

changing **GEARS**

BY SHARI L. DRAGOVICH



A SOLDIER OVERCOMES PAIN,
TRAUMA AND DEPENDENCE

Ten years ago, *Sgt. Justin Minyard* was riding along the road of military success. *His career was exciting, his clearance was high; one by one he was ticking off his goals. Then everything changed.* On a day our country now remembers with much sorrow, *his life changed course dramatically.*

On September 11, 2001, Minyard was working at Ft. Myer military base, outside Washington, D.C., when Flight 77 crashed into the Pentagon, just five miles away. Minyard responded instantly. Desperate to rescue survivors, he spent the next 72 hours moving rubble onsite. He lifted file cabinets of waterlogged documents, moved massive desks and cleared blocks of concrete wall. Working on adrenaline, Minyard never felt pain. But while he pushed, lifted, threw and sifted debris, discs in his back ruptured, setting into motion long-term degeneration.

At the time, Minyard was serving in the elite Presidential Escort Platoon. Acceptance to the platoon is difficult; most are excluded by the strict height, weight, build and hair color requirements. But as a 6'4", broad-shouldered and statuesque soldier, Minyard seemed destined for the role. Beyond his physical attributes, his selflessness and strong character — he enlisted in the Army rather than burden his parents with the expense of college — promised military success.

Despite his injury and trauma on 9/11, Minyard's life forged ahead. Shortly after the Pentagon attack, Minyard moved next door to his future wife, Amy, a cyber-intelligence analyst who'd been secretly praying for a kind, handsome man to move onto her otherwise dreary street. Two years later they married. Minyard's career continued to advance rapidly. Life was good — except for his deteriorating back and haunting post-traumatic stress.

After years of maintaining intense physical activity, Minyard's back eventually required surgery. Unfortunately, the surgery failed. Still, Minyard refused to miss training, then refused to miss a deployment while his soldiers went to war. He adjusted, trying to control his pain with cortisone injections and medication. Throughout his final deployment to Iraq, in 2008, Minyard received cortisone injections

before every mission. It simply became part of his personal SOP (standard operating procedure).

In August 2008, eight months into his Iraq deployment, Minyard's pain became crippling. He was hooked to a morphine drip and Medevac'd out of action. His body's response to morphine was immediate and powerful: for the first time in seven years, Justin Minyard was pain-free.

"The feeling of having no pain is very, very powerful," says Minyard. On a pain scale of one to ten, Minyard says his pain had consistently hovered around seven. Suddenly, in that moment, his pain dropped to zero. That's when his dependence on pain medications began.

Month folded into month. Minyard, now confined to a wheelchair and on a constant pain-med high, began losing his short-term memory. According to Minyard, he'd forget simple tasks: brushing teeth, getting dressed, shaving. He became extremely depressed, often staying in the upstairs guest room for weeks at a time. Once, he hid there for seven weeks.

Out of necessity, Amy transitioned from wife to caregiver for both her husband and their daughter. She worked from home and gave up everything else. She drove Minyard to daily doctor appointments, managed his meds and posted basic living checklists throughout the house: a "Don't forget" list on the garage door, a crayon hygiene list on the bathroom mirror and more. Sometimes, she mowed the grass in the dark, after Minyard and their daughter were in bed. "I was hanging on by a thin thread," she admits.

Amy suspected that factors other than opioid side effects were causing her husband's forgetfulness. She was his secret weapon, his best health advocate. Finally, doc-

tors diagnosed Minyard with traumatic brain injury, or TBI. Multiple concussions over his years of service were to blame. Minyard began TBI treatment. More medications. More management. The road ahead looked long and dark.

Throughout 2009, Minyard was shuffled from specialist to specialist. In May 2009, Anthony Dragovich, MD, chief of anesthesia and pain medicine specialist at Womack Army Medical Center, implanted a spinal cord stimulator into his back.

“When I first saw Justin he had severe disk herniations with compression of nerves in the spine,” explains Dr. Dragovich. “This compression was causing him low back pain and radicular [radiating] pain in his legs; also numbness and weakness of his legs to the point of being wheelchair-bound. He had already undergone two unsuccessful surgeries and was living on incredibly high doses of narcotic pain medications. He was basically stoned out of his mind.”

A spinal cord stimulator (SCS) is a “pacemaker for pain,” Dr. Dragovich explains. It short-circuits pain impulses

from reaching the brain. His hope in implanting an SCS was two-fold: to better manage Minyard’s pain without another invasive back surgery, and to offer a non-narcotic pain relief option to Minyard’s already opioid-loaded system.

The stimulator worked on the radicular pain but failed to control Minyard’s low back pain. “Spinal cord stimulation reliably treats radicular pain,” explains Dr. Dragovich, “but is more unpredictable in treating low back pain. It doesn’t effectively treat pain that isn’t caused from nerve irritation.” This includes pain from the disc, joint degeneration and post-surgical scarring. Minyard suffered all three.

Loaded down on narcotics and losing hope, Minyard continued seeing specialists at both Womack and the University of North Carolina, Chapel Hill.

Finally, after being told bluntly by specialists at UNC that his back was “too far gone,” the Minyards knew they must become their own advocates.

