THE OTHER WALTER REED

Soldiers Face Neglect, Frustration At Army’s Top Medical Facility

By Dana Priest and Anne Hull
Washington Post Staff Writers

Behind the door of Army Spec. Jeremy Duncan’s room, part of the wall is torn and hangs in the air, weighted down with black mold. When the wounded combat engineer stands in his shower and looks up, he can see the bathtub on the floor above through a rotted hole. The entire building, constructed between the world wars, often smells like greasy carry-out. Signs of neglect are everywhere: mouse droppings, belly-up cockroaches, stained carpets, cheap mattresses.

This is the world of Building 18, not the kind of place where Duncan expected to recover when he was evacuated to Walter Reed Army Medical Center from Iraq last February with a broken neck and a shredded left ear, nearly dead from blood loss. But the old lodge, just outside the gates of the hospital and five miles up the road from the White House, has housed hundreds of maimed soldiers recuperating from injuries suffered in the wars in Iraq and Afghanistan.

The common perception of Walter Reed is of a surgical hospital that shines as the crown jewel of military medicine. But 5 1/2 years of sustained combat have transformed the venerable 113-acre institution into something else entirely — a holding ground for physically and psychologically damaged outpatients. Almost 700 of them — the majority soldiers, with some Marines — have been released from hospital beds but still need treatment or are awaiting bureaucratic decisions before being discharged or returned to active duty.

They suffer from brain injuries, severed arms and legs, organ and back damage, and various degrees of post-traumatic stress. Their legions have grown so exponentially — they outnumber hospital patients at Walter Reed 17 to 1 — that they take up every available bed on post and spill into dozens of nearby hotels and apartments leased by the Army. The average stay is 10 months, but some have been stuck there for as long as two years.

Not all of the quarters are as bleak
as Duncan’s, but the despair of Building 18 symbolizes a larger problem in Walter Reed’s treatment of the wounded, according to dozens of soldiers, family members, veterans aid groups, and current and former Walter Reed staff members interviewed by two Washington Post reporters, who spent more than four months visiting the outpatient world without the knowledge or permission of Walter Reed officials. Many agreed to be quoted by name; others said they feared Army retribution if they complained publicly.

While the hospital is a place of scrubbed-down order and daily miracles, with medical advances saving more sol-

Staff Sgt. John Daniel Shannon has spent more than two years as a patient at Walter Reed Army Medical Center. The former sniper’s skull was shattered in a gun battle in Iraq, and he has post-traumatic stress disorder. With him is his 6-year-old son, Drake.

PHOTOS BY MICHEL DU CILLE — THE WASHINGTON POST
diers than ever, the outpatients in the Other Walter Reed encounter a messy bureaucratic battlefield nearly as chaotic as the real battlefields they faced overseas.

On the worst days, soldiers say they feel like they are living a chapter of “Catch-22.” The wounded manage other wounded. Soldiers dealing with psychological disorders of their own have been put in charge of others at risk of suicide.

Disengaged clerks, unqualified platoon sergeants and overworked case managers fumble with simple needs: feeding soldiers’ families who are close to poverty, replacing a uniform ripped off by medics in the desert sand or helping a brain-damaged soldier remember his next appointment.

“We’ve done our duty. We fought the war. We came home wounded. Fine. But whoever the people are back here who are supposed to give us the easy transition should be doing it,” said Marine Sgt. Ryan Groves, 26, an amputee who lived at Walter Reed for 16 months. “We don’t know what to do. The people who are supposed to know don’t have the answers. It’s a non-stop process of stalling.”

Soldiers, family members, volunteers and caregivers who have tried to fix the system say each mishap seems trivial by itself, but the cumulative effect wears down the spirits of the wounded and can stall their recovery.

“It creates resentment and disenfranchisement,” said Joe Wilson, a clinical social worker at Walter Reed. “These soldiers will withdraw and stay in their rooms. They will actively avoid the very treatment and services that are meant to be helpful.”

Danny Soto, a national service officer for Disabled American Veterans who helps dozens of wounded service members each week at Walter Reed, said soldiers “get awesome medical care and their lives are being saved,” but, “Then they get into the
Some Soldiers Return From War Only to Battle the System at Walter Reed

administrative part of it and they are like, ‘You saved me for what?’ The soldiers feel like they are not getting proper respect. This leads to anger.”

This world is invisible to outsiders. Walter Reed occasionally showcases the heroism of these wounded soldiers and emphasizes that all is well under the circumstances. President Bush, former defense secretary Donald H. Rumsfeld and members of Congress have promised the best care during their regular visits to the hospital’s spit-polished amputee unit, Ward 57.

“We owe them all we can give them,” Bush said during his last visit, a few days before Christmas. “Not only for when they’re in harm’s way, but when they come home to help them adjust if they have wounds, or help them adjust after their time in service.”

Along with the government promises, the American public, determined not to repeat the divisive Vietnam experience, has embraced the soldiers even as the war grows more controversial at home. Walter Reed is awash in the generosity of volunteers, businesses and celebrities who donate money, plane tickets, telephone cards and steak dinners.

Yet at a deeper level, the soldiers say they feel alone and frustrated. Seventy-five percent of the troops polled by Walter Reed last March said their experience was “stressful.” Suicide attempts and unintentional overdoses from prescription drugs and alcohol, which is sold on post, are part of the narrative here.

Vera Heron spent 15 frustrating months living on post to help care for her son. “It just absolutely took forever to get anything done,” Heron said. “They do the paperwork, they lose the paperwork. Then they have to redo the paperwork. You are talking about guys and girls whose lives are disrupted for the rest of their lives, and they don’t put any priority on it.”

Family members who speak only Spanish have had to rely on Salvadoran housekeepers, a Cuban bus driver, the Panamanian bartender and a Mexican floor cleaner for help. Walter Reed maintains a list of bilingual staffers, but they are rarely called on, according to soldiers and families and Walter Reed staff members.

Evis Morales’s severely wounded son was transferred to the National Naval Medical Center in Bethesda for surgery shortly after she arrived at Walter Reed. She had checked into her government-paid room on post, but she slept in the lobby of the Bethesda hospital for two weeks because no
one told her there is a free shuttle between the two facilities. “They just let me off the bus and said ‘Bye-bye,’” recalled Morales, a Puerto Rico resident.

Morales found help after she ran out of money, when she called a hotline number and a Spanish-speaking operator happened to answer.

“If they can have Spanish-speaking recruits to convince my son to go into the Army, why can’t they have Spanish-speaking translators when he’s injured?” Morales asked. “It’s so confusing, so disorienting.”

Soldiers, wives, mothers, social workers and the heads of volunteer organizations have complained repeatedly to the military command about what one called...
“The Handbook No One Gets” that would explain life as an outpatient. Most soldiers polled in the March survey said they got their information from friends. Only 12 percent said any Army literature had been helpful.

“They’ve been behind from Day One,” said Rep. Thomas M. Davis III (R-Va.), who headed the House Government Reform Committee, which investigated problems at Walter Reed and other Army facilities. “Even the stuff they’ve fixed has only been patched.”

Among the public, Davis said, “there’s vast appreciation for soldiers, but there’s a lack of focus on what happens to them” when they return. “It’s awful.”

Maj. Gen. George W. Weightman, commander at Walter Reed, said in an interview last week that a major reason outpatients stay so long, a change from the days when injured soldiers were discharged as quickly as possible, is that the Army wants to be able to hang on to as many soldiers as it can, “because this is the first time this country has fought a war for so long with an all-volunteer force since the Revolution.”

Acknowledging the problems with outpatient care, Weightman said Walter Reed has taken steps over the past year to improve conditions for the outpatient army, which at its peak in summer 2005 numbered nearly 900, not to mention the hundreds of family members who come to care for them. One platoon sergeant used to be in charge of 125 patients; now each one manages 30. Platoon sergeants with psychological problems are more carefully screened. And officials have increased the numbers of case managers and patient advocates to help with the complex disability benefit process, which Weightman called “one of the biggest sources of delay.”

And to help steer the wounded and their families through the complicated bureaucracy, Weightman said, Walter Reed has recently begun holding twice-weekly informational meetings. “We felt we were pushing information out before, but the reality is, it was overwhelming,” he said. “Is it fail-proof? No. But we’ve put more resources on it.”

He said a 21,500-troop increase in Iraq has Walter Reed bracing for “potentially a lot more” casualties.

**Bureaucratic Battles**

The best known of the Army’s medical centers, Walter Reed opened in 1909 with 10 patients. It has treated the wounded from every war since, and nearly one of every four service members injured in Iraq and Afghanistan.

The outpatients are assigned to one of five buildings attached to the post, including Building 18, just across from the front gates on Georgia Avenue. To accommodate the overflow, some are sent to nearby hotels and apartments. Living conditions range from the disrepair of Building 18 to the relative elegance of Mologne House, a hotel that opened on the post in 1998, when the typical guest was a visiting family member.
or a retiree on vacation.

