



Company Command

Building Combat-Ready Teams



To: Company Commanders

From: Company Commanders

Leading Our Wounded Warriors

We generally know what to do when one of our Soldiers is killed. As we personally mourn the loss, we focus as leaders on sustaining our unit's will to fight professionally and on taking care of the fallen Soldier's family. The Army provides systems to help us, such as memorial ceremonies and casualty assistance officers.

What about when one of our Soldiers is seriously wounded and medically evacuated from theater? Our

leadership challenge can be even more complex—with duties not only to our unit and the family, but also to our wounded warrior—yet there seem to be fewer Army systems to support us. In an effort to gain insight into what our wounded warriors need from us, their commanders, we asked three company commanders who were wounded and evacuated to reflect on their personal experiences.

Andy Meixell

Wounded while commanding HHC/1-64 Armor in OIF 05-07.

Currently on rear detachment at Fort Stewart, Ga.

It happened in west Baghdad in an area called Khadra this past July. I had taken command of HHC [headquarters and headquarters company] last February, and I was going on patrols with the scouts.

We were rolling down a narrow street in a *mahalla* and the f***ers blew one on me. I was sitting in the backseat of the lead truck, and we had just stopped to observe a building. It went off about two feet from my door and was about 40–45 pounds of HME [homemade explosive] with ball bearings packed in. I think I took the brunt of it. My M-4 snapped like a twig over my leg, and I couldn't walk. The gunner and driver were treated for concussions, but thankfully everyone in the truck survived. The gunner was lucky because the TC [Humvee commander] had just told him to get down, saving his life. Good thinking by SSG Hall, who was awesome—he was all over it. Gary Whidden was the patrol leader and did an awesome job. We had some problems initially getting evac, and he was the epitome of cool, calm and collected. We all lived through it. I always tell people who feel sorry for me that broken feet are better than no feet, so it's not all that bad.

After the blast, I told the battalion commander, LTC Chesney, that I was fine and stuck it out for three more days at work before he told me that I had no choice but to leave. In hindsight, it was the best decision by far because I was a burden to the company since I couldn't walk or really move, but at the time it was crushing to be told to leave my boys. The good news is that the new commander is an old friend of mine, and he is doing an awesome job—so the company is in good hands.

Based on my personal experience of being wounded, this is what I recommend. I think the biggest thing, the most important thing, is looking out for our young, junior E-4-and-below Soldiers. I was in a room in the CSH [combat support hospital] with a young 18-year-old Soldier who, that day, had one of his legs blown off by an EFP [explosively formed projectile] and his right foot severely damaged. One of his best friends was killed in the truck and fell on top of him—basically died on top of him. When I got wheeled into the room, the poor kid was just sitting there by himself. There was no one there talking to him, no one there telling him, “Hey, you're gonna be all right.” The nursing staff was checking on him periodically, but no one was really there with him. That is a lot to go through in one day, for anyone, but especially for an 18-year-old right out of high school. That is a really traumatic experience.

I think our biggest job as leaders is taking care of the mental, emotional and spiritual well-being—if they choose to go that route—of our junior guys who go through some of this trauma. We are stretched thin, but I think that's really important. I can't imagine what was going through that poor kid's mind, alone in a room with no leg. I felt like we failed him that day.

So, a basic recommendation I have is to have one of your Soldiers—a familiar face—stay with the wounded hero until he is flying out of country. I know this isn't always possible, but it will make an incredible difference.

When I was initially wounded, my battalion commander was there to see me—immediately. Someone from our battalion command team was *always* there when a Soldier was brought in, with a cell phone to have him call home. In my case, I really didn't want to call my wife (she didn't



CPT Andy Meixell, right, and his scout platoon leader, Gary Whidden, left, were patrolling together when Meixell was injured by an IED strike.

know that I was patrolling), but LTC Chesney made me call her. After I talked to her and let her know what happened, the battalion executive officer and battalion commander both talked to her. I think this technique works well because my wife was able to hear my voice but then could hear from the commander and ask him any questions. You are in a race against time to have your wounded Soldier be the first person to talk to their next of kin.

