**TRANSCRIBER NAME: ENS Goldman**

**Date: 1/30/2022**

**Participant #: 679**

Interviewer (Code in blue): Dr. Dixon

Participant (Code in black): #679

**Dr. Dixon:**

**Do you mind if I turn it back on? Okay, and, uh, this is Dr. Deirdre Dixon. It's the 6th of January, and what's your number?**

**679:**

**Uh, 679.**

**Dr. Dixon:**

**And do you mind if I record?**

**679:**

**I do not mind.**

**Dr. Dixon:**

**Okay. Thank you. We'll just go ahead and get started. What phase did you leave?**

**679:**

**First phase.**

**Dr. Dixon:**

**And what class were you in?**

**679:**

**349.**

**Dr. Dixon:**

**349. And then how many weeks ago did you leave?**

**679:**

**I left in, uh, June of 2021.**

**Dr. Dixon:**

**Okay. Great. So, take a minute and tell me a little bit about your childhood. What, uh ... You know, are you an only child? Do you, uh, did you move a lot? Did you play sports in high school?**

**679:**

**Um, I, uh, I was, like, apart of, like, an informal adoption type situation, so, like, my early childhood was kind of rough.**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**But then when I was about 12, I got re-homed. Um, I wrestled in high school. Uh, yeah.**

**Dr. Dixon:**

**Okay. And, um, you wrestled in high school. Okay, perfect. If you had to describe your personality in three traits, how would you describe it?**

**679:**

**I don't know how to answer that.**

**Dr. Dixon:**

**What would your friends say about you?**

**679:**

**Um, I would say driven. Um, hm, I guess, I guess my friends would describe me as, um, quiet probably.**

**Dr. Dixon:**

**Okay.**

**679:**

**[crosstalk 00:01:46]**

**Dr. Dixon:**

**So, driven, quiet. Can you give me one more?**

**679:**

**Um, I guess, like, uh, just, like, uh, like, a good advice giver.**

**Dr. Dixon:**

**Okay. No, that works. That's perfect.**

**679:**

**Constantly confiding in me, so, yeah [crosstalk 00:02:10].**

**Dr. Dixon:**

**Thank you. That's good. Um, what have you done in the last five years prior to training? Like, did you go to high school and then did you do anything in between?**

**679:**

**Um, so, I've been in the Navy this entire time.**

**Dr. Dixon:**

**Okay.**

**679:**

**Um, my original class was 319, so I'm a prior.**

**Dr. Dixon:**

**Okay. So, you went from 319 to what?**

**679:**

**To 349.**

**Dr. Dixon:**

**To 349. And then that's when you left the 349, okay. So, um, so, you went from high school to, to join the Navy and then-**

**679:**

**Ye- Yeah. So, for two years, I worked, uh, on a farm, um, and then I also worked at a pizzeria. Uh, I got hit by a car, and so I couldn't join right away.**

**Dr. Dixon:**

**Wow.**

**679:**

**Um, then I, and then I joined, yeah.**

**Dr. Dixon:**

**Okay. So, I'm gonna ask you about that. So, if you think of any prior experiences, do you see any that were really life shaping, like, things that changed you or, um-**

**679:**

**I guess like an- anything, like, that really has influenced my adulthood is just, like, my early childhood probably-**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**... you know?**

**Dr. Dixon:**

**And do you think that impacted your training in any way or how-**

**679:**

**No.**

**Dr. Dixon:**

**... you thought about it?**

**679:**

**No.**

**Dr. Dixon:**

**No. Okay. Um, describe your background that led you to want to join the Navy. Like, I was Army, so I always like this question 'cause I'm like, why aren't these great people joining the Army?**

**679:**

**Uh, I think it was just kind of like, I, like, I fucked up a lot. Um, I was, like, a pretty angry teenager, you know, so, like, you know, I was able to have opportunities to do other things but, like, I was just very, kind of, like, not in a good head space-**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**... and I closed a lot of doors for myself and it was kind of, like, you know, I was an athlete and I had, you know, a drive, you know, and I had some aggression, so it was like, here's a program, like, perfect for that. Like, you know, you see, like, you see the, the commercials and, like, the movies and stuff and it's like, well, if you're aggressive and, like, you got something going on, join. So, that's kind of, like, what the ... I didn't really know what else to do at the time.**