The Pentagon has announced plans to close Walter Reed by 2011, but that hasn’t stopped the flow of casualties. Three times a week, school buses painted white and fitted with stretchers and blackened windows stream down Georgia Avenue. Sirens blaring, they deliver soldiers groggy from a pain-relief cocktail at the end of their long trip from Iraq via Landstuhl Regional Medical Center in Germany and Andrews Air Force Base.

Staff Sgt. John Daniel Shannon, 43, came in on one of those buses in November 2004 and spent several weeks on the fifth floor of Walter Reed’s hospital. His eye and skull were shattered by an AK-47 round. His odyssey in the Other Walter Reed has lasted more than two years, but it began when someone handed him a map of the grounds and told him to find his room across post.

A reconnaissance and land-navigation expert, Shannon was so disoriented that he couldn’t even find north. Holding the map, he stumbled around outside the hospital, sliding against walls and trying to keep himself upright, he said. He asked anyone he found for directions.

Shannon had led the 2nd Infantry Division’s Ghost Recon Platoon until he was felled in a gun battle in Ramadi. He liked the solitary work of a sniper; “Lone Wolf” was his call name. But he did not expect to be left alone by the Army after such serious surgery and a diagnosis of post-traumatic stress disorder. He had appointments during his first two weeks as an outpatient, then nothing.

“I thought, ‘Shouldn’t they contact me?’ “ he said. “I didn’t understand the paperwork. I’d start calling phone numbers, asking if I had appointments. I finally ran across someone who said: ‘I’m your case manager. Where have you been?’

“Well, I’ve been here! Jeez Louise, people, I’m your hospital patient!”

Like Shannon, many soldiers with impaired memory from brain injuries sat for weeks with no appointments and no help from the staff to arrange them. Many disappeared even longer. Some simply left for home.

One outpatient, a 57-year-old staff sergeant who had a heart attack in Afghanistan, was given 200 rooms to supervise at the end of 2005. He quickly discovered that some outpatients had left the post months earlier and would check in by phone. “We called them ‘call-in patients,’ “ said Staff Sgt. Mike McCauley, whose dormant PTSD from Vietnam was triggered by what he saw on the job: so many young and wounded, and three bodies being carried from the hospital.

Life beyond the hospital bed is a frustrating mountain of paperwork. The typical soldier is required to file 22 documents with eight different commands — most of them off-post — to enter and exit the medical processing world, according to government investigators. Sixteen different information systems are used to process the forms, but few of them can communicate
with one another. The Army’s three personnel databases cannot read each other’s files and can’t interact with the separate pay system or the medical recordkeeping databases.

The disappearance of necessary forms and records is the most common reason soldiers languish at Walter Reed longer than they should, according to soldiers, family members and staffers. Sometimes the Army has no record that a soldier even served in Iraq. A combat medic who did three tours had to bring in letters and photos of herself in Iraq to show she that had been there, after a clerk couldn’t find a record of her service.

Shannon, who wears an eye patch and a visible skull implant, said he had to prove he had served in Iraq when he tried to get a free uniform to replace the bloody one left behind on a medic’s stretcher. When he finally tracked down the supply clerk, he discovered the problem: His name was mistakenly left off the “GWOT list” — the list of “Global War on Terrorism” patients with priority funding from the Defense Department.

He brought his Purple Heart to the
clerk to prove he was in Iraq.

Lost paperwork for new uniforms has forced some soldiers to attend their own Purple Heart ceremonies and the official birthday party for the Army in gym clothes, only to be chewed out by superiors.

The Army has tried to re-create the organization of a typical military unit at Walter Reed. Soldiers are assigned to one of two companies while they are outpatients — the Medical Holding Company (Medhold) for active-duty soldiers and the Medical Holdover Company for Reserve and National Guard soldiers. The companies are broken into platoons that are led by platoon sergeants, the Army equivalent of a parent.

Under normal circumstances, good sergeants know everything about the soldiers under their charge: vices and talents, moods and bad habits, even family stresses. At Walter Reed, however, outpatients have been drafted to serve as platoon sergeants and have struggled with their responsibilities. Sgt. David Thomas, a 42-year-old amputee with the Tennessee National Guard, said his platoon sergeant couldn't remember his name. “We wondered if he had mental problems,” Thomas said. “Sometimes I'd wear my leg, other times I'd take my wheelchair. He would think I was a different person. We thought, ‘My God, has this man lost it?’ “

Civilian care coordinators and case managers are supposed to track injured soldiers and help them with appointments, but government investigators and soldiers complain that they are poorly trained and often do not understand the system.

One amputee, a senior enlisted man who asked not to be identified because he is back on active duty, said he received orders to report to a base in Germany as he sat drooling in his wheelchair in a haze of medication. “I went to Medhold many times in my wheelchair to fix it, but no one there could help me,” he said.

Finally, his wife met an aide to then-Deputy Defense Secretary Paul D. Wolfowitz, who got the erroneous paperwork corrected with one phone call. When the aide called with the news, he told the soldier, “They don’t even know you exist.”

“They didn’t know who I was or where I was,” the soldier said. “And I was in contact with my platoon sergeant every day.”

The lack of accountability weighed on Shannon. He hated the isolation of the younger troops. The Army’s failure to account for them each day wore on him. When a 19-year-old soldier down the hall died, Shannon knew he had to take action.

The soldier, Cpl. Jeremy Harper, returned from Iraq with PTSD after seeing three buddies die. He kept his room dark, refused his combat medals and always seemed heavily medicated, said people who knew him. According to his mother, Harper was drunkenly wandering the lobby of the Mologne House on New Year’s Eve 2004, looking for a ride home to West Virginia. The next morning he was found dead in his room. An autopsy showed alcohol poisoning, she said.
“I can’t understand how they could have let kids under the age of 21 have liquor,” said Victoria Harper, crying. “He was supposed to be right there at Walter Reed hospital. . . . I feel that they didn’t take care of him or watch him as close as they should have.”

The Army posthumously awarded Harper a Bronze Star for his actions in Iraq.

Shannon viewed Harper’s death as symptomatic of a larger tragedy — the Army had broken its covenant with its troops. “Somebody didn’t take care of him,” he would later say. “It makes me want to cry.

Shannon and another soldier decided to keep tabs on the brain injury ward. “I’m a staff sergeant in the U.S. Army, and I take care of people,” he said. The two soldiers walked the ward every day with a list of names. If a name dropped off the large white board at the nurses’ station, Shannon would hound the nurses to check their files and figure out where the soldier had gone.

Sometimes the patients had been transferred to another hospital. If they had been released to one of the residences on post, Shannon and his buddy would pester
the front desk managers to make sure the new charges were indeed there. “But two out of 10, when I asked where they were, they’d just say, ‘They’re gone,’ “ Shannon said.

Even after Weightman and his commanders instituted new measures to keep better track of soldiers, two young men left post one night in November and died in a high-speed car crash in Virginia. The driver was supposed to be restricted to Walter Reed because he had tested positive for illegal drugs, Weightman said.

Part of the tension at Walter Reed comes from a setting that is both military and medical. Marine Sgt. Ryan Groves, the squad leader who lost one leg and the use of his other in a grenade attack, said his recovery was made more difficult by a Marine liaison officer who had never seen combat but dogged him about having his mother in his room on post. The rules allowed her to be there, but the officer said she was taking up valuable bed space.

“When you join the Marine Corps, they tell you, you can forget about your mama. ‘You have no mama. We are your mama,’ “ Groves said. “That training works in combat. It doesn’t work when you are wounded.”

**Frustration at Every Turn**

The frustrations of an outpatient’s day begin before dawn. On a dark, rain-soaked morning this winter, Sgt. Archie Benware, 53, hobbled over to his National Guard platoon office at Walter Reed. Benware had done two tours in Iraq. His head had been crushed between two 2,100-pound concrete barriers in Ramadi, and now it was dented like a tin can. His legs were stiff from knee surgery. But here he was, trying to take care of business.

At the platoon office, he scanned the white board on the wall. Six soldiers were listed as AWOL. The platoon sergeant was nowhere to be found, leaving several soldiers stranded with their requests.

Benware walked around the corner to arrange a dental appointment — his teeth were knocked out in the accident. He was told by a case manager that another case worker, not his doctor, would have to approve the procedure.

“Goddamn it, that’s unbelievable!” snapped his wife, Barb, who accompanied him because he can no longer remember all of his appointments.

Not as unbelievable as the time he received a manila envelope containing the gynecological report of a young female soldier.

Next came 7 a.m. formation, one way Walter Reed tries to keep track of hundreds of wounded. Formation is also held to maintain some discipline. Soldiers limp to the old Red Cross building in rain, ice and snow. Army regulations say they can’t use umbrellas, even here. A triple amputee has mastered the art of putting on his uniform by himself and rolling in just in time. Others are so gorked out on pills that they seem on the verge of nodding off.

“Fall in!” a platoon sergeant shouted
at Friday formation. The noisy room of soldiers turned silent.

An Army chaplain opened with a verse from the Bible. “Why are we here?” she asked. She talked about heroes and service to country. “We were injured in many ways.”

Someone announced free tickets to hockey games, a Ravens game, a movie screening, a dinner at McCormick and Schmick’s, all compliments of local businesses.

