**TRANSCRIBER NAME: ENS Kalafut**

**Date: 1/27/2020**

**Participant #: 637**

Interviewer (Code in blue): Dr. Dixon

Participant (Code in black): #637

Dr. Dixon:

Okay. So what was your number?

637:

Uh, my number is 637.

Dr. Dixon:

And do you mind if I record?

637:

That is totally fine.

Dr. Dixon:

Okay. Great. So take a minute and, um, first of all, tell me what phase did you leave in?

637:

So I DOR'ed out of the first phase, second day of Hell Week.

Dr. Dixon:

Okay, second day of Hell Week. And then how many weeks ago was that? How many weeks ago did you leave?

637:

I believe that was coming up on 11 weeks.

Dr. Dixon:

11 weeks, okay. So take a lo- a minute and just tell me about your childhood, like are you m- an only child? The oldest? The youngest? And, um, are your parents still together? Did you move around a lot? Just general information like that.

637:

Sure. Uh, I'm a middle child of five. My parents are still together. Uh, no known marital issues between them that I've experienced or, or known about. Um, sibling relationships were fine. Uh, really only had one sibling that I argued with a lot, the one that is one year older than me. I'm 29. And, uh, not a whole lot of movement growing up, we were pretty much all in the same town for the m- yeah, the entirety of my known memory that I can remember. Um, so not a lot of movement, not a lot of turbulence, financially very sound. Um, not a whole lot of adversity growing up. Uh, lived in a small town, um, on the east coast, pretty non-diverse (laughs). Uh, yeah, not a la- lot of diversity in the town, not a whole lot of confrontation. School life was very stable, easy.

637:

Um, it wasn't until probably going into college that I started to get my first taste of turbulence in life. So it was a pretty sheltered, um, upbringing.

Dr. Dixon:

Mm-hmm (affirmative).

637:

Um, but at the same time, parents were very good at exposing us, hm, um, excuse me, to hardships that other people were facing. So, um, it wasn't like we were completely in a bubble, but we were pretty comfortable growing up.

Dr. Dixon:

So what state were you from?

637:

We were in Massachusetts.

Dr. Dixon:

Massachusetts. And then what college did you go to?

637:

I went to Saint Anselm College, it's in Manchester, New Hampshire.

Dr. Dixon:

Okay.

637:

Um, just a small little school, like 2,500 students.

Dr. Dixon:

Did you play any sports, or?

637:

Uh, yeah. So I played high school football, track, and lacrosse. And then I went to Saint Anselm College on a scholarship for lacrosse.

Dr. Dixon:

And you finished the co- you finished college?

637:

Yes.

Dr. Dixon:

Okay.

637:

I got a bachelor's degree in forensic sciences.

Dr. Dixon:

Oh, cool. That's really neat. Okay. If you had to describe your personality in three traits, what would you say?

637:

Uh, I'd probably say, um, easygoing, yeah, easygoing would definitely be one, positive, uh, and then maybe a little kinda goofy. Uh ...

Dr. Dixon:

Okay.

637:

That'd probably be, yeah, off the top of my head, yeah, that'd be [crosstalk 00:02:42].

Dr. Dixon:

No, that's, that's great. Thanks. And then, y- we talked a little bit about this, but what had you done in the five years prior to the training? It sounds like you went through high school and then you went straight to college?

637:

Mm-hmm (affirmative).

Dr. Dixon:

And then, um, anything else or ...

637:

Oh yeah, um, so right after school, I worked in downtown Phoenix for a homeless resource center and shelter through AmeriCorps. So a year of [crosstalk 00:03:05] ...

Dr. Dixon:

Yeah.

637:

... impoverished and homeless in Phoenix. I did that for about a year, that contract ended, did a little, uh, work in between jobs as a assistant, um, there's a name for it, but basically like a substitute teacher, but I was with the same classroom every single day with, uh, first graders and kindergartners who were experiencing, uh, some sort of spectrum of mental disability.

Dr. Dixon:

Oh wow.

637:

So it was a special ed classroom. So I did that for about a year. And then from there until becoming part of the, uh, Navy, I was working as a medical legal death investigator at a medical examiner's office in Phoenix.

Dr. Dixon:

Wow, that's kind of cool, you've got some great experiences.

637:

Yeah, it was, it was good.

Dr. Dixon:

Okay. So if you think about your life up to now, before you started BUD/S, did you have any k- um, life-shaping experiences where you're like, wow, my life was changed after that?

