

**The Medical Holdover Unit**

**Caring for Wounded Warriors**

04/2004 – 04/2006

First Sergeant, 11ZM

A Co, 654<sup>th</sup> Area Support Group (MOB)

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Class 34

15 DEC 2009

(UNCLASSIFIED)

## Managing the Medical Holdover Unit

### Caring for our Wounded Warriors

- A. History of Development
- B. The Mobilization
- C. First Contact
- D. The Medical Hold Company
- E. The Good, the Bad and the Ugly
- F. Relations Outside of the Med Hold Co
- G. Lessons Learned
- H. Conclusion
- I. Acknowledgements

## HISTORY

In 2003, the United States entered a war against terrorism. The decision was made to invade the country of Iraq and overthrow its dictator, Saddam Hussein. As Reserve and National Guard soldiers were sent overseas, units were mobilized to assist managing and training these units in preparation for deployment. On Ft Lewis, WA, the 2122<sup>nd</sup> Garrison Troop Support Brigade (GTSB) was mobilized for such purpose. Their mission was to provide logistical support for all mobilizing units, as well as providing the training for all individual tasks.

As mobilized soldiers were processed through the Soldier Readiness Program (SRP), medical issues were identified. The Army made the decision that since the soldier had been mobilized, they would be provided medical care until they were either fit to fight, or be medically processed out of the military. Realizing a home unit was required to provide logistical and administrative assistance to these soldiers, the 2122<sup>nd</sup> GTSB was tasked with developing such a unit. From there, the Alpha Medical Holdover Company was established.

In a couple small World War 2 barracks on North Fort Lewis were established as the new home for these soldiers. An officer and a couple NCOs were tasked with the management of the company. At first, only a few soldiers were placed into the unit. As units continued to process through Fort Lewis, and wounded soldiers began returning from the combat zone, the size of A Company grew rapidly. By the time April of 2004 had arrived, the company was populated by 180 soldiers, a Company Commander, a First Sergeant, four Platoon Sergeants, and another dozen staff members.

## THE MOBILIZATION

In July, 2003, I had been promoted from my position as a Senior Drill Instructor to an HHC First Sergeant position at the 654<sup>th</sup> Area Support Group. My expectations and standards were high, for that was the way of the Drill Sergeant. I had been in a Drill Sergeant unit for my entire career in the Reserves to that point, first as support, and then 12 years as a Drill Sergeant. I had known nothing more. Being from this type of unit, there were high standards that were upheld as outlined in the Army standards. When I reported to my new unit, it was quite the shock to realize not all military reserve units shared the same ideas of what standards were.

In February, 2004, I received a phone call notifying me of the upcoming mobilization. I asked where we were going. I was informed our mobilization station was Fort Lewis. Upset over the fact our wartime mission was in the rear, I asked what the mission was. For me, I was to be the First Sergeant of the BDE HHC or the Company. "Company", I said, without hesitation. I then asked what the mission was. I was told I would be taking over the Medical Holdover Company on Ft. Lewis. I had no idea what that meant, nor of what was in store for me.

On 12 APR 2004, I reported to the unit for my first day of mobilization. There was to be a week at the home station, then to Ft Lewis for SRP. I was introduced to my three platoon sergeants, supply sergeant, admin sergeant, and commander. My first impression was that we were in BIG trouble. I had been told we were displacing a command structure of 16 personnel. The experience of the NCO's as it pertained to leadership was minimal at best. How we were supposed to manage a company of 140 soldiers with seven staff was beyond me at that point. There was no mission statement, no plan of action, nor any liaison to address the duties in which we would be thrown into. We reported to Fort Lewis, processed through the SRP site, and reported to the Medical Hold Company.

## FIRST CONTACT

I entered the building that was reported to be the administration offices for the Med Hold Company. I could see the admin section to my left through a large open window and counter. I called one of the soldiers to me and asked where I could find the First Sergeant. She laughed and pointed behind me to a closet sized office. Through an open door I noticed that the entire room, including the shade in the window, was painted a very bright pink. Standing in the middle of the room was a squat looking soldier staring at the walls and muttering to himself. I knocked and introduced myself. He replied with “They did this because they know I hate pink. But it’s okay, because I am Buddhist, and I can deal with this. They did this because they love me, and it’s okay”. I stated the first order of business would be to paint the office. I also vowed I would make sure my soldiers would never love me that much.

