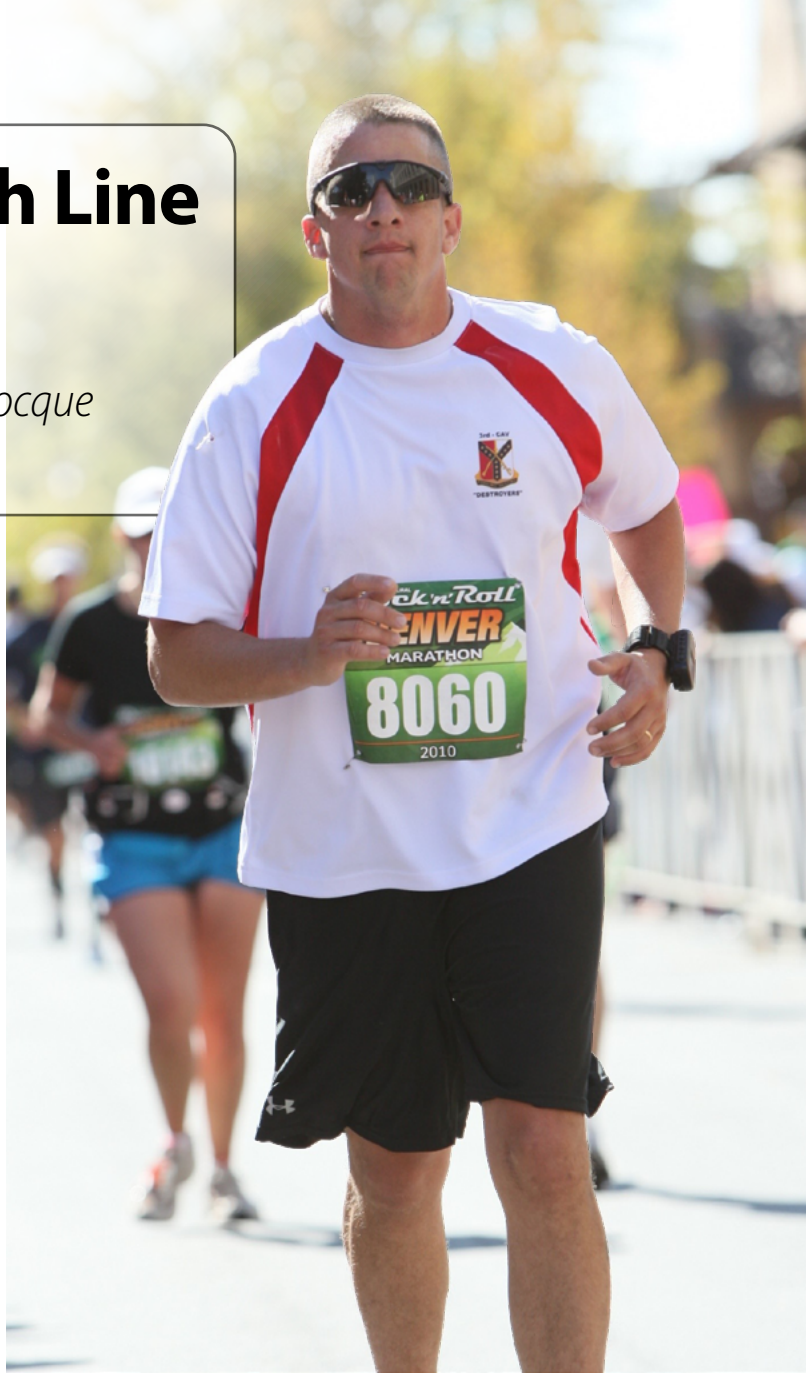
Reaching the Finish Line

A Healing Journey

By Command Sgt. Maj. Stephen J. LaRocque

7th Infantry Division



A lesson in resilience and goal setting: After being wounded in combat more than a year before, then-Sgt. 1st Class Stephen J. LaRocque participates in the October 2010 Denver Rock and Roll Marathon. (Photo courtesy of Command Sgt. Maj. Stephen J. LaRocque)

In September 2009, I was a platoon sergeant in 4th Brigade, 4th Infantry Division. My platoon had been living at Combat Outpost (COP) Pirtle-King in Kunar province, Afghanistan, for over 90 days, conducting counterinsurgency operations along Main Supply Route (MSR) California.