Every formation includes a safety briefing. Usually it is a warning about mixing alcohol with meds, or driving too fast, or domestic abuse. “Do not beat your spouse or children. Do not let your spouse or children beat you,” a sergeant said, to laughter. This morning’s briefing included a warning about black ice, a particular menace to the amputees.

Dress warm, the sergeant said. “I see some guys rolling around in their wheelchairs in 30 degrees in T-shirts.”

Soldiers hate formation for its petty condescension. They gutted out a year in the desert, and now they are being treated like children.

“I’m trying to think outside the box here, maybe moving formation to Wag—
ner Gym,” the commander said, addressing concerns that formation was too far from soldiers’ quarters in the cold weather. “But guess what? Those are nice wood floors. They have to be covered by a tarp. There’s a tarp that’s got to be rolled out over the wooden floors. Then it has to be cleaned, with 400 soldiers stepping all over it. Then it’s got to be rolled up.”

“Now, who thinks Wagner Gym is a good idea?”

Explaining this strange world to family members is not easy. At an orientation for new arrivals, a staff sergeant walked them through the idiosyncrasies of Army financing. He said one relative could receive a 15-day advance on the $64 per diem either in cash or as an electronic transfer: “I highly recommend that you take the cash,” he said. “There’s no guarantee the transfer will get to your bank.” The audience yawned.

Actually, he went on, relatives can collect only 80 percent of this advance, which comes to $51.20 a day. “The cashier has no change, so we drop to $50. We give you the rest” — the $1.20 a day — “when you leave.”

The crowd was anxious, exhausted.

Staff Sgt. John Daniel Shannon
- **Service:** Sniper team leader, 2nd Brigade, 2nd Infantry Division
- **Injury:** Hit by a sniper during a gun battle in Ramadi in 2004. Lost his left eye, suffered a frontal lobe brain injury requiring a skull implant and has PTSD
- **Status:** Will be discharged from the Army but would like to get his last sergeant’s stripe “because I earned it.”

Staff Sgt. John Daniel Shannon and his wife, Torry, in the home they rent in Gaithersburg. He is still an outpatient.
A child crawled on the floor. The sergeant plowed on. “You need to figure out how long your loved one is going to be an inpatient,” he said, something even the doctors can’t accurately predict from day to day. “Because if you sign up for the lodging advance,” which is $150 a day, “and they get out the next day, you owe the government the advance back of $150 a day.”

A case manager took the floor to remind everyone that soldiers are required to be in uniform most of the time, though some of the wounded are amputees or their legs are pinned together by bulky braces. “We have break-away clothing with Velcro!” she announced with a smile. “Welcome to Walter Reed!”

**A Bleak Life in Building 18**

“Building 18! There is a rodent infestation issue!” bellowed the commander to his troops one morning at formation. “It doesn’t help when you live like a rodent! I can’t believe people live like that! I was appalled by some of your rooms!”

Life in Building 18 is the bleakest homecoming for men and women whose government promised them good care in return for their sacrifices.

One case manager was so disgusted, she bought roach bombs for the rooms. Mouse traps are handed out. It doesn’t help that soldiers there subsist on carry-out food because the hospital cafeteria is such a hike on cold nights. They make do with microwaves and hot plates.

Army officials say they “started an aggressive campaign to deal with the mice infestation” last October and that the problem is now at a “manageable level.” They also say they will “review all outstanding work orders” in the next 30 days.

Soldiers discharged from the psychiatric ward are often assigned to Building 18. Buses and ambulances blare all night. While injured soldiers pull guard duty in the foyer, a broken garage door allows unmonitored entry from the rear. Struggling with schizophrenia, PTSD, paranoid delusional disorder and traumatic brain injury, soldiers feel especially vulnerable in that setting, just outside the post gates, on a street where drug dealers work the corner at night.

“I’ve been close to mortars. I’ve held my own pretty good,” said Spec. George Romero, 25, who came back from Iraq with a psychological disorder. “But here . . . I think it has affected my ability to get over it . . . dealing with potential threats every day.”

After Spec. Jeremy Duncan, 30, got out of the hospital and was assigned to Building 18, he had to navigate across the traffic of Georgia Avenue for appointments. Even after knee surgery, he had to limp back and forth on crutches and in pain. Over time, black mold invaded his room.

But Duncan would rather suffer with the mold than move to another room and share his convalescence in tight quarters with a wounded stranger. “I have mold on the walls, a hole in the shower ceiling, but . . . I don’t want someone waking me up
coming in.”

Wilson, the clinical social worker at Walter Reed, was part of a staff team that recognized Building 18’s toll on the wounded. He mapped out a plan and, in September, was given a $30,000 grant from the Commander’s Initiative Account for improvements. He ordered some equipment, including a pool table and air hockey table, which have not yet arrived. A Psychiatry Department functionary held up the rest of the money because she feared that buying a lot of recreational equipment close to Christmas would trigger an audit, Wilson said.

In January, Wilson was told that the funds were no longer available and that he would have to submit a new request. “It’s absurd,” he said. “Seven months of work down the drain. I have nothing to show for this project. It’s a great example of what we’re up against.”

A pool table and two flat-screen TVs were eventually donated from elsewhere.

But Wilson had had enough. Three weeks ago he turned in his resignation. “It’s too difficult to get anything done with this broken-down bureaucracy,” he said.

At town hall meetings, the soldiers of Building 18 keep pushing commanders to improve conditions. But some things have gotten worse. In December, a contracting dispute held up building repairs.

“I hate it,” said Romero, who stays in his room all day. “There are cockroaches. The elevator doesn’t work. The garage door doesn’t work. Sometimes there’s no heat, no water. . . . I told my platoon sergeant I want to leave. I told the town hall meeting. I talked to the doctors and medical staff. They just said you kind of got to get used to the outside world. . . . My platoon sergeant said, ‘Suck it up!’ “

Staff researcher Julie Tate contributed to this report.
The Washington Post

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BY KATE ROBERTSON FOR THE WASHINGTON POST

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BY MICHAEL D. COLE | THE WASHINGTON POST
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THE OTHER WALTER REED

The Hotel Aftermath

Inside Mologne House, the Survivors of War
Wrestle With Military Bureaucracy and Personal Demons

By Anne Hull and Dana Priest
Washington Post Staff Writers

The guests of Mologne House have been blown up, shot, crushed and shaken, and now their convalescence takes place among the chandeliers and wingback chairs of the 200-room hotel on the grounds of Walter Reed Army Medical Center.

Oil paintings hang in the lobby of this strange outpost in the war on terrorism, where combat’s urgency has been replaced by a trickling fountain in the garden courtyard. The maimed and the newly legless sit in wheelchairs next to a pond, watching goldfish turn lazily through the water.

But the wounded of Mologne House are still soldiers — Hooah! — so their lives are ruled by platoon sergeants. Each morning they must rise at dawn for formation, though many are half-snowed on pain meds and sleeping pills.

In Room 323 the alarm goes off at 5 a.m., but Cpl. Dell McLeod slumbers on. His wife, Annette, gets up and fixes him a bowl of instant oatmeal before going over to the massive figure curled in the bed. An Army counselor taught her that a soldier back from war can wake up swinging, so she approaches from behind.

“Dell,” Annette says, tapping her husband. “Dell, get in the shower.”

“Dell!” she shouts.

Finally, the yawning hulk sits up in bed. “Okay, baby,” he says. An American flag T-shirt is stretched over his chest. He reaches for his dog tags, still the devoted
soldier of 19 years, though his life as a warrior has become a paradox. One day he’s led on stage at a Toby Keith concert with dozens of other wounded Operation Iraqi Freedom troops from Mologne House, and the next he’s sitting in a cluttered cubby-hole at Walter Reed, fighting the Army for every penny of his disability.

McLeod, 41, has lived at Mologne House for a year while the Army figures out what to do with him. He worked in textile and steel mills in rural South Carolina before deploying. Now he takes 23 pills a day, prescribed by various doctors at Walter Reed. Crowds frighten him. He is too anxious to drive. When panic strikes, a soldier friend named Oscar takes him to Baskin-Robbins for vanilla ice cream.

At Mologne House, Soldiers Wounded in War Say They’re Fighting the Army for Their Due
“They find ways to soothe each other,” Annette says.

Mostly what the soldiers do together is wait: for appointments, evaluations, signatures and lost paperwork to be found. It’s like another wife told Annette McLeod: “If Iraq don’t kill you, Walter Reed will.”

**After Iraq, a New Struggle**

The conflict in Iraq has hatched a virtual town of desperation and dysfunction, clinging to the pilings of Walter Reed. The wounded are socked away for months and years in random buildings and barracks in and around this military post.

The luckiest stay at Mologne House, a four-story hotel on a grassy slope behind the hospital. Mologne House opened 10 years ago as a short-term lodging facility for military personnel, retirees and their family members. Then came Sept. 11 and five years of sustained warfare. Now, the silver walkers of retired generals convalescing from hip surgery have been replaced by prosthetics propped against Xbox games and Jessica Simpson posters smiling down

Annette and Dell McLeod on an outing in Silver Spring; watching the fountains calms his anxiety, as do trips to bookstores and Baskin-Robbins for vanilla ice cream. “I’m worried about how he’s gonna fit into society,” Annette said of her husband. She quit her job and stays by his side 24 hours a day. The South Carolina National Guardsman was hurt on the Iraqi border, and now he is nervous in crowds, cannot drive and shows other signs of mental stress.
on brain-rattled grunts.