637:

Definitely a couple, uh, like I said my parents were pretty good at showing us other har- hardships that other people were experiencing when we weren't really battling our own. Uh, so a lot of, they did a lot of volunteer work in other countries, so going to, like, Mozambique, Africa, uh, living in an orphanage for, like, two weeks at a time, uh, th- our family knew the, the people who ran the place, so go help out there. So that was eye opening to see, like, okay, I need to take what I have not for granted. Um, and help the people who aren't as blessed as we are.

637:

And then I went to a training camp when I was a s- junior going into my senior year of high school called the Ron Burton Training Village. Um, basically have a polishing school where you take children who are, uh, predominantly males at that time, now it's, like, females as well. But kids who are between the age, I think, of 12 to 18, uh, it's like a five week overnight summer camp where you go and every day it's, um, pretty rigorous physical training, uh, academic polishing. Uh, basically it takes kids from broken households and teaches them how to be, uh, upstanding young men for society, just teach them to, like, in an interview, how to shake someone's hand. A lot of, uh, connections with, like, the Naval Academy, actually.

Dr. Dixon:

Oh. Okay.

637:

Annapolis, and some universities. So it's, uh, it's this awesome program where you take a lot of people from very rough upbringings and help them, give them the tools and teach them what they need to know to be successful, instead of kinda falling through the cracks of society. So, again, family friend of my parents ran that camp.

Dr. Dixon:

Uh-huh.

637:

Um, so I went there, and after leaving that I was like, "Okay, that taught me a lot about how to push myself." Because no one ever really pushed me like that place had. Um, exposed me to a lot more diversity. And yeah, the whole place was built on the pillars of love, peace, patience, and humility. So it's teaching you to excel at what you can do.

Dr. Dixon:

Mm-hmm (affirmative).

637:

And then being humble about that, and helping others around you. So that place really, personality-wise, shaped me a lot into who I am today.

Dr. Dixon:

Sounds like a lot of people could use that training (laughing).

637:

That place was probably the greatest place I've ever been to on this planet. So ...

Dr. Dixon:

That's awesome.

637:

The way it's changed me. So.

Dr. Dixon:

And what was the name of that?

637:

Ron Burton Training Village.

Dr. Dixon:

That's so interesting.

637:

There's actually, I believe there's two gentlemen who have come out of that camp who are actually serving as active duty SEALs right now.

Dr. Dixon:

Wow. Okay.

637:

I met some guy here on the base who was familiar with one of them. But I haven't talked to that guy in years.

Dr. Dixon:

How, how do you think that, those experiences impacted your training at all?

637:

Uh, I'd say definitely, in terms of looking at, uh, your own suffering or your own adversities, uh, there's always someone out there whose experiences have been just mon- monumentally worse.

Dr. Dixon:

Mm-hmm (affirmative).

637:

Especially working at the death investigator job, anytime I felt any sort of discomfort or, like, anything that really started to get in my head, be like, okay, at least I'm not in X, Y, or Z situation, because I did a lot of talking with families in this thing.

Dr. Dixon:

Mm-hmm (affirmative).

637:

So it's like, my legs are tired but I mean, there's people out there I've talked to that have, like, lost their entire families in, in accidents. Things like that.

Dr. Dixon:

Yeah.

637:

So, that, the camp, um, living with a bunch of siblings, things could always be worse (laughs). So, it's easy, it was easy to develop a mindset going through college, and then in that last job, of just, you know, whatever's happening's happening, it's fine, it's not the end of the world. Um, but yeah, I'd say coming, going to Hell Week, things got a little spicy (laughing). So.

Dr. Dixon:

Well, I'll ask you more about that. Uh, what about your background that led you to join the Navy? It sounds like you were in this, you know, investigative role, what, what made you decide to say, "Hey, I'm gonna join the Navy?"

637:

Uh, when I was in high school, I really enjoy the idea of volunteering, giving back. And when I was getting ready to decide on college, something after high school, the idea was in my head to join the military just at the base level. Um, it was like, well, this country's, especially after those trips out of the, out of the country, like this country's given back so much to me, um, what can I do to kind of help out the country? What can I give back? It was kinda of a form of gratitude. Um, but, uh, college sports came in, and that's, that put me on the college track.

637:

But, uh, after seeing all the suffering that other people are having here in the States, um, through that investigative job, it seemed like there's a lot of really sick people out there, doing things to people who are beneath them and incapable of defending themselves. Uh, I just couldn't ... The idea of sitting behind a desk and not doing anything to help those people, going through my life comfortably, like ignorance is bliss, it kind of started to make me sick. So I said, "I have to do something."