**Dr. Dixon:**

**Yeah.**

**679:**

**So, I was like, oh, I'll do this.**

**Dr. Dixon:**

**What sports did you play?**

**679:**

**Uh, wrestling and rugby.**

**Dr. Dixon:**

**Wrestling and rugby. Okay, those are great sports. Um, so, what do you think motivates you now on a daily basis?**

**679:**

**Mm, just to, like, contribute, you know, just, like, yeah. I think when you, um ... When I first joined, it was like, I want the trident like, I wanna be a ream guy. Um, but, you know, I'm 27 now and it's like, there's, like, a much bigger world and, um, I just wanna contribute. I wanna, like, just [crosstalk 00:04:52].**

**Dr. Dixon:**

**No, that's very admirable. Describe your experience at BUD/S. Like, what happened in 319 and what made you go to 349?**

**679:**

**Uh, 319 was an interesting one, just because, like, I, you know, fought super hard to get there and then, you know, my personal life kind of exploded. You know, like, my, my birth mom kind of came into my life and, like, I didn't have the coping skills and the life skills to, like, deal with one n- so both of them kind of, like, just was, like, a disaster. Um, and then to come back to 349, it was like, well, you know, I'm older and a little wiser, and so, like, you know, give it another shot.**

**Dr. Dixon:**

**Mm-hmm (affirmative), okay. So, after 319, you left and went back to the regular Navy?**

**679:**

**Yep.**

**Dr. Dixon:**

**Okay, and then came back to 349. Okay. So, what happened in 349 that made you decide this wasn't for you?**

**679:**

**Uh, I got rhabdo really badly.**

**Dr. Dixon:**

**Okay.**

**679:**

**Um, so, I'm getting, you know, I'm getting a PEB now-**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**... to see.**

**Dr. Dixon:**

**Okay.**

**679:**

**'Cause they're like, "You can't serve anymore with that."**

**Dr. Dixon:**

**Yeah.**

**679:**

**Um, you know, I was super driven, super motivated and, uh, you know, I started peeing blood and it was kind of like one of those things where it's like, I need to go to the hospital (laughs) and I go to the hospital and, you know, my situation has deteriorated.**

**Dr. Dixon:**

**Yeah.**

**679:**

**Um, so, I was hospitalized for, like, a week and I came back and, um, I was like, "Am I going to PTRR?" And they were like, "Well, you know, you quit." And I was like, "What?" Like, you know, and I was like ... They were like, "It was a non verbal DOR," so, hm, what are you gonna do?**

**Dr. Dixon:**

**Why didn't they medically roll you?**

**679:**

**So, they said, uh, everyone said I was acting weird at the pool and they said I just, like, walked off and I, like, walked to medical and I talked to someone and I was like, "Hey, like, something's wrong," and I remember distinctly putting my helmet on and, like, sitting on the bench and other people are, like, ringing out and Senior [Gavara 00:07:04] is, like, looking at me and is like, "What are you doing?" And I'm like, "I need to go to the hospital. Like, this is what's going on. I don't know what's happening. Something's wrong." Um, and it was, like, fuzzy, in and out of that and then he told me it was a non verbal DOR, but I just ignored it. I was like, "I need to go to the hospital, something's really wrong." Lo and behold, something was very wrong.**

**Dr. Dixon:**

**Yeah.**

**679:**

**Um, a-**

**Dr. Dixon:**

**Thank goodness you went.**

**679:**

**Yeah. And then I came back, like, a week later, they dropped me off from the ER. Um, I was hospitalized for, like, six days and then I came back and I asked the proctor of first phase ... Not the proctor, the LPO of first phase, I was like, "So, do I check into PTRR?" And he's like, "No, it's a non verbal, you can't come back," and then I was like, "I wanna fight that," and then they told me that, um ... Pretty much his thing was like, "Well, y- are you saying Senior Gavara's a liar?" And I'm like, "I'm not saying that. I'm just saying, like, I- I'm here."**

**Dr. Dixon:**

**More like a misunderstanding.**

**679:**

**Yeah. And, um, and he told me that ... He was like, "How is it gonna look if you go against the, the word of, like, combat veteran Navy SEALs?" And I was like, "Okay, I guess," and then I came to Phoenix and then I was, like, trying to figure out what to do and then, uh, I was like, "Can I go EOD? Can I try to figure out how to go EOD?" So, they were gonna give me a shot to do that 'cause I was like, I don't want to ... If I go back to phase, what's gonna happen? The same guys are gonna see me after saying that and they're just gonna crush me out of the class again. So, um, I waited for the EOD thing and then they put a waiver up and being Navy, he was like, "Whoa, this rhabdo thing was serious and we have to look at that." And so-**