Two Washington Post reporters spent hundreds of hours in Mologne House documenting the intimate struggles of the wounded who live there. The reporting was done without the knowledge or permission of Walter Reed officials, but all those directly quoted in this article agreed to be interviewed.

The hotel is built in the Georgian revival style, and inside it offers the usual amenities: daily maid service, front-desk clerks in formal vests and a bar off the lobby that opens every afternoon.

But at this bar, the soldier who orders a vodka tonic one night says to the bartender, “If I had two hands, I’d order two.” The customers sitting around the tables are missing limbs, their ears are melted off, and their faces are tattooed purple by shrapnel patterns.

Most everyone has a story about the day they blew up: the sucking silence before immolation, how the mouth filled with tar, the lungs with gas.

“First thing I said was, ‘[Expletive],
that was my good eye,’ ” a soldier with an eye patch tells an amputee in the bar.

The amputee peels his beer label. “I was awake through the whole thing,” he says. “It was my first patrol. The second [expletive] day in Iraq and I get blown up.”

When a smooth-cheeked soldier with no legs orders a fried chicken dinner and two bottles of grape soda to go, a kitchen worker comes out to his wheelchair and gently places the Styrofoam container on his lap.

A scrawny young soldier sits alone in his wheelchair at a nearby table, his eyes closed and his chin dropped to his chest, an empty Corona bottle in front of him.

Those who aren’t old enough to buy a drink at the bar huddle outside near a magnolia tree and smoke cigarettes. Wearing hoodies and furry bedroom slippers, they look like kids at summer camp who’ve crept out of their rooms, except some have empty pants legs or limbs pinned by medieval-looking hardware. Medication is a favorite topic.

“Dude, [expletive] Paxil saved my life.”

“I been on methadone for a year, I’m tryin’ to get off it.”

“I didn’t take my Seroquel last night and I had nightmares of charred bodies, burned crispy like campfire marshmallows.”

Mologne House is afloat on a river of painkillers and antipsychotic drugs. One night, a strapping young infantryman loses it with a woman who is high on her son’s painkillers. “Quit taking all the soldier medicine!” he screams.

Pill bottles clutter the nightstands: pills for depression or insomnia, to stop nightmares and pain, to calm the nerves.

Here at Hotel Aftermath, a crash of dishes in the cafeteria can induce seizures in the combat-addled. If a taxi arrives and the driver looks Middle Eastern, soldiers refuse to get in. Even among the gazebos
and tranquility of the Walter Reed campus in upper Northwest Washington, manhole covers are sidestepped for fear of bombs and rooftops are scanned for snipers.

Bomb blasts are the most common cause of injury in Iraq, and nearly 60 percent of the blast victims also suffer from traumatic brain injury, according to Walter Reed’s studies, which explains why some at Mologne House wander the hallways trying to remember their room numbers.

Some soldiers and Marines have been here for 18 months or longer. Doctor's appointments and evaluations are routinely dragged out and difficult to get. A board of physicians must review hundreds of pages of medical records to determine whether a soldier is fit to return to duty. If not, the Physical Evaluation Board must decide whether to assign a rating for disability compensation. For many, this is the start of a new and bitter battle.

Months roll by and life becomes a blue-and-gold hotel room where the bathroom mirror shows the naked disfigurement of war’s ravages. There are toys in the lobby of Mologne House because children live here. Domestic disputes occur because wives or girlfriends have moved here. Financial tensions are palpable. After her husband's traumatic injury insurance policy came in, one wife cleared out with the money. Older National Guard members worry about the jobs they can no longer perform back home.

While Mologne House has a full bar, there is not one counselor or psychologist assigned there to assist soldiers and families in crisis — an idea proposed by Walter Reed social workers but rejected by the military command that runs the post.

After a while, the bizarre becomes routine. On Friday nights, antiwar protesters stand outside the gates of Walter Reed holding signs that say “Love Troops, Hate War, Bring them Home Now.” Inside the gates, doctors in white coats wait at the hospital entrance for the incoming bus full of newly wounded soldiers who’ve just landed at Andrews Air Force Base.

And set back from the gate, up on a hill, Mologne House, with a bowl of red apples on the front desk.

Into the Twilight Zone

Dell McLeod’s injury was utterly banal. He was in his 10th month of deployment with the 178th Field Artillery Regiment of the South Carolina National Guard near the Iraqi border when he was smashed in the head by a steel cargo door of an 18-wheeler. The hinges of the door had been tied together with a plastic hamburger-bun bag. Dell was knocked out cold and cracked several vertebrae.

When Annette learned that he was being shipped to Walter Reed, she took a leave from her job on the assembly line at Stanley Tools and packed the car. The Army would pay her $64 a day to help care for her husband and would let her live with him at Mologne House until he recovered.

A year later, they are still camped out in the twilight zone. Dogs are periodi-
On Friday nights, demonstrators are regulars outside the gates of Walter Reed near the Mologne House. A bus full of soldiers drives past on the way to a field trip in Washington.

cally brought in by the Army to search the rooms for contraband or weapons. When the fire alarm goes off, the amputees who live on the upper floors are scooped up and carried down the stairwell, while a brigade of mothers passes down the wheelchairs. One morning Annette opens her door and is told to stay in the room because a soldier down the hall has overdosed.

In between, there are picnics at the home of the chairman of the Joint Chiefs of Staff and a charity-funded dinner cruise on the Potomac for “Today’s troops, tomorrow’s veterans, always heroes.”

Dell and Annette’s weekdays are spent making the rounds of medical appointments, physical therapy sessions and evaluations for Dell’s discharge from the Army. After 19 years, he is no longer fit for service. He uses a cane to walk. He is unable to count out change in the hospital cafeteria. He takes four Percocets a day for pain and has gained 40 pounds from medication and inactivity. Lumbering and blue-eyed, Dell is a big ox baby.

Annette puts on makeup every morn-
ing and does her hair, some semblance of normalcy, but her new job in life is watching Dell.

“I’m worried about how he’s gonna fit into society,” she says one night, as Dell wanders down the hall to the laundry room.

The more immediate worry concerns his disability rating. Army doctors are disputing that Dell’s head injury was the cause of his mental impairment. One report says that he was slow in high school and that his cognitive problems could be linked to his native intelligence rather than to his injury.

“They said, ‘Well, he was in Title I math,’ like he was retarded,” Annette says. “Well, y’all took him, didn’t you?”

The same fight is being waged by their friends, who aren’t the young warriors in Army posters but middle-age men who left factory jobs to deploy to Iraq with their Guard units. They were fit enough for war, but now they are facing teams of Army doctors scrutinizing their injuries for signs of preexisting conditions, lessening their chance for disability benefits.

Dell and Annette’s closest friend at Mologne House is a 47-year-old Guard member who was driving an Army vehicle through the Iraqi night when a flash of light blinded him and he crashed into a ditch with an eight-foot drop. Among his many injuries was a broken foot that didn’t heal properly. Army doctors decided that “late life atrophy” was responsible for the foot, not the truck wreck in Iraq.

When Dell sees his medical records, he explodes. “Special ed is for the mentally retarded, and I’m not mentally retarded, right, babe?” he asks Annette. “I graduated from high school. I did some college. I worked in a steel mill.”

It’s after 9 one night and Dell and Annette are both exhausted, but Dell still needs to practice using voice-recognition software. Reluctantly, he mutes “The Ultimate Fighting Challenge” on TV and sits next to Annette in bed with a laptop.

“My name is Wendell,” he says. “Wendell Woodward McLeod Jr.”

Annette tells him to sit up. “Spell ‘dog,’” she says, softly.

“Spell ‘dog,’” he repeats.

“Listen to me,” she says.

“Listen to me.” He slumps on the pillow. His eyes drift toward the wrestlers on TV.

“You are not working hard enough, Dell,” Annette says, pleading. “Wake up.”

“Wake up,” he says.

“Dell, come on now!”

For Some, a Grim Kind of Fame

No one questions Sgt. Bryan Anderson’s sacrifice. One floor above Dell and Annette’s room at Mologne House, he holds the gruesome honor of being one of the war’s five triple amputees. Bryan, 25, lost both legs and his left arm when a roadside bomb exploded next to the Humvee he was driving with the 411th Military Police Company. Modern medicine saved him and now he’s the pride of the prosthetics team at Walter Reed. Tenacious and wisecracking, he wrote “[Expletive] Iraq” on his left
Amputees are the first to receive celebrity visitors, job offers and extravagant trips, but Bryan is in a league of his own. Johnny Depp’s people want to hook up in London or Paris. The actor Gary Sinise, who played an angry Vietnam amputee in “Forrest Gump,” sends his regards. And Esquire magazine is setting up a photo shoot.