Sean McWilliams

Wounded while commanding A/1-13 AR in OIF-1.

Commanded HHC/1-13 AR in OIF-3.

The IED [improvised explosive device] went off to our right rear. The explosion ripped through our unarmored M998 and four other vehicles in the convoy. The concussion felt like a punch to my face, and when I recovered I was thankful to discover that only myself and three others were wounded. The Soldiers in the convoy rallied and started treating me and the others with remarkable composure and skill. Before I knew it, I was on a MEDEVAC bird flying over the Tigris. The flight to the CSH was the start of a life-changing journey. As I reflect now on that journey, I am struck by how getting wounded and medevaced is a personal, and at times lonely, experience.

Besides the physical trauma of being wounded, there is an accompanying change to your self-image. I realized this quickly when I was sitting in a hospital bed in Germany. I had gone from being a combat leader responsible for the

lives and well-being of my 100-plus Soldiers to being a patient barely responsible for myself. This feeling was not unlike what I felt when I later completed a combat tour and was going through the initial reintegration from deployment, except this time I was experiencing this all by myself. The rapid, exciting pace of combat was a thing of the past. I found myself sometimes overwhelmed by a need to do something, anything, to be part of the process again.

After moving through the caring hands of the medical staff in theater and Europe, I eventually arrived back at home station in Kansas. My wife met me at the emergency room, and after a quick medical check I was released to go home. I came back a week later for a follow-up and bandage check, and they found something wrong and rushed me into surgery to deal with some bleeding. After that rush treatment, I was basically in a hurry-up-and-wait mode while they waited for the wounds to close. While this was going on, I was assigned to the rear detachment. Unfortunately, our rear detachment, like most rear detachments, just didn't have much for me to do. There were no companies or platoons to command. As such, I wound up doing odds and ends that I felt were meaningless. I felt like a fifth wheel, doing minuscule taskings instead of leading Soldiers. This did not sit well with me, and I begged and pleaded with my Bn commander to allow me to return to my unit. I watched a number of other Soldiers develop the same attitude. We all wanted to be part of the fight and made extraordinary efforts to keep in touch with our units. It is hard when you realize



CPT Sean McWilliams on patrol in Baghdad about four blocks from where an improvised explosive device (IED) would later strike this same unarmored Humvee.

that you are not indispensable; a new leader has assumed your duties. Realizing that the mission continues without you takes awhile to get your head around. Making things worse, there was a perceived stigma associated with rear detachment. The other wounded Soldiers and I felt like, "I am not a drug user, criminal, problem maker or newbie replacement. Why, then, am I being lumped into the same category?"

Eventually, my time in purgatory ended. Unlike a lot of others, I got to rejoin my unit. The others stayed and waited for the unit to return. When I saw these Soldiers again, they had a number of complaints about how they were treated. This phase creates some additional challenges for the wounded Soldier. As this was a busy time for rear detachments, the wounded leaders were often assigned duties that prevented them from being part of the reintegration. Arms-room inventories, convoy movement and other preparations often drew heavily from the pool of available, wounded leaders. They told me that although they felt being busy was good for them, they felt insulated from the reintegration process. A number of Soldiers told me that they felt their contributions during the deployment were not being publicly recognized. It did not help that rear detachment Soldiers were in BDUs [battle dress uniforms] and returning soldiers were in DCUs [desert camouflage uniforms].

On my unit's second deployment, we had a higher number of casualties, and the entire brigade made an effort to incorporate them into welcome-home or recognition ceremonies. We collectively were aware that the wounded Soldier had strong feelings of loyalty to the returning unit and wanted to be part of the team again. One technique we found successful was a large ceremony after block leave. The brigade conducted a follow-on ceremony where we brought a number of wounded soldiers to participate. This was vital to recognizing their accomplishments and reintegrating the "team."

