputee going through rehabilitation at Walter Reed.*

opposing shoulder through a strap and cable mechanism,” Upsolites said. “Some soldiers will get three prosthetics; a myoelectric, a body powered and a passive (solid arm with lifelike hand – no movement) prosthetic. The reason for that is because the myoelectric is heavy and if they are going out and they don’t want all that weight, they need the passive because it looks natural without the weight.”

Upsolites said Walter Reed also offers several types of hands because the Army’s mission is different and the center is trying to get Soldiers back to working their old jobs as closely as possible. They have hands that can get grease and oil on them; they have other attachments where wrenches can be attached to the prosthetics for mechanics and so on.

“We are trying to keep them in the same MOS or job they were doing prior to being injured,” Upsolites said.

Then there are those Soldiers who have lost a foot or a leg. Here too, Upsolites uses myoelectric and body powered prosthetics like the C-Leg, the flex foot Cheetah, the Renegade, and others.

“With the C-Leg, the reason we have so much success with it is because it has a stance feature that is called stumble control. There is actually a signal that goes from the knee to the ankle 50 times a second. The knee knows where the foot is and it also knows what part of the gait cycle it is going through,” Upsolites said. “We consider it a full step when the leg passes 70 percent of the swing phase. If it doesn’t make it, then the computer in the C-leg’s knee calls it an incomplete step and the hydraulics will put a great resistance in the knee to help stop the person from falling.”

Using hi-tech shock absorbing, high-energy returning prosthetics like the Renegade or Cheetah, Soldiers can return to running marathons and the like. The rehabilitation process, however, can take some Soldiers a long time.

Upsolites explained that because of the way Soldiers end up losing limbs – from blast explosions stemming from rocket propelled grenades and improvised explosive devices – that Soldiers go through several different fittings before the final prosthetic is arrived at.

“In combat there are blast injuries that you just don’t see in civilian life. The soft tissue envelope around the wound greatly expands, and then there are other problems that can happen. With blast injuries there is a great chance of infection, so we need to do wash outs and clean outs of the wounds,” he said. “And because of the blast injuries, the Soldiers don’t heal as fast, there is more swelling, so there are more socket changes, as many as eight, before we get to go final with the prosthetic.”



Photo by Dave Crozier

*Spc. Brian Wooldridge (left) talks with Staff Sgt. Kofi Antwi during a break from exercising. Antwi, a medic with 13-years of service, isn’t sure if he will stay in or not, but says he misses his buddies. He was injured as a result of a car bomb attack. He says his prosthetic leg is his good leg.*

Besides the use of the prosthetics, the Soldiers also go through occupational therapy as well as physical therapy. In the occupation therapy arena, the Soldiers are taught how to use their new prosthetic, how to cook, clean clothes, do dishes, take showers, make their beds, put on clothes and even eat. At Walter Reed, they have actually set up a small apartment they call Fort Independence just for this purpose.

On the physical therapy side, Soldiers are put through their paces learning how to use their prosthetic in a physical environment.

“They get prosthetic training, gait training, the functional training needed to return them to active duty or any functional activity whether it is running, swimming, dancing, skiing and the like,” said Sgt. David Faulk, NCOIC Amputee Physical Therapy Section at Walter Reed. “We have a lot of different clinics come down here to train the Soldiers on different activities. Of course the overall fitness is a focus as well. They were already athletes before their injuries, so they want to return to their previous fitness levels.”

Faulk said that he is amazed at the high morale of the Soldiers going through rehab and added that peer and family support is key to the rehabilitation process.

While the rehabilitation process differs from Soldier to Soldier, each is given all the assistance and tools they need to find their way back to active duty, if they so desire, or to civilian life where they can seek out a new life and occupation.