Bryan’s room at Mologne House is stuffed with gifts from corporate America and private citizens: $350 Bose noise-canceling headphones, nearly a thousand DVDs sent by well-wishers and quilts made by church grannies. The door prizes of war. Two flesh-colored legs are stacked on the floor. A computerized hand sprouting blond hair is on the table.

One Saturday afternoon, Bryan is on his bed downloading music. Without his prosthetics, he weighs less than 100 pounds. “Mom, what time is our plane?” he asks his mother, Janet Waswo, who lives in the room with him. A movie company is flying them to Boston for the premiere of a documentary about amputee hand-cyclers in which Bryan appears.

Representing the indomitable spirit of the American warrior sometimes becomes too much, and Bryan turns off his phone.

Perks and stardom do not come to every amputee. Sgt. David Thomas, a gunner with the Tennessee National Guard, spent his first three months at Walter Reed with no decent clothes; medics in Samarra had cut off his uniform. Heavily drugged, missing one leg and suffering from traumatic brain injury, David, 42, was finally told by a physical therapist to go to the Red Cross office, where he was given a T-shirt and sweat pants. He was awarded a Purple Heart but had no underwear.

David tangled with Walter Reed’s image machine when he wanted to attend a ceremony for a fellow amputee, a Mexican national who was being granted U.S. citizenship by President Bush. A case worker quizzed him about what he would wear. It was summer, so David said shorts. The case
manager said the media would be there and shorts were not advisable because the amputees would be seated in the front row.

‘Are you telling me that I can’t go to the ceremony ’cause I’m an amputee?’ ” David recalled asking. “She said, ‘No, I’m saying you need to wear pants.’ ”

David told the case worker, “I’m not ashamed of what I did, and y’all shouldn’t be neither.” When the guest list came out for the ceremony, his name was not on it.

Still, for all its careful choreography of the amputees, Walter Reed offers protection from a staring world. On warm nights at the picnic tables behind Mologne House, someone fires up the barbecue grill and someone else makes a beer run to Georgia Avenue.

Bryan Anderson is out here one Friday. “Hey, Bry, what time should we leave in the morning?” asks his best friend, a female soldier also injured in Iraq. The next day is Veterans Day, and Bryan wants to go to Arlington National Cemetery. His pal Gary Sinise will be there, and Bryan wants to give him a signed photo.

Thousands of spectators are already at Arlington the next morning when Bryan and his friend join the surge toward the ceremony at the Tomb of the Unknowns. The sunshine dazzles. Bryan is in his wheelchair. If loss and sacrifice are theoretical to some on this day, here is living proof — three stumps and a crooked boyish smile. Even the acres of tombstones can’t compete. Spectators cut their eyes toward him and look away.

Suddenly, the thunder of cannons shakes the sky. The last time Bryan heard this sound, his legs were severed and he was nearly bleeding to death in a fiery Humvee.

Boom. Boom. Boom. Bryan pushes his wheelchair harder, trying to get away from the noise. “Damn it,” he says, “when are they gonna stop?”

Bryan’s friend walks off by herself and holds her head. The cannon thunder has unglued her, too, and she is crying.

Friends From Ward 54

An old friend comes to visit Dell and Annette. Sgt. Oscar Fernandez spent 14 months at Walter Reed after having a heart attack in Afghanistan. Oscar also had post-traumatic stress disorder, PTSD, a condition that worsened at Walter Reed and landed the 45-year-old soldier in the hospital’s psychiatric unit, Ward 54.

Oscar belonged to a tight-knit group of soldiers who were dealing with combat stress and other psychological issues. They would hang out in each other’s rooms at night, venting their fury at the Army’s Cuckoo’s Nest. On weekends they escaped Walter Reed to a Chinese buffet or went shopping for bootleg Spanish DVDs in nearby Takoma Park. They once made a road trip to a casino near the New Jersey border.

They abided each other’s frailties. Sgt. Steve Justi would get the slightest cut on his skin and drop to his knees, his face full of anguish, apologizing over and over. For what, Oscar did not know. Steve was the
college boy who went to Iraq, and Oscar figured something terrible had happened over there.

Sgt. Mike Smith was the insomniac. He'd stay up till 2 or 3 in the morning, smoking on the back porch by himself. Doctors had put steel rods in his neck after a truck accident in Iraq. To turn his head, the 41-year-old Guard member from Iowa had to rotate his entire body. He was fighting with the Army over his disability rating, too, and in frustration had recently called a congressional investigator for help.

“They try in all their power to have you get well, but it reverses itself,” Oscar liked to say.

Dell was not a psych patient, but he and Oscar bonded. They were an unlikely pair — the dark-haired Cuban American with a penchant for polo shirts and salsa, and the molasses earnestness of Dell.

Oscar would say things like “I'm trying to better myself through my own recognition,” and Dell would nod in appreciation.

To celebrate Oscar’s return visit to Walter Reed, they decide to have dinner in Silver Spring.

Annette tells Oscar that a soldier was arrested at Walter Reed for waving a gun around.

“A soldier, coming from war?” Oscar asks.

Annette doesn’t know. She mentions that another soldier was kicked out of Mologne House for selling his painkillers.

The talk turns to their friend Steve Justi. A few days earlier, Steve was discharged from the Army and given a zero percent disability rating for his mental condition.

Oscar is visibly angry. “They gave him nothing,” he says. “They said his bipolar was preexisting.”

Annette is quiet. “Poor Steve,” she says.

After dinner, they return through the gates of Walter Reed in Annette's car, a John 3:16 decal on the bumper and the Dixie Chicks in the CD player. Annette sees a flier in the lobby of Mologne House announcing a free trip to see Toby Keith in concert.

A week later, it is a wonderful night at the Nissan Pavilion. About 70 wounded soldiers from Walter Reed attend the show. Toby invites them up on stage and brings the house down when he sings his monster wartime hit “American Soldier.” Dell stands on stage in his uniform while Annette snaps pictures.

“Give a hand clap for the soldiers,” Annette hears Toby tell the audience, “then give a hand for the U.S.A.”

A Soldier Snaps

Deep into deer-hunting country and fields of withered corn, past the Pennsylvania Turnpike in the rural town of Ellwood City, Steve Justi sits in his parents’ living room, fighting off the afternoon’s lethargy.

A photo on a shelf shows a chiseled soldier, but the one in the chair is 35 pounds heavier. Antipsychotic drugs give him tremors and cloud his mind. Still, he is deliberate and thoughtful as he explains
his path from soldier to psychiatric patient in the war on terrorism.

After receiving a history degree from Mercyhurst College, Steve was motivated by the attacks of Sept. 11, 2001, to join the National Guard. He landed in Iraq in 2003 with the First Battalion, 107th Field Artillery, helping the Marines in Fallujah.

“It was just the normal stuff,” Steve says, describing the violence he witnessed in Iraq. His voice is oddly flat as he recalls the day his friend died in a Humvee accident. The friend was driving with another soldier when they flipped off the road into a swamp. They were trapped upside down and submerged. Steve helped pull them out and gave CPR, but it was too late. The swamp water kept pushing back into his own mouth. He rode in the helicopter with the wet bodies.

After he finished his tour, everything was fine back home in Pennsylvania for about 10 months, and then a strange bout of insomnia started. After four days without sleep, he burst into full-out mania and was hospitalized in restraints.

Did anything trigger the insomnia? “Not really,” Steve says calmly, sitting in his chair.

His mother overhears this from the kitchen and comes into the living room. “His sergeant had called saying that the unit was looking for volunteers to go back to Iraq,” Cindy Justi says. “This is what triggered his snap.”

Steve woke up in the psychiatric unit at Walter Reed and spent the next six months going back and forth between there and a room at Mologne House. He was diagnosed with bipolar disorder. He denied to doctors that he was suffering from PTSD, yet he called home once from Ward 54 and shouted into the phone, “Mom, can’t you hear all the shooting in the background?”

He was on the ward for the sixth time when he was notified that he was being discharged from the Army, with only a few days to clear out and a disability rating of zero percent.

On some level, Steve expected the zero rating. During his senior year of college, he suffered a nervous breakdown and for several months was treated with antidepressants. He disclosed this to the National Guard recruiter, who said it was a nonissue. It became an issue when he told doctors at Walter Reed. The Army decided that his condition was not aggravated by his time in Iraq. The only help he would get would come from Veterans Affairs.

“We have no idea if what he endured over there had a worsening effect on him,” says his mother.

His father gets home from the office. Ron Justi sits on the couch across from his son. “He was okay to sacrifice his body, but now that it’s time he needs some help, they are not here,” Ron says.

Outside the Gates

The Army gives Dell McLeod a discharge date. His days at Mologne House are numbered. The cramped hotel room has become home, and now he is afraid to
leave it. His anxiety worsens. “Shut up!” he screams at Annette one night, his face red with rage, when she tells him to stop fiddling with his wedding ring.

Later, Annette says: “I am exhausted. He doesn’t understand that I’ve been fighting the Army.”

Doctors have concluded that Dell was slow as a child and that his head injury on the Iraqi border did not cause brain damage. “It is possible that pre-morbid emotional difficulties and/or pre-morbid intellectual functioning may be contributing factors to his reported symptoms,” a doctor wrote, withholding a diagnosis of traumatic brain injury.