637:

Started looking into the military again, and then the more people I talked to in the military, specifically, like, the Navy, they were saying, "Like, hey, you know, if you're in the general Navy, you're not really going to be doing stuff to help people in that direct way." Um, and there's a lot of people cutting corners and not working really up, up to par. What I was expecting. So then I started looking into special warfare, and then SEALs ended up being one where wa- I knew beyond a shadow of a doubt, I'm going to be working with people who are, get the job done, get the j- it done right. And accomplish these things that I was hoping to accomplish to help other people.

Dr. Dixon:

Okay. Thanks. That's perfect. Um, what, what would you say motivates you on a daily basis?

637:

Uh, probably just, like, how finite life is. Um, you've got a day guaranteed, not really, but you've gotta do something to make sure it's worth it. Um, yeah that and just being wholly there for other people. So I [crosstalk 00:09:27].

Dr. Dixon:

I love that answer, that's, that's great. Okay. Um, and then tell me what happened at BUD/S. Why are you not there anymore? What, what helped you make the decision that it wasn't for you, or?

637:

Sure. Um, so I got rolled out of one class before, I got medically rolled in 349, uh, for pneumonia that turned into SIPE. And are you familiar with SIPE?

Dr. Dixon:

No.

637:

It's pretty common out here. Um, so to make a long pathology short, uh, you put someone in cold water, um, blood rushes from your extremities to your chest, 'cause your body wants to keep all this ...

Dr. Dixon:

Right.

637:

... stuff in your chest warm. Uh, so it's important to survive. Um, and then when you're cold, your blood vessels start to constrict.

Dr. Dixon:

Oh.

637:

So you have a lot of blood in your chest, your blood vessels are getting very tight. Um, but then if you add in the factor of vigorous physical activity, that raises your heart rate and blood pressure up. So for some people, I think actually Duke is doing a study paid for by the Navy right now, um, you mix all those factors together and you have the formula for hemorrhaging of the blood vessels in your lungs.

Dr. Dixon:

Yeah.

637:

So SIPE is swimming-induced pulmonary edema.

Dr. Dixon:

Okay.

637:

So you might hear some, there's a lot of guys, uh, from my class that got rolled out that also had that diagnosis before. Um, so it does, basically, you go from running on all cylinders, good as day. And then your lungs start to fill with blood and so ...

Dr. Dixon:

Geez.

637:

... you can't breathe, uh, your legs start (laughs) feeling like bricks, everything about you just starts to go completely downhill. Um, so I got rolled out of that class for that, 'cause of the blood. I didn't anyone about it, and the blood ended up turning into a bacterial infection, uh, I got pneumonia.

Dr. Dixon:

Wow.

637:

So I got rolled out of that class, and then I got put in this one, and then I got SIPE.

Dr. Dixon:

Whi- th- wh- this one's 351?

637:

Yes, 351.

Dr. Dixon:

Okay.

637:

So 351, uh, started having the same symptoms before, but if you can get enough days off, like, if, if you start peaking at, like, a Friday, if you have Saturday and Sunday to just stay out of the cold and stay warm, dry, it usually goes away. Um, as long as it doesn't get infected. So, had it once in this class. And then in Hell Week ...

Dr. Dixon:

Because you knew what it felt like?

637:

Yeah (laughs).

Dr. Dixon:

Okay, what was happening.

637:

And there's, like, some ways you can kinda get around it, like taking, um, medication, like Viagra, that ec- that dilate blood vessels. So sometimes you can take that, but it's not prescribed to us. So it's like, you have to be sneaky and ...

Dr. Dixon:

Right, mm-hmm (affirmative).

637:

... use it. Um, second day of Hell Week, uh, the beginning of Hell Week is just a whole lot of being in cold water and a whole lot of sprinting as fast as you can, doing things. So those symptoms starting kicking up real quick again. I think, uh, a couple of us just have a propensity for that. They're still trying to figure out who's more likely to develop it.

Dr. Dixon:

Mm-hmm (affirmative).

637:

But, uh, so yeah, coughing up blood, that's one of the symptoms. Started coughing up blood, having trouble breathing. And, uh, yeah, the whole entire beginning, well everything about Hell Week is just teamwork, it's like you're with your guys, so you have the boat on your head, you're running around. And if one or two guys starts falling out from that boat, you're just putting more weight on other people. Um, so just, yeah. Monday, it was Monday morning and I was having trouble just s- keeping up with the boat. And that's something that's never, ever been an issue for me. So I'm like, "Oh, geez, it's only Monday morning." Um ...