**Dr. Dixon:**

**Wow. You've been through a lot.**

**679:**

**It's been a long time.**

**Dr. Dixon:**

**Yeah.**

**679:**

**I've been here for a minute, so.**

**Dr. Dixon:**

**Yeah. What I think is interesting is that when I asked you to describe yourself, you didn't say aggressive or the things that you said later on in your, when you were describing your childhood.**

**679:**

**'Cause that's when I was a kid.**

**Dr. Dixon:**

**Okay.**

**679:**

**Yeah.**

**Dr. Dixon:**

**So-**

**679:**

**If my friends would describe me now, it wouldn't be-**

**Dr. Dixon:**

**Okay.**

**679:**

**... [crosstalk 00:09:26].**

**Dr. Dixon:**

**No, thank you for clarifying that. Um, okay. So, tell me about a time when you had to make a difficult decision during BUD/S and what went through your mind and can you provide an example?**

**679:**

**Uh, I mean, that day at the pool, uh, we were translating to the pool and I realized something was wrong 'cause, like, my legs were locking up and I was like, s- something felt wrong.**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**Something felt wrong, and the day before, something felt wrong. Um, I just wanted performing like I usually do and I couldn't, I ... To this day, I couldn't describe what it was. Like, I was just falling over and, like, losing my balance a lot, and the next day when my legs started locking up, I was like, something is seriously wrong, and then I went to go pee in the pool, at the pool, not in the pool-**

**Dr. Dixon:**

**Yeah.**

**679:**

**... uh, you know, blood is leaving my body and I was, like, pacing back and forth 'cause I'm like, my dream, but also I know, like, I'm peeing blood, so I know people die from this, like, I know that happens. Um, so, that was a really difficult decision was like-**

**Dr. Dixon:**

**Yeah.**

**679:**

**... wa- was walking, walking off the, the s- ... I wasn't gonna wait for the instructors to get there. I wasn't gonna just, like, wait for them to, you know ... So, I was like, I need to go and that was, like ... I think that's, like, the biggest, most difficult decision I've made in BUD/S was, like, after fighting all this way to come back was to, like, I gotta go and get myself help.**

**Dr. Dixon:**

**But you clearly had something wrong with you, and you knew it.**

**679:**

**But that doesn't matter here. That doesn't matter here. They tell dudes all the time, you know, there's guys with broken limbs and there's guys that are coughing up blood and there's guys that are going through a lot and they're told very specifically, like, if you go, w- you can ... You know, there's [Beson 00:11:17], that guy had cholera, that guy had cholera and they told him, "If you go to the hospital," you know, he's barely able to, like, stay conscious on a weekend and he's like, "I need to go to the hospital," and the proctor said, "Either you go to the hospital or you quit. If you go to the hospital, you quit. Or you stay," and he was in a serious medical condition and he was hospitalized for it. And so, they don't, they don't care. That's not a thing that happens (laughs).**

**Dr. Dixon:**

**Okay.**

**679:**

**So, you have to put that into your equation as a man here, or a woman here, you know?**

**Dr. Dixon:**

**Yeah.**

**679:**

**Are you gonna get help or ...**

**Dr. Dixon:**

**So, knowing everything that you know now, is there anything you would've done differently during BUD/S?**

**679:**

**I wouldn't have s- ... I wouldn't have gone to the hospital.**

**Dr. Dixon:**

**But you could've died then.**

**679:**

**Yeah, but now I'm a quitter and, like, that ... I could've pushed myself a little harder and fallen out and maybe they would've kept me around or maybe that, like, thing, like, you know, quitting twice wouldn't be attached to my name, but that's attached to my name now and that is something that I think ... Especially you could say for a lot of the dudes who come back a second time or who've been in the pipeline for a really long time, it's like a very, very tough thing.**

**Dr. Dixon:**

**But you know in your heart you did the right thing.**

**679:**

**Yeah. But you give your all to this. So, yeah, I might have made the right call by getting myself to the hospital, and technically, like, did I mitigate damage that I've done to my body? Yeah. But, like, you're also looking at a bunch of dudes who have, like, given up their youth for this and, like, given up their bodily integrity for this. So, now my body's a wreck and I can't even, I don't even get, like, the, the pride to say that, like, oh, they med dropped me, and that is something that's, like, rough because now it's, like, on paper, oh, he just wasted his time, and now you're getting kicked out of the Navy.**

**Dr. Dixon:**

**But who really sees that stuff?**

**679:**

**Who sees the stuff? I mean, the people that you served with. So, and, I mean, th- I get that doesn't make sense but, like, the community and the people that you meet and the friends you meet, there's a very dogmatic train of thought here. All this is dogma. So, if you're a quitter, you're a quitter. It doesn't matter what happened to you, you're a quitter.**