One effect of my experience was a kind of empathy for Soldiers who by virtue of their injuries were moved out of a leadership position. I went out of my way to ensure that

work through this and reintegrate as a team.

In more concrete terms, my experience made me emphasize the reality of combat in our training. As an HHC commander, I could partially influence how we conducted

wounded leaders were not at a disadvantage. One challenge I observed was the reintegration of wounded leaders into their old positions. Many returning leaders found it difficult to understand that a junior leader had stepped up to fill their position. The Soldiers had grown accustomed to relying on the junior leader to make decisions, so the reintegration of the senior leader took a little time. Subtle second-guessing of the returning leader was unintentional, yet it jeopardized the platoon's coherence. In a couple of cases, I saw this create some resentment, but most platoons were able to



CPT Sean McWilliams waits for his flight home in the evacuation holding area at Ramstein Air Force Base in Germany, in October 2003. This photo was taken nearly two weeks after the attack that wounded him.

medical training. I made an extra effort to make sure that all training was as realistic as possible and resourced to replicate in-country conditions. The MILES harness going off just would not cut it anymore. I insisted that injured soldiers scream, bleed, get an IV and require preparation for MEDEVAC, all while being shot at, at night, etc. Hands-on performance under stressful situations was the standard for all predeployment medical training. We had a quick turnaround of only eight months and needed to make the most of all our time. I was fortunate to have a great PA [physician's assistant] who made this happen. He got the resources and instituted a no-nonsense training program. I took a direct interest in making sure that the medics were capable, would not freeze up under stress and would instill confidence in the Soldiers they supported. I wound up observing far more of the medical training than I think I would have if I had not been injured. I also made an effort to monitor the medics' supply situation and intervened with the FSB [forward support battalion] to help prioritize some requisitions. I don't think I would have done all this, or to the same level, without having gone through my experience in Baghdad.

The MEDEVAC process was at times lonely and frustrating. My hope is that by talking about my experiences, I can give others a little understanding about what your wounded warriors may be experiencing. I cannot emphasize enough the importance of integrating wounded leaders back into your units as effectively as possible.

Dave Rozelle

Wounded while commanding K/3/3 ACR in OIF-1.

Commanded HHT/3 ACR in OIF-3.

A Soldier who is wounded and evacuated feels a very powerful connection to his unit that is still in the fight. Likewise, the spouse of the wounded Soldier still feels a strong connection with the unit family readiness group, even if she has moved away from home to support her Soldier. This sense of connection is amazing. When I was at Walter Reed, I noticed that Soldiers gravitated to other wounded warriors who wore the same patch on their shoulders. In recognition of this bond, the newly created Warrior Transition Units permit Soldiers assigned to them to continue wearing the patch of their combat unit.

I encourage troop commanders to keep in mind that they have a huge responsibility to their evacuated Soldiers. Staying in touch with your wounded warriors will make a huge impact on their recovery. I've seen some creative commanders. Some commanders buy a cell phone and a bunch of phone cards and have one of their Soldiers call their wounded Soldier every day. They pass the phone around, so the wounded warrior gets to stay in touch with many of his brothers in arms. Another TTP I have seen is commanders giving three to four days of permissive TDY in conjunction with their Soldiers' mid-tour leaves, so their wounded Soldier gets a steady stream of visits from his battle buddies. I know that a lot of commanders recognize the value of keeping in touch with their evacuated Soldiers because it is good for their unit's morale. I hope that they

also realize how important this connection is to their wounded warrior's recovery.

My experience of being wounded on my first tour changed the way I prepared my troop to deploy the second time. At the "town meetings" with family members before my first deployment, I talked about how well we were trained and how proud they would be. Before the second deployment, I explained the entire evacuation process, introduced the liaisons from Walter Reed and San Antonio, and made sure they had all the contact information they would need if their Soldiers were wounded. The stark reality of the casualties of war had become comprehensible to me, and I wanted my families to be prepared.