Dr. Dixon:

Mm-hmm (affirmative).

637:

Like I am gonna get my guys absolutely just f'ed, because if you're not, we were first or second place in every single race up until that point. And then I started to not be able to keep up. Another guy next to me was even worse than I was, that I ... He was, like, dying, blood coming out of his nose, his mouth.

Dr. Dixon:

Oh.

637:

Um, so we, both of us were having trouble just even staying under the boat in the back. Um, so he ended up dropping, like, I think a couple hours after I did as well. But it got to the point where I knew we have, like, a seven mile sprint with a ruck on, then a swim. And at the end of the night we were gonna be back under the boats, there was no boats. But it was, the, the night EVO was gonna be, like, three or four hours, straight, of running with the boat on our head all over the base, and I knew that if I was in that position, I was not gonna be able to keep up with my guys, and because of that, we'd get punished for not being the first or second place.

637:

So kinda the 5, 10 minute moment of just thinking in my head as we're running around, I was like, "I don't think I'm going to be able to keep up with these guys." And I don't want them, I don't want them to get hurt. So, uh, looking back on it, I regret that decision (laughs). But, um, I, my, my mentality at the time was I don't want my, these guys that I've been training with together, we're really close. So I said I, I'm not physically capable of doing it right now.

Dr. Dixon:

Mm-hmm (affirmative).

637:

In hindsight if I could change it, I would've just kept going, uh, those guys were, like, yeah, we sh- we would've covered for you if you had stuck with us. Um, but, should've waited for someone to, like, medically pull me or performance roll me, it's like a chance of potentially getting another try. But in this case, I made that decision to ...

Dr. Dixon:

Mm-hmm (affirmative).

637:

... to drop.

Dr. Dixon:

Mm-hmm (affirmative). Well thank you for sharing that with me.

637:

Mm-hmm (affirmative).

Dr. Dixon:

Okay. Um, was there any time at BUD/S where you had to make a difficult decision, uh, during training and tell me what went through your mind, and if you could give me an example, and, and maybe it's something like that. Maybe that was your difficult decision, or.

637:

Yeah, I'd, I'd say out of all the difficult decisions, they put me in a couple leadership roles, at the beginning. Um, but nothing, nothing was ever too difficult. Everyone's pretty much on board with what we have to do during training, so it's not like I had to, like, cause someone to drop or something like that.

Dr. Dixon:

Okay.

637:

Uh, I'd say y- just the dropping decision ...

Dr. Dixon:

Okay.

637:

... was probably the most difficult one.

Dr. Dixon:

Okay. Is there anything you woulda done differently during BUD/S, um, maybe you said you wouldn't have dropped, you would've made them pull you or you would've done a medical drop, is that the biggest thing you would've done differently?

637:

Yeah (laughs). Actually m- the biggest thing is I wish I would've been more proactive with getting that medication. Um, because I knew the medication would've helped. But I also wanted to adhere to the rules of not having contraband. Because if they catch you with contraband, it's probably worse (laughs).

Dr. Dixon:

Right, right. Um ...

637:

Because I might get kicked out, or they'll just be senseless ...

Dr. Dixon:

Mm-hmm (affirmative).

637:

... with, with the exercise.

Dr. Dixon:

So as you know, as, uh, Commander Ludford told you guys up there, we, we have interviewed a ton of people who graduated also.

637:

Mm-hmm (affirmative).

Dr. Dixon:

And one of the things I've found super interesting when I first started this, I'm Army, so I don't really know a whole lot about the Navy, was that so many people go back to the fleet and then come back.

637:

Mm-hmm (affirmative).

Dr. Dixon:

And, and they become SEALs then their second time. Is that something you would consider? Coming back again?

637:

Yeah. I've been wrestling with the idea for the last 10 weeks. Uh, kind of on the fence of do I think my lungs can actually handle this job with the s- with the water and the physical exercise? Physically can I do that? Because it's, in two classes, it's happened three times. Um, so I’ve been wrestling with, I definitely want to be in the special warfare community, uh, I've just been wrestling with can I physically handle that with my lungs and my respiratory system? Um, but right now, it's either between going to the fleet like that or right now pursuing, um, Navy SARC, so combat corpsman. Which is ...

Dr. Dixon:

Oh, okay.

637:

... a similar style of work, a similar operating system, but different group of people.

Dr. Dixon:

Mm-hmm (affirmative). Okay.

637:

And the priority is medicine, and I like medicine. So I was like, well, in the long run, after the Navy, this would give me a platform to continue civilian work.