Extensive research led them to a team of specialists at Duke University. In September 2009, an anterior-posterior inter-body fusion was performed: a complicated name to match an equally complicated surgery. Surgeons entered from the front, displaced all Minyard’s abdominal organs, fused his spine from L4 to S1, repacked the organs, turned him over and finalized the fusion from the back.

While the combination of surgery and SCS finally brought his pain under control, Minyard’s chemical dependence returned. He withdrew from family, from reality and from life. He knew drugs had the upper hand, but he felt alone in overcoming them. Finally, after watching his daughter’s second birthday on videotape and remembering nothing about the day, Minyard had had enough.

“It was the first special day [of her life] that I had been home to see, and I didn’t remember anything,” he says. “At one point, she brought me a present to help her open and I couldn’t even get the wrapping off. I lay back in my chair and passed out. Watching that disgusted me.”

RESOURCES

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FOR RETURNING SOLDIERS.

RIDE TO RECOVERY
www.ride2recovery.com

INDEPENDENCE FUND
www.independencefund.org

DEPARTMENT OF VETERANS AFFAIRS
www.va.gov

WOUNDED WARRIORS PROJECT
www.woundedwarriorproject.org

INTREPID FALLEN HEROES FUND
www.fallenheroesfund.org

SCEPTOR PAIN FOUNDATION
www.sceptorpain.org

“The feeling
of having *no*
pain is very,
very powerful.”

SGT. JUSTIN MINYARD
WITH WIFE AMY AND
DAUGHTER, MACKENZIE



According to Minyard, he quit his meds cold turkey — several times. He would hole himself upstairs, spending days to weeks “in hell.”

“Even compared to what I experienced as a soldier — Iraq, Afghanistan, even the Pentagon attack — detoxing from opioids was the worst by far,” he explains.

After several failed attempts, Minyard sought help. Using the drug Suboxone, Dr. Dragovich slowly weaned Minyard off opioids, permanently.

More than ever, Minyard decided he needed to focus on something other than his pain. His “something” became cycling. In May 2009, while Minyard was still wheelchair-bound and opioid-dependent, the family was invited to a retreat in Florida sponsored by the Independence Fund, a nonprofit that supports this generation’s wounded veterans by providing mobility devices, allowing wounded veterans to lead more independent lives. At the retreat was a support group that specialized in adaptive cycling. Despite his skepticism, Minyard lay supine in a recumbent bike and rode his first 20-miler ever.

“The feeling of exercise was amazing,” Minyard recalls. For the first time in months he didn’t feel broken. He didn’t feel confined.

Through the Independence Fund, Minyard became involved with Ride to Recovery, a nonprofit dedicated to helping wounded warriors divert focus from themselves and their disabilities to rehabilitation and recovery. Cycling is their road to transformation.

John Wordin, professional cyclist and R2R’s founder and president, developed the program after receiving a call for help from the Veterans Affairs office. He explains the experience of helping the VA create cycling opportunities for wounded veterans led him, in turn, to create R2R. That was four years and 7,400 soldiers ago, with assistance going to over 4,000 soldiers in the last year alone.

Wordin explains that in nearly every case, no matter the severity of a soldier’s injuries, a bike can be adapted to meet his or her needs. Even soldiers blinded from battle enjoy riding. “At R2R we show these soldiers that they are capable of doing something,” says Wordin. “It’s not someone *telling* them they can do it. They are figur-

ing it out on their own. We give them hope; because if you don’t have hope, you don’t have anything.”

Hope is exactly what Minyard needed, but Wordin had to be creative in producing it. Because of Minyard’s low back pain, Wordin had to build him a recumbent bike custom fit to his specific needs. Last summer, after three years cycling in a reclining position, Minyard finally transitioned into an upright ride. Wordin describes Minyard’s transformation as both a physical and psychological victory. “The doctor says ‘you can’t,’ but we show [soldiers] they can,” says Wordin.

When Minyard talks about cycling, he is at his most animated.

“Cycling is more than getting on a bike and riding. It’s about being with 80 guys like you,” he explains. “In this community no one is an anomaly; no one stares at the guy without an arm or a leg — or maybe without one of each and blind, too.”

Minyard explains that on bikes, surrounded by others just like them, soldiers begin losing their self-consciousness and embarrassment over their injuries. Here, no one will stare while they attach their artificial leg to the bike. No one will judge or coddle them when they suffer a sudden anxiety attack.

Cycling is Minyard’s elixir for his back and his stress. He can go for a 40-mile ride and come home with less back pain or anxiety than any amount of medication ever provided. He says that cycling has replaced much of what he misses about military service. “I was very successful in the military,” he states matter-of-factly. “But when I lost my health, I lost my goals and aspirations, too.”

Now, after months of despair and feeling uncharacteristically sorry for himself, Minyard has found the pleasure of renewed success. Through Ride to Recovery, he cycles all over the world, sharing his story and supporting other wounded warriors. He encourages them in finding their own path to rehabilitation and warns of the debilitating effects of long-term opioid use.

“There are so many alternatives to long-term pain other than meds,” Minyard says. It’s the one message he hopes his comrades will hear. {PP}