Annette pushes for more brain testing and gets nowhere until someone gives her the name of a staffer for the House Committee on Oversight and Government Reform. A few days later, Annette is called to a meeting with the command at Walter Reed. Dell is given a higher disability rating than expected — 50 percent, which means he will receive half of his base pay until he is evaluated again in 18 months. He signs the papers.

Dell wears his uniform for the last time, somber and careful as he dresses for formation. Annette packs up the room and loads their Chevy Cavalier to the brim. Finally the gates of Walter Reed are behind them. They are southbound on I-95 just past the Virginia line when Dell begins to cry, Annette would later recall. She pulls over and they both weep.

Not long after, Bryan Anderson also leaves Mologne House. When the triple amputee gets off the plane in Chicago, American Airlines greets him on the tarmac with hoses spraying arches of water, and cheering citizens line the roads that lead to his home town, Rolling Meadows.

Bryan makes the January cover of Esquire. He is wearing his beat-up cargo shorts and an Army T-shirt, legless and holding his Purple Heart in his robot hand. The headline says “The Meaning of Life.”

A month after Bryan leaves, Mike Smith, the insomniac soldier, is found dead in his room. Mike had just received the good news that the Army was raising his disability rating after a congressional staff member intervened on his behalf. It was the week before Christmas, and he was set to leave Walter Reed to go home to his wife and kids in Iowa when his body was found. The Army told his wife that he died of an apparent heart attack, according to her father.

Distraught, Oscar Fernandez calls Dell and Annette in South Carolina with the news. “It’s the constant assault of the Army,” he says.

Life with Dell is worsening. He can’t be left alone. The closest VA hospital is two hours away. Doctors say he has liver problems because of all the medications. He is also being examined for PTSD. “I don’t even know this man anymore,” Annette says.

At Mologne House, the rooms empty and fill, empty and fill. The lobby chandelier glows and the bowl of red apples waits
on the front desk. An announcement goes up for Texas Hold ‘Em poker in the bar.

One cold night an exhausted mother with two suitcases tied together with rope shows up at the front desk and says, “I am here for my son.” And so it begins.

Staff researcher Julie Tate contributed to this report.
At Mologne House, Soldiers Wounded in War

The Hotel Aftermath

Maryland to Unveil the Flag That Began a New Chapter

Say They’re Fighting the Army for Their Due

WALTER REED, his wheelchair at a nearby table, his eyes:

customers sitting around the tables are:

silver walkers of retired generals conva-

the hospital. Mologne House opened 10:

wounded are socked away for months and:

wait: for appointments, evaluations, signa-

Reed. Crowds frighten him. He is too anx-

A8

Annette and Dell McLeod on an outing in Silver Spring; watching the fountains calms his anxiety, as do trips to bookstores and Baskin-Robbins for vanilla ice cream. “I’m worried about how he’s gonna fit into society,” Annette said of her:

and tranquility of the Walter Reed campus

stop nightmares and pain,

One night, a strapping

off it.”

empty pants legs or limbs

who’ve crept out of their

Soldiers recovering from war injuries

is fit to return to duty. If

Crash Comes 3 Days

US Army

BUTTERNUT ST.

D.C.

Financial tensions

as she got out of the rear

were evacuated to Walter Reed for treatment.

The actor Gary Sinise, who was driving an Army vehicle

at or near the speed limit, said Metro spokes-

ton laid the cornerstone for an

for inner-city security sta-

from a family in Maryland who had

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George Washington’s Resignation Speech

For centuries, his words have

A8, Col. 1

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Teresa Murphy, 37, who lost her right arm in a roadside bomb.

Oscar is visibly angry. “They gave him

And a woman who was hearing impaired

as Ray, the driver, and his wife, Teresa, and

Friends From Ward 54

In 2007, the Army decided to

Room

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and carried down the stairwell, while a

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Annetta and Dell McLeod on an outing in Silver Spring; watching the fountains calms his anxiety, as do trips to bookstores and Baskin-Robbins for vanilla ice cream. “I’m worried about how he’s gonna fit into society,” Annette said of her:

Disclosure: Annette McLeod, Dell McLeod, and Teresa Murphy are represented by the same attorney.

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Hospital Investigates
Former Aid Chief

Walter Reed Official Had Own Charity

By Dana Priest and Anne Hull
Washington Post Staff Writers

For the past three years, Michael J. Wagner directed the Army’s largest effort to help the most vulnerable soldiers at Walter Reed Army Medical Center. His office in Room 3E01 of the world-renowned hospital was supposed to match big-hearted donors with thousands of wounded soldiers who could not afford to feed their children, pay mortgages, buy plane tickets or put up visiting families in nearby hotels.

But while he was being paid to provide this vital service to patients, outpatients and their relations, Wagner was also seeking funders and soliciting donations for his own new charity, based in Texas, according to documents and interviews with current and former staff members. Some families also said Wagner treated them callously and made it hard for them to receive assistance.

Last week, Walter Reed launched a criminal investigation of Wagner after The Washington Post sought a response to his activities while he ran the Army’s Medical Family Assistance Center, a position he left several weeks ago. Maj. Gen. George W. Weightman, the commander at Walter Reed, said the probe by the Criminal Investigation Command (CID) “reflects the seriousness with which we take these allegations.”

Weightman’s legal adviser, Col. Samuel Smith, said that “it would clearly be a conflict of interest” prohibited by federal law, Army regulations and Defense Department ethics rules if Wagner used his position to solicit funds for his own organization.

The saga of the Medical Family Assistance Center is just one example of the problems at Walter Reed, where nearly 700 soldiers and Marines from the wars in Iraq and Afghanistan live as outpatients while recuperating. Some families are happy with the help they received from Wagner and his office, and many soldiers and their families applauded the dedication of workers there. Others said that they had problems with Wagner and that the
center seemed chaotic and disorganized.

“We had many family members who came to me because they couldn’t get a respectful and compassionate response from Dr. Wagner,” said Peggy Baker, director of a charity that helps wounded soldiers, Operation First Response.

Wagner, who has a doctorate in education, resigned his position last month to work full time on his Military, Veteran and Family Assistance Foundation, based in Dallas. The foundation includes the Phoenix Project, which runs marriage retreats for soldiers returning from combat. According to its Web site, the foundation is supported by several corporations, other foundations and individuals.

In a phone interview, Wagner denied he had solicited funds or made contact with donors during office hours. “It’s just not true,” he said. “I intentionally stayed out of that. I couldn’t do that. I couldn’t do both.” He said he is not paid by the foundation. The documents that would verify that have not yet been filed with the Internal Revenue Service.

Wagner said his superiors “knew of my involvement right from the beginning.” Weightman said the command had been unaware of Wagner’s Texas charity until
recently.

Wagner defended his work at the center. “My only purpose and my priority 12 to 19 hours a day was to assist the families of the wounded,” he said. “I saw 6,000 people coming back from Iraq and Afghanistan. I did my best, but I’m not God. What I did there was a job that was super-human.”

Wagner said that the charity was founded by his brother and that he did not officially become its executive director until he left Walter Reed. But fundraising documents from early January, before he resigned, list him as the director, and the organization’s Web site called him its executive director months before he resigned.

In a fundraising letter he signed shortly before he quit the Medical Family Assistance Center, Wagner referred to his work at Walter Reed. As head of the center, he wrote, “I have had over a thousand citizens in this great country asking what they might be able to do at Walter Reed for our wounded troops and their families. I found myself telling them that Walter Reed was blessed with the outpouring of the goodness and generosity of the American public and that if they were really interested in assisting, they should look within their own communities.”

But, his letter continued, “I realized they were not working with their local communities so . . . I decided to found the Military, Veteran and Family Assistance Foundation to do just this, to do what I am able to help our soldiers reenter their home and local community.”

Wagner included an ambitious business plan to take the charity from a $237,000 pilot project in the first year, which ended in August 2006 — while he was working at Walter Reed — to a $145 million foundation by 2011. He signed the letter “Executive Director and Founder.”

Leita Sosin, an 11-year Army veteran who worked in Wagner’s office for two years, said she complained to him and to co-workers about his involvement with the charity. “It really broke me to see what he was doing,” said Sosin, 29, a former Army operating-room technician. “Instead of working with the families at Walter Reed and with us, he spent all his time putting
together the Phoenix Project.”

Moscow Spencer, a case manager fired by Wagner in October, also complained to her co-workers. “All day long he’d work on his program,” she said. “If someone came in to donate money, he would talk to them about his project.”

Sosin said the office was overwhelmed by the number of families who needed assistance and who were confused by the complex bureaucracy. “Everyone needed help, but you couldn’t get them the help as fast as they needed it,” she said. “Someone like me could scream all day about how it was broken, but no one wanted to take the time to fix it.”

She also said Wagner was arrogant toward some staff members and families. “People got hurt in the process, whether it be financially or because he promised a lot of things he never followed up on,” she said.

In April, Sosin said, she laid out her concerns in a three-page letter to her superiors. She received no response and resigned. Wagner said that Sosin never complained to him and that he had no idea why she quit.