It was a challenging dynamic: We could be sitting comfortably in someone's home in a village, talking amicably about the things we could do to bring security to the region, and on the drive back to our COP, we would get into an hours-long firefight, expending a few thousand small-arms rounds and artillery fire.

On Sept. 9, my platoon and some Afghan National Army (ANA) soldiers were in a routine refit patrol back to Forward Operating Base (FOB) Bostick for maintenance, showers, and resupply.

While on MSR California, my patrol was ambushed. The enemy shot at us from the high ground next to the road and from across a river paralleled by MSR California. The Taliban targeted the ANA first, due to their vulnerable light-skinned vehicles. The ANA vehicle behind me was hit with an RPG, causing a few casualties from the start.

I told my driver to back up toward the ANA until I thought we were close enough to help the wounded. Spc. James Kelley (my platoon medic) and I jumped from our Mine-Resistant Ambush Protected (MRAP) vehicle to evacuate casualties. We ran to a wounded ANA soldier in the middle of the road and started dragging him back to my MRAP when I saw the back door close.

My interpreter was scared and shut the door on us!

Dragging the casualty back, I pulled him beside the vehicle. (There was no safe side, so I chose the side with small arms fire over the side receiving RPG fire). I turned to Kelley and started to give instructions when PKM machine gun fire struck us both.

The one thing you don't want to hear after hollering, "I'm hit!" is your medic saying, "Me too!" It felt like someone hit me in the knee with a hammer. I remember looking down at my leg and wondering how bad the injury was.

Thanks to Sgt. Josh Koboldt's and Spc. Adam Reddinger's quick thinking and heroic behavior, my medic, the ANA Soldier, and I were quickly carried into the back of the MRAP and taken to COP Pirtle-King.

This step was the first in my five-day evacuation back to Fort Carson, Colorado, with stops in Bagram, Germany, and Washington, D.C., along the way (with two surgeries en route).

When I arrived in Fort Carson, I wasn't a particularly amicable patient. I had two goals as they got me out of the ambulance: not to let my family see me on a stretcher and to get home as fast as possible.

When the ambulance door opened, the medics wheeled out Spc. Kelley first and told me to stay put. Seeing my family standing there, I lowered myself from

the ambulance to the ground and hollered for crutches.

As I crutched myself into the emergency room, I told the staff I could see my neighborhood from where I stood, and I just wanted to go home — even if it meant walking there on crutches. The staff discharged me from the emergency room in record time and told me to return a couple of days later for an appointment with the orthopedic doctor.

When my wife, Nicole, took me back to the doctor a few days later, we realized how bad the injury was. The doctor removed the bandage from my leg, and I saw the wound clearly for the first time.

The bullet had entered the inside of my left leg near the top of my knee and exited on the outside of my leg down by my calf, going through my knee in the process. The injury included a cracked femur head, a damaged meniscus, and other tendon damage throughout.

The doctor told me that I might never run again and could need a cane to walk. He sent me to physical therapy, where I learned how to repack my bullet hole with gauze, as well as exercises to do until my next appointment. When I went home, the news sank in. I wasn't happy.

A New Goal

I considered my circumstances and decided to turn this obstacle into a personal challenge: to live my life the way I wanted. I looked up the date of the Denver Rock and Roll Marathon. It was scheduled for October 2010, which gave me 13 months to prepare.

Sitting at home with my leg in a brace and propped up on the couch, I called my sister (an avid runner) and asked if she wanted to run the marathon with me. "Yes," she said without hesitation.

Next, I told my wife about my plans. To say she wasn't thrilled is an understatement. Nicole was afraid I'd further injure myself, and she knew I'd probably push myself too hard. She was supportive the whole time but also extremely concerned. I believe she hoped the injury would get me medically discharged from the Army, but I wanted to leave the Army on my terms.

With my newfound goal, it was time to train. Strengthening my leg came first, along with breaking up scar tissue and relearning to walk. This training was likely the most painful part — especially the exercises designed to break up scar tissue.

Unfortunately, I had a minor setback requiring another surgery in late December. I didn't see the setback as a dead end but as a roadblock I needed to overcome. After the surgery, I had 10 more months to prepare.