On my second deployment as a troop commander, the toughest thing for me was that my Regimental Command Sergeant Major was severely wounded in our first week of being operational there. It was the first time I had dealt with a severe brain injury. We lost total contact with him because he was sent to a special facility in Tampa Bay that did not have an Army liaison. He was not able to communicate for himself. Medical privacy laws prevented me from getting information on his condition. I ended up sending Soldiers from our rear detachment TDY at Fort Carson, Colo., to Florida to find out what was happening and to help. The situation on the home front was also very challenging. His wife moved from Colorado to Florida to be with him, and they had two teenage children. This was before the TSGLI [Traumatic Servicemembers' Group Life Insurance] was established to help families deal with the financial costs of traumatic injuries, so my wife and the unit FRG were raising money to help the family. I can't stress enough how important it is to have a solid Family Readiness Group and Rear-Detachment.

On my second deployment, I appreciated how important it is for a Soldier to feel connected with his unit, so I did what I could to keep my wounded warriors involved with the troop. I had Soldiers who were evacuated earlier link up with and help out the newly evacuated troops. I made sure that our evacuated Soldiers were included in all the redeployment ceremonies. I wish I had been creative enough to do more.

What guided me throughout my entire evacuation and rehabilitation were the words of my regimental commander, COL Dave Teeple, who had sent word to me through my squadron commander that I needed to get healthy so I could take command again, because I still had a job in the Cav. That's great leadership! That's what we as troop commanders need to do for our Soldiers. Unlike squadron and higher leaders, we are able to reach out and touch every Soldier in our units. We have the ability to give hope to our wounded warriors. There is reason for hope, too. The Army is retaining wounded Soldiers. Of the 725 amputees in the Army since 9/11, more than 10 percent are, like me, continuing to serve as Soldiers.

My commander gave me hope when I needed it, and you can do the same for your Soldiers. By God, even if you're engaged in a firefight, when one of your Soldiers is injured,



CPT Dave Rozelle talks with shepherds south of Tal Afar, Iraq, in May 2005 to collect intelligence on local smuggling routes.

you need to bust your ass to get to the field hospital to see him or her, even if it means turning the battle over to your XO. Because I know that when you are lying there with IVs sticking out of you, about to fly away to “Uncertainland”—Landstuhl or Walter Reed or San Antonio—you need hope. To look into your commander’s eyes and to hear him say, “You’re still in this unit, buddy!” I tell you, that will make someone heal. That will give them the motivation to rehabilitate. And that is our duty and privilege as commanders.

If you have experience with this, we (and the collective team of leaders at the tip of the spear right now) would sure appreciate you sharing your thoughts. You can simply e-mail your input to peter.kilner@us.army.mil or, if you are a company commander and CC forum member, go directly to: <http://tinyurl.com/36tsay> where you can post your thoughts and find additional input from leaders who have gone through the experience of having a Soldier seriously wounded.

About CompanyCommand

CC is a place for company-level commanders—current, past and future—to connect and share ideas and experiences. This is YOUR forum—it is voluntary, grassroots, by and for company commanders and is focused like a laser beam on CompanyCommand. By joining, you are gaining access to an amazing community of professionals who love Soldiers and are committed to building combat-ready teams. Collectively, as a profession, we possess the knowledge that can enable us to build and lead our units more effectively. With this in mind, please participate, contribute and tap into the experiences of others. You’ll never know the full impact of taking a moment to share your experience with others!

Connecting leaders



Art by Jody Harmon

The CC site is organized around Leadership, Warfighting, Training, Fitness, Supply, Maintenance, Force Protection and Soldiers & Family.

We also have an area specifically for Professional Reading, as well as the CDR’s Log where commanders are journaling their command experiences. And, if you are preparing for command, we recommend you check out the “1st 90 Days” topic located in the Leadership Section of the web site. If CC is adding value to you, encourage your platoon leaders to check out their forum—a forum that is centered on excellence in platoon leadership—at

<http://platoonleader.army.mil>.

Send article ideas to tony.burgess@us.army.mil. Company Commanders connect at <http://CompanyCommand.army.mil>.