The first two weeks on Fort Lewis were spent attending a number of classes and training courses. Our first exposure to the company, or the company’s first exposure of us, was more of a fluke than anything else. We had showed up to listen to a briefing, which was to be given to the company by the current commander. As we stood in the back and waited, one of the current platoon sergeants approached and let me know the commander and first sergeant had been stuck in a meeting and would be quite late. He asked if my commander and I would buy some time by getting up front and introducing ourselves. My commander looked at me and said “Well, I didn’t bring a speech”. I headed up front, shaking my head. The mission had begun.

My platoon sergeants were a little more than anxious to get started. Apparently, they were not impressed with the individuals they were taking over for. As I had directed, they were to right-seat ride for a week and have a gradual transition. By day two, they had basically thrown out the current platoon sergeants and were running the show entirely. As for me, the First Sergeant I was displacing was in quite a hurry to leave. With the office painted an appropriate color, he had packed his things and disappeared without a trace.

## THE MEDICAL HOLDOVER COMPANY

The Medical Holdover Company is comprised of all the Reserve and National Guard soldiers who had been wounded or injured overseas. It was also populated with several soldiers that had either been injured in training. The last category of soldiers were those who had been mobilized and had been determined to have a type of ailment at the SRP site that made them unable to deploy overseas.

The United States Army had not established a plan for how it would manage these soldiers. A platoon was developed under the 2122<sup>nd</sup> Garrison Troop Support Brigade, which was at that time responsible for managing the logistics and training of mobilizing units moving through Fort Lewis. As it grew, it was separated into its own company. In response to the need for offices and sleeping quarters, Fort Lewis began moving this unit from place to place, never being able to establish a permanent place for it.

Fortunately for the Army, and the Medical Hold Company, two main policies were created in mid-2004. The first was that any soldier found unfit within the first 30 days of mobilization was sent home, rather than taking ownership of pre-existing medical issues. The second was to create remote care stations within a soldier's home of record. Basically, the soldier would be within his or her home state and have care set up at the nearest military or VA hospital. The soldier's management was still the responsibility of the Medical Hold Company, and would return to Fort Lewis to either out-process after returning to full health or to be medically boarded out of the Army. The first, California, was the model for this program, and was an immediate success.

## THE GOOD, THE BAD AND THE UGLY

Being a First Sergeant, or any other leader, for this type of unit presented a unique set of challenges and tests of patience. Every soldier (over 200 by fall, 2004) within this unit had a type of medical issue, and therefore had a profile for such issue. Some soldiers could not do any type of physical training. Some profiles were for No Group PT. Some soldiers were not to be left alone, and some were to be left totally alone. Some were not to report to the unit until 0900 hours, due to the medications they were on. Some were in wheelchairs, some on crutches, some with casts, and a variety of others. All soldiers were on some type of medication, with side effects ranging from sleepiness, to weight gain or loss, to mood altering changes.

The variety of soldiers was extreme, from every National Guard and Reserve unit across the United States and Puerto Rico. Their levels of discipline and standards ranged from the high and tight, to the worst that anyone would ever experience. Challenges with AWOL and illegal drugs were the two most popular discipline problems faced. Usually our AWOL soldiers were attributed to oversleeping, but in the beginning it was a norm that was quickly remedied.

The illegal drugs were a more of a significant problem. I, for one, had strong negative feelings towards these drugs, and I had no tolerance for them. My thoughts were it was not a soldier in pain that decided he or she would try to alleviate the illness with drugs, it was those who already knew what drugs would do for them that pursued them. Many soldier's careers were ended during my two year reign. For marijuana, there were some who believed a soldier should be granted some forgiveness at the lower levels. I was not among that population. However, in the Medical Hold Company, cocaine was the most prolific enemy.

I did gain a great deal of respect for a lot of soldiers during my tenure. There were true warriors amongst the population. Those who had faced combat and had been wounded, but still maintained a level of discipline and honor, even in their current state. These were the heroes I couldn't help but be in awe of. There were many stories shared amongst the soldiers, especially those who had served in combat. One particular story was of two soldiers, one who had pulled another from a burning vehicle. As they had both been severely burned in the incident, they were both at the Med Hold Company. Apparently they had not known each other at that time, but they had been virtually inseparable from that day. These and many other stories like it had an impressionable impact on me and my staff.