**Dr. Dixon:**

**But anyone who knows you and who a- bothers to ask will understand, right? But I, I see what you're saying. I get it. Okay. Okay. What practices, like, physical, mental, spiritual did you use to push through any challenges that you had?**

**679:**

**Uh, just a lot of self talk.**

**Dr. Dixon:**

**Like, can you give me an example?**

**679:**

**Uh, I just did, like, a lot of, like ... Like, the day that I realized, or looking back on it, the day that I had rhabdo and I was, like, really struggling-**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**... prior to the morning or going to the hospital, you know, it was a lot of just, like, in my head, like, "Nope, like, come on." Just kind of in my head, it was kind of, like, me just this inner monologue of, like, telling my legs, like, "We gotta move," and that was it. It was just kind of like, "Hey, yeah, I know this sucks but, like, we j- we have to move right now," you know?**

**Dr. Dixon:**

**Okay.**

**679:**

**And so, it was just, you know, struggling and my body not wanting to do something and then just, like, this inner monologue being like, "Hey, you know, like, come on."**

**Dr. Dixon:**

**Mm-hmm (affirmative). What events, in particular, did you struggle with, would you say?**

**679:**

**In BUD/S?**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**Um, I didn't really struggle with anything.**

**Dr. Dixon:**

**So, maybe just your health.**

**679:**

**Just, yeah, just, like, my general health was just ... Yeah.**

**Dr. Dixon:**

**Okay. Do you think your class liked you?**

**679:**

**Yeah.**

**Dr. Dixon:**

**Okay. And then, what do you think was different about those people who have made it?**

**679:**

**Nothing.**

**Dr. Dixon:**

**Okay.**

**679:**

**I think, uh, at this point it's, like, kind of, like, it's almost a luck of the draw. Like, dudes who, dudes who quit in bo, that's, like, one thing, they just didn't wanna be here. But, like, there's just too many guys ... And that's why I was kind of wondering about this resiliency test. It's like, how are you guys really measuring resiliency and grit when you're dealing with a system that is very much based on luck? Like, how do you measure resiliency when someone breaks their leg or someone has to call it because no one's calling it for them? Like-**

**Dr. Dixon:**

**It's all about the bouncing back, right? That's why we wanted to talk to people who weren't left for whatever reason, but maybe they're gonna g- go back again, maybe they're like you and their health doesn't let them. In some ways, we find people more resilient because they've had a huge setback, and yet they still rise up. Like, you left once, but you came back, you know? So, you might be more resilient than somebody who got lucky and didn't have any health issues, you know, and made it all the way through. That's why we're doing these interviews to try to find out, you know, what happened to you in your specific, you know, your particular instance.**

**Dr. Dixon:**

**You know, it's not that, oh, everyone who left is a quitter, that's not what we think at all. You know, we know that there are circumstances that have happened and, and a lot of times, if you have a big failure or something that didn't work out like you thought it was gonna be, you come back even stronger. That's why we're talking to people like you, to figure out what's going on and what's making you go forward and, and what do you see for yourself for the rest of your life, you know? It's really important, more important to talk to guys like you, I think, than maybe some other guys because you've been hit with some setbacks, you know, and how do you respond to that?**

**Dr. Dixon:**

**Um, lastly, I'd say, what else should we have asked you? Like, what wou- what would you wish you would've known, uh, before you came back this time or before you even went the first time? If, if somebody's gonna read this article who hasn't gone to BUD/S yet, what do you want them to know?**

**679:**

**I think people need to know that this is a ga- this is a game of roulette for a lot of people. I think this ... I think, I think, I think everyone's thinking of this the wrong way. I think researchers are thinking of it the wrong way and I think candidates are thinking of it the wrong way. I don't think people are fully grasping what exactly this is and th- and that's what, that's what I think is, like, very funny about this study is that, again, resiliency and the bigger conversation about it when it comes to success or bouncing back, I think, I think the metrics here are just, like, wrong, they're just off.**

**Dr. Dixon:**

**Well, tell me, why? What do you think?**

**679:**

**Okay. So, you have 200 guys. You start phase and 35 guys make it. It's impossible to, it's impossible to compare a cohort of dudes from 338, 339 and 340 to 346, 347, 349.**