Poverty among soldiers returning from war is not uncommon. While they continue to live on the Army payroll until they return to active duty or are discharged, some experience a substantial decrease in pay when combat pay or hazard pay disappears.

Some Army families breach the poverty line when a spouse quits a job to help the soldier recuperate; mortgage payments don’t stop, and they still need to feed their children. Many turn to the generosity of Americans eager to prove they have not forgotten the troops’ sacrifices. While staff members and soldiers acknowledge that some families take advantage of the plentiful freebies at Walter Reed, many others ask for help only as a last resort.

The assistance center is supposed to be the connection between a soldier’s family and private donors. Until recently, it did not accept cash contributions but instead matched families’ needs — for bus or plane tickets, clothing, emergency food vouchers,
grants for mortgages or living expenses — with organizations set up to help.

According to Walter Reed, 14 families on average seek assistance from the center each day. Although it is difficult to quantify the value of donations, the center received $4,500 worth of phone cards in 2006 and handled $1.9 million worth of donated plane tickets. Weightman said the center’s staff was recently increased from five to nine employees, with two people assigned to keeping track of the donations, and training has been improved.

The system for receiving donations is often confusing, even for the staff, Weightman said. “There’s too much for any one person to know, but depending on the question, they may know [the answer] or direct you to the person who does know it.”

Some soldiers go directly to the many volunteer organizations set up to help the wounded. Last year, Wagner began an effort to funnel all requests and donations through the family assistance center. It was a good idea, said Sosin and others, but because Wagner seemed preoccupied, a bottleneck of requests resulted.

“It was really all at the expense of the service member,” said Sandra Butterfield, who worked at Walter Reed as an ombudsman for a Defense Department-funded relief organization. “He decreed that everything had to go through him,” and it didn’t seem to matter if that slowed the process. Officials, she said, “don’t understand what it meant to have no money. Family members changed the sheets, empty the bedpan. But they are leaving their homes across the country. . . . Every day I came home angry.”

Some families were also angered by the way Wagner treated them.

“The patient care was absolutely wonderful, but the administration was horrible, especially Dr. Wagner,” said Maria Mendez, whose 25-year-old nephew, Spec. Roberto Reyes Jr., suffered severe brain and limb damage when a mine exploded near him outside Baghdad. “It was like running around in circles. He was never around.”

“They were unprofessional, discourteous and uncompassionate all in one,” Mendez said. “I was very surprised. You figure any family who’s gone through such devastation, then faces this, to be treated with such unprofessionalism . . . it’s like you’re putting salt on the wounds.”

Frustrated, Mendez set up an account for her sister, Aida Rivera, Reyes’s mother, to pay for her stay at Walter Reed. Rivera eventually got financial assistance from the Army and outside organizations, but she also received a $3,519 bill from Mologne House, a hotel at Walter Reed, for her stay as her son’s nonmedical attendant.

Staff members from other offices also complained to the command about Wagner, according to memos obtained by The Post. In one, an employee, who asked not to be named, questioned why a soldier’s mother “who had subsisted on dried soups . . . due to her lack of funds” could not get help. Four months after approaching the center, the memo said, the mother had not received the per diem owed her as her
child’s nonmedical attendant “and has no cash for essentials nor emergencies.”

A wife who accompanied her wounded husband, who was based in Germany, said Wagner asked her repeatedly why she did not return to Germany so she could continue working. The woman “reported she felt harassed and bullied but that she held her ground,” the employee’s memo states.

Wagner said families were often angry at his office, not because it failed them but because they were distraught over their situation. “Their true need is an emotional one. They’re going to be angry at somebody. . . . I did my best; no, more than my best.”

Staff researcher Julie Tate contributed to this report.
Terrorist Networks Lure Young Moroccans to War in Far-Off Iraq
by Janice Stein

That Little Voice Telling You To Skip I-95? It’s Your Car
by Harriet Price

Satellite Radio Firms Plan To Merge
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Army Fixing Patients’ Housing
Changes Underway At Walter Reed

By Dana Priest and Anne Hull
Washington Post Staff Writers

Walter Reed Army Medical Center began repairs yesterday on Building 18, a former hotel that is used to house outpatients recuperating from injuries suffered in Iraq and Afghanistan and that has been plagued with mold, leaky plumbing and a broken elevator.

The facility’s commander, Maj. Gen. George W. Weightman, said Army staff members inspected each of the 54 rooms at the building and discovered that outstanding repair orders for half the rooms had not been completed. He said that mold removal had begun on several rooms and that holes in ceilings, stained carpets and leaking faucets were being fixed.

Walter Reed, the Army’s premier medical facility, has turned into a holding ground for wounded soldiers during 5½ years of sustained combat. Almost 700 outpatients suffering from physical injuries and psychological problems live on the 113-acre military post or in nearby quarters. Many linger there for 18 months or longer as they move through the Army’s numbing bureaucracy.

A Washington Post series over the weekend described “The Other Walter Reed,” where overdoses, suicide attempts and depression among outpatients are the parallel narrative to the spit-polish hallways of the renowned hospital.

Building 18, in particular, symbolizes the indifference and neglect that many of the wounded say they experience at Walter Reed.

Yesterday, Weightman said a broken elevator in the building had been repaired and soldiers were working to improve the outside of the building, including removing ice and snow. The slippery conditions have kept some soldiers in their rooms. A garage door that has been broken for months will soon be repaired as well.

Spec. Jeremy Duncan, whose room has a moldy wall that was featured in one photograph in the Post series, has been moved to another room while workers make repairs. Duncan will be able to return to his room when the work is completed, Weightman said.

Walter Reed and Army officials have been “meeting continuously for three days” since the articles began appearing, Weightman said. A large roundtable meeting with
Army and Defense Department officials will take place at the Pentagon early this morning to continue talks about improvements in the outpatient system, he added.

Weightman said the medical center has received an outpouring of concern about conditions and procedures since the articles appeared and has taken steps to improve what soldiers and their families describe as a messy battlefield of bureaucratic problems and mistreatment.

“We're starting to attack how we'll fix and mitigate” some of the problems, he said.

Social workers will now be stationed around the clock at Mologne House, the 200-room hotel on the post where many of the outpatients live. Plans are being developed to better train other staff members who deal with outpatient needs.

The Army will also consider moving some outpatients to its other medical centers throughout the United States and will determine over the next weeks whether more workers are needed at Walter Reed.
That Little Voice Telling You To Skip I-95? It's Your Car
by Jon M. Evans

Terrorist Networks Lure Young Moroccans to War in Far-Off Iraq
Geoffrey & Recruiting Tool for Al-Qaeda: Officials
by Anne Hull

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Army Fixing Patients’ Housing
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Hospital Investigates Former Aid Chief
Walter Reed Official Had Open Charity
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Walter Reed Investigating Former Aid Director

Firms Try to Meld Popular Technology to Improve Traffic Data
by Gary Flegal

Repairs Underway at Building 18

Inside Sections A2 C2 D2 E2 F2 G2 H2
Noncommissioned officers moved from room to room of Building 18 of Walter Reed Army Medical Center yesterday with clipboards noting necessary repairs, while workers in protective masks began peeling moldy wallpaper and pulling up old carpet. Elsewhere in the decrepit former hotel that houses recovering wounded soldiers, an elevator was repaired and outside sidewalks were cleared of ice.

The activity came amid a storm of outrage from veterans groups and politicians after a series of articles last weekend in The Washington Post.

Army Launches Cleanup In Walter Reed Housing

Noncommissioned officers moved from room to room of Building 18 of Walter Reed Army Medical Center yesterday with clipboards noting necessary repairs, while workers in protective masks began peeling moldy wallpaper and pulling up old carpet. Elsewhere in the decrepit former hotel that houses recovering wounded soldiers, an elevator was repaired and outside sidewalks were cleared of ice.

The activity came amid a storm of outrage from veterans groups and politicians after a series of articles last weekend in The Washington Post.

Story, A8.
By Dana Priest and Anne Hull
Washington Post Staff Writers

The White House and congressional leaders called yesterday for swift investigation and repair of the problems plaguing outpatient care at Walter Reed Army Medical Center, as veterans groups and members of Congress in both parties expressed outrage over substandard housing and the slow, dysfunctional bureaucracy there.

Top Army officials yesterday visited Building 18, the decrepit former hotel housing more than 80 recovering soldiers, outside the gates of the medical center. Army Secretary Francis Harvey and Vice Chief of Staff Richard Cody toured the building and spoke to soldiers as workers in protective masks stripped mold from the walls and tore up soiled carpets.

At the White House, press secretary Tony Snow said that he spoke with President Bush yesterday about Walter Reed and that the president told him: “Find out what the problem is and fix it.”

Snow said Bush “first learned of the troubling allegations regarding Walter Reed from the stories this weekend in The Washington Post. He is deeply concerned and wants any problems identified and fixed.” The spokesman said he did not know why the president, who has visited the facility many times in the past five years, had not heard about these problems before.

Walter Reed’s commander, Maj. Gen. George W. Weightman, said in an interview that the Army leadership had assured him that all the staff increases he had requested would be met. “This is not an issue,” he said. “This is their number one priority.”