## RELATIONS OUTSIDE THE MED HOLD CO

Although my staff and I struggled at first to grasp the gravity of the situation we had been thrown into. We were unable to run the company as a normal unit would due to the ailments of each and every soldier. However, our parent unit and the Garrison of Fort Lewis did not seem to understand it. It was my impression we were viewed as a work pool, due to the fact we had no full time mission. I was constantly being alerted to taskings being sent to our company with the expectation that we would be able to fill with broken soldiers.

I had a visit from my Brigade CSM, who attempted to chew my tail regarding a failure to provide medical hold soldiers for grounds maintenance for the brigade, which included mowing lawns, weeding flower beds, raking leaves, etc. It was the last time he and I would come close to a respectful conversation. For the majority of the next two years, we would never see eye to eye.

I received a phone call from a Staff Sergeant from the Fort Lewis Garrison Office, complaining that the soldiers being sent from my company were on profile and on medications. After a brief explanation of how that wouldn't be happening, he informed me that he was under instructions to report to the Garrison CSM I gave him any difficulties. After a brief verbal barrage, I informed him the Garrison CSM could call me anytime. I never did get a phone call from that office again.

Unfortunately for our soldiers, no plan had been put into place to obtain permanent residence on Fort Lewis. We were National Guardsmen and Reservists. Every six months we were packing up offices and soldiers and moving to a new location on post. Although this appeared to be an easy fix at the higher echelons, it was utter disaster at our end. Imagine telling 200-300 physically challenged individuals that they were required to pack all their gear, carry it out of the barracks, load trucks, unload trucks, and carry all the gear into a new home. The general feeling by our soldiers was that we were neither understood nor cared for.

Several complaints were made to agencies inside and outside Fort Lewis regarding the health care and welfare of the Medical Hold soldiers. The medical needs were not being met, surgeries were very difficult to come by, and soldiers would end up waiting hours for their appointments. Nobody seemed to be able to change the system. Several soldiers went to their old chains of command. Some even wrote to congress representatives and the governor herself. Nothing seemed to work in regards to changing the system.



At about the end of my two year tenure, an incident at John Hopkins Hospital shook the medical hold world and revolutionized the soldier health care. Government representatives were and news media swarmed Fort Lewis, screaming for an immediate change to the way business was conducted. Post officials responded quickly, suddenly becoming very interested in the welfare of our soldiers. I couldn't help but feel resentment towards these people. I was relieved to see the turn around, but they were too late to gain my respect for it. As officials questioned and criticizing methods and reasons behind management, I found myself asking the same questions over and over. I never did get any answers.

The Medical Holdover Company had been in place and fighting these battles for almost three years. Where the hell had these people been? Where were they when soldiers had requested their help? Why had it taken three years for them to care? And if the incident at John Hopkins had not occurred, they would still be ignoring our call. I challenged them to consider, why had it taken a media frenzy for them to respond? If not for that, I doubted they would have taken such an interest. The BDE CSM I had been fighting against for two years was relieved. Officials within the medical care and medical boards were dismissed. As for me, I quietly and respectfully moved to a Brigade position and watched MEDCOM take control of all Medical Holdover Companies and mainstream the care for the soldiers. This unit is now known as the Warrior Transition Battalion, which is still in operation on Fort Lewis, as well as several other posts around the United States.

## LESSONS LEARNED

Several lessons were learned over the course of two years. The Medical Hold Company was an ever evolving unit. As every challenge presented itself, courses of actions were developed and then molded to meet each specific obstacle. Many of the lessons were in regards to the medical treatment and medical boards, the most important lessons for my NCO's and I revolved around leadership.

There was a definite adjustment period for us to understand the true meaning of the Medical Hold Company and its soldiers. The physical ailments were easy enough to grasp, but the emotional and psychological impact the combat zone had on many of them was beyond most of our comprehension. As a Drill Instructor, leading with "Care and Compassion" was never a term which would have been used. In that environment, it would have never even been thought of.