**Dr. Dixon:**

**Why?**

**679:**

**The instructor staff changes. Their moods change. Even the weather changes.**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**Class dynamics change. You have a completely new set of dudes with a completely different mix of strengths and weaknesses. It doesn't matter how resilient you are. Even steroid use, that's rampant here. It doesn't matter how resilient you are. It doesn't matter how tough you are, because you can't compete. You can't, you can't expect someone who is not doping to keep up with someone who's doping. You can't compare a guy who was in a push class to a guy who is in hammer class. If an, if an OIC is an intelligent guy, guess what, it doesn't matter how strong you are, if your body gets the mileage put on it because of someone else's failure, you're gonna break.**

**Dr. Dixon:**

**So, you think the leadership is really important.**

**679:**

**I think, I think it's ... I think the leadership's important. I think who the staff are as people are important. I think what their biases are telling them about certain people in the class are important. Even the metrics of performance are important. A guy who can ... Like, here's the best way I can explain it. There's a guy who is a bottom level physical performer who is probably an amazing problem solver and an amazing team player, and there's a guy who probably can't problem solve, but genetically, he can just take a beating, and that guy will mess it up nine times out of 10, and that guy pays for it, and that guy quits because his legs are broken, and that guy makes it through because he can just eat the beatings.**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**He passes at the test gates, he makes it through hell week. Is he the best guy for the job? Some would say yes, some would say no, but you lose a lot of really good guys because they can't keep up with someone like that. He doesn't have to worry about the little things of BUD/S, your helmet, your boots, your dive knife. He can just say, "Screw it," 'cause he knows he's just gonna physically be able to just eat the beating.**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**So, if you're grading a bu- a bunch of guys on who's gonna be a good operator or who's gonna be a good team guy, how could you really look at those two people and compare them using the same metrics? Like, you can't.**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**You can't. And people see it from the outside looking in and they're like, "Oh, well, you just don't have to quit." It's easier said than done. If you're ... When you're asked to do the same tests as someone who's doping and your legs are broken-**

**Dr. Dixon:**

**So, tell me about the steroid use or the doping stuff, 'cause you're not the first person that's said that. Um-**

**679:**

**Oh, yeah, there's a huge doping culture here, especially amongst rollbacks. So, usually officers, like, there's definitely, like, a big officer contingent of people who dope. Whatever, none of my business. I can't prove it so I'm not gonna sit here and ... But p- people see it. It happened over at 505. You know, dudes would, on the weekends would go over to 505 and there was a guy that would show up and they'd dope and they would get, you know, performance enhancing drugs and if you half those guys are officers, and the rollbacks especially doing it because they've been here for a while, they- they've afforded the time to be able to go purchase them-**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**... and then if you're, like, a guy who's just showing up and this is your original class and four out of seven guys in your boat crew are, are on performance enhancing drugs, you can't keep up with the boat.**

**Dr. Dixon:**

**Do you think that they check for that stuff?**

**679:**

**Uh, I think one of two classes randomly they do blood tests. But they didn't te- they didn't check our class. We had a guy in our class, uh ... Well, they were calling him ... His name's, like, Rorstack, they were calling him Rorstack. The instructors are like, "Yeah, what's your, what's your, what's your," like, you know, implying he was doping, and he obviously was doping. His body looked like he was doping. He wasn't breaking down. Physiologically, like, that just doesn't happen here, you know, unless you are on something.**

**Dr. Dixon:**

**Mm-hmm (affirmative).**

**679:**

**And so, it's like, mm-**

**Dr. Dixon:**

**Mm.**

**679:**

**... they're not really checking it. If you can walk from here, from wet side to dry side over to 505 and find an empty room and shoot yourself up with something, then who's there to check? No one.**

**Dr. Dixon:**

**Mm-hmm (affirmative). And you think it's pretty rampant?**

**679:**

**Yeah, yeah.**

**Dr. Dixon:**

**That's interesting. I've also heard Viagra, different things that people take for different ailments that they have.**

**679:**

**Oh, yeah. This is a huge ... The student culture is pretty wild, you know? It's, again, like, the instructors put this thing, a veil over the class, and it's like, "Well, we're not gonna let you go to medical. We're not gonna med roll you if you go to medical." If you try it, they're gonna beat you harder. It happened to my friend William. Both of his legs were broken, fractured and they were like, "You're not gonna go to medical," and he's like, "I need to go to medical," and our class proctor found out he went to medical and then he had him doing a bunch of high impact stress on his legs and he was like, "I'm gonna break you. I'm not gonna let you go." It's like, it's that kind of stuff. So, how can you have this study when there is a completely different world and you guys are approaching it like there's a fair shake here or if there is a codified way of how things are handled, but that's just not the case?**

**Dr. Dixon:**

**Mm. Well, thank you. Thank you for your honestly and for sharing with us. Um, you've definitely given us a lot to think about and, uh-**