Dr. Dixon:

Sure, yeah. Okay. What practices did you do to push through challenges like physical, mental, spiritual? Anything you did to say this is, you know, gonna help me through?

637:

Um, nothing crazy. I know some people have mantras and things, or, uh, there's some people who are very religious and spiritual. I'm a very in the moment sort of person. Um, yeah, just the, every once in a while just thinking that I was cold, or something that I was, happens in time to myself, or there was a lull in the activity. We're running around or something, like I'm fine, I'm just kinda taking in all of that. But in times of solitude or just quiet, just remembering others, it could be worse. So, and it's raining, it's cold, you're shivering. Like well, it's not snowing, so (laughing), th- this is fine.

Dr. Dixon:

Yeah, that sounds like a very positive way to look at things. Um, and then how did this whole BUD/S experience change you as a person? Do you think it has, or ...

637:

Um, I'm sure it, it, it'll have a profound effect later on in life when I've started to do something else. I mean right now this, the whole, the, the Phoenix program, the kind of limbo was you're waiting after dropping, it's, it's kind of just very stagnant. So it's hard to, I don't know, it's hard to digest what's going on, because there's nothing else you're trying to do. So right now it's kinda just, you're just waiting. Um, I have realized that I've been a little bit more pessimistic as of lately (laughs) though. Uh, a little bit more cynical, just 'cause of the whole potential for the job that we get assigned is completely up to the Navy, uh, to a degree.

637:

So you could get a list of jobs to choose from to move on to, whether you come back to this program or not, could be something very interesting or it could be like, a very low level janitorial job.

Dr. Dixon:

Mm-hmm (affirmative).

637:

So kind of, like, the potential dread for that, is kind of just lingering.

Dr. Dixon:

Okay.

637:

So without having knowing where you are, it's kind of easy to become cynical, I've found. Or just, uh, kind of, like, have a very bad five years coming up (laughs).

Dr. Dixon:

Hm, okay. Well, I can see that. And then, um, the last question is, uh, what, so we're trying to write this article for people, perhaps, if they wanna become SEALs or, you know, just lessons learned. What should I have asked you that I didn't ask you that you think people should know about? Is there anything that you can think of?

637:

I'd say one thing, one thing that just is super, um, it's like a glaring issue, not an issue, it's just this glaring pattern, is that we start with about 300 people in our orientation. And there is, like, slews of the guys who are there, and like, no offense to them, 'cause they, even if they're, like, bottom of the barrel for that group of 300, they're still probably stellar in your normal kinda work environment. There's just so many people who come with these unrealistic expectations that it's gonna be easy, or, um, they know exactly what it's gonna be, and everyone told us, like, uh, yeah, when you get there, you're not gonna really be able to comprehend what exactly BUD/S is until you're in the thick of it.

637:

And yeah, going into it, I had no intention of it being anything like this (laughs). But there's just so many people, and you, you can kinda, it's like a naivete that you can see in their eyes and their face, or you can just kinda tell by talking to the person that their attitude, and I, and I don't know how to put my finger on it. But you know, like, day one, this person's gonna be gone in, like, 15 minutes and it's like, you can always pick those people out for some reason. The people who're gonna make it usually have a pretty good idea, like a, like a 50/50 chance for some people. You're like, n- I, I can put my money that this probably person will get through.

637:

But it's just, for some reason, those people, the masses that come at the beginning, you can just look at them and you just know for some reason, it's like there's this aura around 'em that, like, the first 5 or 10 minutes that they're all gonna be gone. And I guess that's where most of their attrition comes from, is right off the g- bat. Um, but like I say, yeah, question ... If you could look yourself in the mirror and think of, like, the worst experience you've had, and if you're willing to put up with that for, like, four or five days at a time, if you're okay with that idea, and you're okay with, like, seeing all your friends just kind of go away over the course of a couple hours or a couple days, then keep going.

637:

But if you can't, if you think about the program or the training and [inaudible 00:20:56] shed of thought of I don't think I can do this, you probably shouldn't do it (laughing). I've found those people who are, like, you can hear 'em in side conversations with other people in the cafeteria or something saying, like, "Oh, this, I don't know if I'm gonna be able to get through this." And it's like, day two of the first week or something. And I'm, once that thought's in there it's like, game over.

Dr. Dixon:

Yeah. That's, that seems true. Well thank you, that's seems very helpful. Anything else, or? Are you good?

637:

Uh, on the spot, really nothing I can think of, no.

Dr. Dixon:

Okay. No, thanks. This has been super helpful. I'm gonna stop these-