Although it seemed that every day was a new lesson learned, there were a select few that stay with me as probably the most important. The first struck me as an error on my part. It struck me one morning when my commander, who normally a very even tempered and easy going officer, informed me that one of my platoon sergeants had been overly aggressive towards one of his soldiers. When he met with this platoon sergeant and me, and outlined what he viewed as mistakes in leadership and judgment, an understanding of my failure hit me. I was the role model and example for my platoon sergeants. Up until that point in our mission, when I corrected or counseled soldiers, I had been very direct and blunt. I had been the teeth that were required when discipline was to be delivered. The only example I had given my platoon sergeants when disciplining soldiers was the bite, or as I said, the teeth. I had failed to provide them with examples of understanding and patience. I had not done anything to teach the people skills side of leadership.

Although my commander wasn't pleased that I had interrupted his counseling session, he listened patiently as I shared my thoughts on the subject. Once I had finished voicing my thoughts, he asked if I had a plan on solving the issue. Well, of course I did, and I let him know that I would be moving our professional development sessions in that direction.

I like to think that in the following weeks and months, my platoon sergeants were all able to learn and grow from the lessons I provided. I never once let them believe that on the spot corrections and discipline were to be avoided. However, I feel they benefited from learning and practicing positive leadership and people skills. I introduced a specific book to them, and gave them reading assignments. A part of our lessons involved reflecting on what had been read and how they thought they may be able to apply them. As well as being someone who is respected, a leader must be approachable. He or she must be fair in what they do, and hold a distinct balance between the role model, the teacher, and the authoritarian.

The second lesson that I learned from was a simple one. I was on my way to my office after another very disappointing meeting with the Brigade CSM, and my face must have shown my negative attitude. My commander caught sight of me and asked what was on my mind. I let loose with some tirade of how I felt about the CSM. He told me something I'll never forget. He said "You know, it's not his fault". I looked at him like he was crazy. I asked him what he meant. He said, "He didn't promote himself to this rank or position. He simply submitted his promotion packets. He didn't write his NCOERs. He didn't sit on his own board to get himself promoted. He isn't the failure, his prior leaders are. They are the ones who allowed him to move past an E-5 rank. They are the ones who wrote the NCOERs that made him look good. They are the ones who supported his advancement in the ranks. He doesn't recognize how poor of a job he does, and the leadership around him has allowed it."

I put a lot of thought into what the commander had said, and it made sense. It didn't exactly change my mind as far as the CSM was concerned, but it did make me realize two distinct facts. One, anyone can look good if the paperwork supports it. Two, pigs don't know pigs stink. I have shared this lesson with many, many subordinate leaders.

The other major lesson learned was based on the experience of my interactions with so many different soldiers from so many different units and backgrounds. As earlier stated, the differences in soldiers and leaders varied extremely. The fact that the Army standards vary to such a degree exemplifies the need for some type of checks and balances throughout the military. These variances can only be the result of leadership, or the lack of in many cases. How these differences became so extreme is probably an unanswerable question. However, in the case of war, the failures and shortcomings of these leaders become obvious and directly impact the soldiers serving under them.

Reserve and National Guard units must find a way to correct these shortcomings. Anyone can be successful one weekend a month, and survive a two week tour once a year. When these units were mobilized at the beginning of the war, the flaws within them became obvious. Soldiers, including leaders, were untrained, unprepared, overweight, and understaffed. Soldiers who had been promoted into the ranks of NCO's had no leadership experience, nor had mentor's and role models to lead them successfully.

It's was very disappointing to realize how many units believe that the criteria for becoming an E-5 is time in grade. Not often enough are the standards, values, and potential for leadership taken into account before promoting soldiers into the NCO ranks. This is a direct downfall of eliminating the higher Specialist ranks. We are no longer able to separate the leaders from the non-leaders. There is an expectation that an E-5 will conduct themselves as leaders that is not being considered within the National Guard and Reserve. The past six years have created a recognized flaw within these systems. The only remedy for this is leadership.

## CONCLUSION

The opportunity to serve as a First Sergeant for the Medical Hold Company will probably remain as one of my challenging and most memorable times of my career in the United States Army. To say I learned a lot would be an understatement. I learned so much about myself, about people and soldiers, about leadership, and about the Army. The lessons learned have made me a better leader and have given me a great deal of respect for the men and women who all have sacrificed and spent time overseas. I gained something from all the experiences, both positive and negative. What was learned has given me insight to the soldiers who served overseas, and has made me a more conscious leader. In reflection, there are a lot of things I would have done differently, but I would not trade the experience in for anything.

## ACKNOWLEDGEMENTS

Not Applicable

# ***Personal Experience Paper***

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