Luckily, I started walking just a few days later. This progress soon led to walking further distances at a slightly faster pace. Then, I started a walk-run progression. In 40 minutes, I would jog for one

In September 2009, (far left, back turned) then-Sgt. 1st Class LaRocque's platoon and some Afghan National Army (ANA) soldiers were on a routine refit patrol back to Forward Operating Base (FOB) Bostick for maintenance, showers, and resupply. (U.S. Army photo by Spc. Evan Marcy)

minute, walk for nine, and repeat four times.

Next, I began to walk for two minutes and jog for eight, walk for three minutes and jog for seven, and so on — until I could run for 40 minutes. Going to physical therapy three times a week complemented my running program. By late March, I could run 5 miles at around a nine-minute pace. Now, it was time to add distance.

Training Gets Serious

Having never run a marathon, I read *Marathoning for Mortals* by John Bigham and Jenny Hadfield. The book doesn't give people advice on how to set records but on how to cross finish lines. That was my goal, and the serious training was about to begin.

Saturdays were my long training days. They started with 5-mile runs, and the mileage increased week by week. My daughter, Devan, would ride her bicycle beside me on my long run days, carrying water, electrolyte drinks, and gels. My sister and I would link up every other month or so for our long runs, and Devan would carry fuel for both of us as we slowly increased our mileage.

At the same time, my knee started to hurt more. I developed plantar fasciitis and had to ice my knees and foot daily. I searched for other remedies I could try.

I could see Nicole's worry on her face as I sat with ice packs on my knees and my foot in a bucket of ice water. Despite her worry and my pain, I was determined to see things through and continued increasing my weekly mileage.

The knee pain subsided eventually, and I hit my last long training run. My sister and I ran 20 miles on the first Saturday in October, with Devan carrying liquids and gels for us on her bicycle. I was finally ready for the race and feeling surprisingly good outside of the plantar fasciitis.

LaRocque endured a five-day evacuation (with two surgeries en route) to Fort Carson, Colorado, with stops in Bagram, Germany, and Washington, D.C., along the way. (Photo courtesy of Command Sgt. Maj. Stephen J. LaRocque)

Off to the Race

Race day arrived on Oct. 17, 2010.

With my sister beside me, we lined up at the starting line. Like most beginners, I made the mistake of starting too fast. I ran under a nine-minute pace, and we passed the half-marathon point in less than two hours. This pace works for many, but it was too fast for me. We kept it up until around mile 18, when I hit a wall.

My speed caused my good leg to overcompensate and cramp, forcing me to stop and stretch. When I did, my left knee stiffened. To loosen it up, I walked about a quarter mile, and then I could run for a half mile to a mile — until my good leg cramped again. Then, the process repeated.

I spent the last 8 miles cramping, stretching, walking, and running. But I was determined to make it to the end.

As I approached the finish line, a wave of emotion swept over me. I grabbed my sister's hand and held it as we crossed the line together, and I saw my family waiting for me. I walked over to my wife, put my arms around her, and said, "I'm healed, baby."

Saying you're healed when you just spent the last 90 minutes in agony might seem odd, but I wasn't talking about physical healing. I meant spiritually — not in a religious way, but in an internal way. I had set my mind out to complete a seemingly impossible task, and I got it done.

As I reflect on this story, I see two key takeaways. The first one is simple: Don't begin casualty evacuation until you gain fire superiority. Otherwise, you risk getting shot.

The second takeaway is that we all need goals. Without them, we float through life with no chance of improvement. I don't know where I'd be today if I hadn't challenged myself to run a marathon.

I continue to set goals to guide me through life, so I don't become a floater. I also continue to run. I'm slower than I want to be these days, so my new goal is to run faster. ■

Command Sgt. Maj. Stephen J. LaRocque is command sergeant major of 7th Infantry Division, Joint Base Lewis-McChord, Washington. He enlisted in the Indiana Army National Guard as an Infantryman in February 1993 and entered active service in November 1995. He has served as a rifleman, squad automatic rifleman, grenadier, machine gunner, armorer, radio telephone operator, team leader, ammunition section leader, recruiter, squad leader, platoon sergeant, first sergeant, senior military science instructor, operations sergeant major, battalion command sergeant major, brigade command sergeant major, and garrison command sergeant major. LaRocque's civilian education includes an associate's degree from Central Texas College, a Bachelor of Science degree from Excelsior College, and a master's degree in leadership studies from the University of Texas, El Paso.

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