He said the Army has agreed to fund what he called a “surge plan” that has been designed for the likelihood that the
21,500-person troop increase underway in Iraq will result in more casualties.

Weightman said case managers have been ordered to call each of the 700 outpatients to ask about problems they may be encountering. He has also put half a dozen senior enlisted officers from the hospital in charge of the outpatients’ companies normally in the hands of lower-level platoon sergeants. Also, a medic will be stationed 24 hours a day at the Mologne House, the largest residence on the 113-acre post, to help soldiers with medical or psychological problems.

Harvey said he was surprised and disappointed by the conditions and the bureaucratic delays. “In the warrior ethos, the last line says you should never leave a fallen comrade, and from that facility point of view we didn’t live up to it . . . and it looks to me we may have not lived up to it from a process side,” he said, adding that conditions at the building are “inexcusable.”

“It’s a failure . . . in the garrison leadership . . . that should have never happened, and we are quickly going to rectify that situation,” he said.

“We had some NCOs [noncommissioned officers] who weren’t doing their job, period,” Harvey said. He said he and Cody will report regularly to Defense Sec-
Secretary Robert M. Gates on a plan to fix the conditions.

The Post series documented tattered conditions at Building 18, including mold, rot, mice and cockroaches, but also a larger bureaucratic indifference that has impeded some soldiers’ recovery.

At Building 18 yesterday, platoon sergeants with clipboards went from room to room inspecting for mold, leaks and other problems. A broken elevator was repaired, and snow and ice were cleared from the sidewalks.

The secretaries of the Army and Navy announced that they had begun a broader review of Walter Reed and the National Naval Medical Center and that an independent review group will be formed to investigate outpatient care and administrative processes. Walter Reed is set to close in 2011, and the naval facility in Bethesda will be expanded to handle the additional wounded.

Walter Reed’s fixes are unlikely to immediately quiet the criticism from members of Congress, who received a flood of calls from the public and veterans groups asking how the problems could have been unknown to officials — some of whom regularly visit Walter Reed.

“We need to bring the Army people in and say, ‘What the hell is going on?’ “ said Rep. Bob Filner (D-Calif.), chairman of the House Veterans Affairs Committee.

Speaker Nancy Pelosi (D-Calif.) asked the House Armed Services Committee to investigate outpatient care at Walter Reed. “The treatment reported in The Post of our troops and our veterans is disgraceful,” Pelosi spokesman Brendan Daly said.

Several senators, including presidential candidate Barack Obama (D-Ill.) and former presidential candidate John F. Kerry (D-Mass.), announced they are co-sponsoring legislation to simplify the paperwork process for recovering soldiers and increase case managers and psychological counselors. The bill would also require the Army to report more regularly to Congress and the inspector general about the living conditions of injured soldiers.

Jeff Miller (Fla.), the ranking Republican on the House Veterans’ Affairs subcommittee on health, said: “The neglect being experienced by some wounded service members is outrageous. The Defense Department is never shy about asking for supplemental funds for operations and equipment; I cannot imagine why housing for recuperating wounded would not be a similarly high priority.”

Rep. Thomas M. Davis III (R-Va.), former chairman of what was then known as the House Government Reform Committee, urged the committee to hold a hearing at Walter Reed to give members an “invaluable firsthand look” at how the Army is processing the wounded. “Improvements to date have been episodic, and in some case, short-lived,” Davis said in a statement.

Staff writer Ann Scott Tyson contributed to this report.
The War Inside

Troops Are Returning From the Battlefield With Psychological Wounds, But the Mental-Health System That Serves Them Makes Healing Difficult

Story by Dana Priest and Anne Hull | Photos by Michel du Cille | The Washington Post
Army Spec. Jeans Cruz helped capture Saddam Hussein. When he came home to the Bronx, important people called him a war hero and promised to help him start a new life. The mayor of New York, officials of his parents’ hometown in Puerto Rico, the borough president and other local dignitaries honored him with plaques and silk parade sashes. They handed him their business cards and urged him to phone.

But a “black shadow” had followed Cruz home from Iraq, he confided to an Army counselor. He was hounded by recurring images of how war really was for him: not the triumphant scene of Hussein in handcuffs, but visions of dead Iraqi children.

In public, the former Army scout stood tall for the cameras and marched in the parades. In private, he slashed his forearms to provoke the pain and adrenaline of combat. He heard voices and smelled stale blood. Soon the offers of help evaporated and he found himself estranged and alone, struggling with financial collapse and a darkening depression.

At a low point, he went to the local Department of Veterans Affairs medical center for help. One VA psychologist diagnosed Cruz with post-traumatic stress disorder. His condition was labeled “severe and chronic.” In a letter supporting his request for PTSD-related disability pay, the psychologist wrote that Cruz was “in need of major help” and that he had provided “more than enough evidence” to back up his PTSD claim. His combat experiences, the letter said, “have been well documented.”

None of that seemed to matter when his case reached VA disability evaluators. They turned him down flat, ruling that he deserved no compensation because his psychological problems existed before he joined the Army. They also said that Cruz had not proved he was ever in combat. “The available evidence is insufficient to confirm that you actually engaged in combat,” his rejection letter stated.

Yet abundant evidence of his year in combat with the 4th Infantry Division covers his family’s living-room wall. The Army Commendation Medal With Valor for “meritorious actions . . . during strategic combat operations” to capture Hussein hangs not far from the combat spurs awarded for his work with the 10th Cavalry “Eye Deep” scouts, attached to an elite unit that caught the Iraqi leader on Dec. 13, 2003, at Ad Dawr.

Veterans Affairs will spend $2.8 billion this year on mental health. But the best it could offer Cruz was group therapy at the Bronx VA medical center. Not a single session is held on the weekends or late enough at night for him to attend. At age 25, Cruz is barely keeping his life together. He supports his disabled parents and 4-year-old...
son and cannot afford to take time off from his job repairing boilers. The rough, dirty work, with its heat and loud noises, gives him panic attacks and flesh burns but puts $96 in his pocket each day.

Once celebrated by his government, Cruz feels defeated by its bureaucracy. He no longer has the stamina to appeal the VA decision, or to make the Army correct the sloppy errors in his medical records or amend his personnel file so it actually lists his combat awards.

“I’m pushing the mental limits as it is,” Cruz said, standing outside the bullet-pocked steel door of the New York City housing project on Webster Avenue where he grew up and still lives with his family, “My experience so far is, you ask for something and they deny, deny, deny. After a while you just give up.”

An Old and Growing Problem

Jeans Cruz and his contemporaries in the military were never supposed to suffer in the shadows the way veterans of the last long, controversial war did. One of the bitter legacies of Vietnam was the inadequate treatment of troops when they came back. Tens of thousands endured psychological disorders in silence, and too many ended up homeless, alcoholic, drug-addicted, imprisoned or dead before the government acknowledged their conditions and in
1980 officially recognized PTSD as a medical diagnosis.

Yet nearly three decades later, the government still has not mastered the basics: how best to detect the disorder, the most effective ways to treat it, and the fairest means of compensating young men and women who served their country and returned unable to lead normal lives.

Cruz’s case illustrates these broader problems at a time when the number of suffering veterans is the largest and fastest-growing in decades, and when many of them are back at home with no monitoring or care. Between 1999 and 2004, VA disability pay for PTSD among veterans jumped 150 percent, to $4.2 billion.

By this spring, the number of vets from Afghanistan and Iraq who had sought help for post-traumatic stress would fill four Army divisions, some 45,000 in all.

They occupy every rank, uniform and corner of the country. People such as Army Lt. Sylvia Blackwood, who was admitted to a locked-down psychiatric ward in Washington after trying to hide her distress for a year and a half [story, A13]; and Army Pfc. Joshua Calloway, who spent eight months at Walter Reed Army Medical Center and left barely changed from when he arrived from Iraq in handcuffs; and retired Marine Lance Cpl. Jim Roberts, who struggles to keep his sanity in suburban New York with the help of once-a-week therapy and a medicine cabinet full of prescription drugs; and the scores of Marines in California who...
were denied treatment for PTSD because the head psychiatrist on their base thought the diagnosis was overused.

They represent the first wave in what experts say is a coming deluge.

As many as one-quarter of all soldiers and Marines returning from Iraq are psychologically wounded, according to a recent American Psychological Association report. Twenty percent of the soldiers in Iraq screened positive for anxiety, depression and acute stress, an Army study found.

But numbers are only part of the problem. The Institute of Medicine reported last month that Veterans Affairs’ methods for deciding compensation for PTSD and other emotional disorders had little basis in science and that the evaluation process varied greatly. And as they try to work their way through a confounding disability process, already-troubled vets enter a VA system that chronically loses records and sags with a backlog of 400,000 claims of all kinds.

The disability process has come to symbolize the bureaucratic confusion over PTSD. To qualify for compensation, troops and veterans are required to prove that they witnessed at least one traumatic event, such as the death of a fellow soldier or an attack from a roadside bomb, or IED. That standard has been used to deny thousands of claims. But many experts now say that debilitating stress can result from accumulated trauma as well as from one significant event.

In an interview, even VA's chief of mental health questioned whether the single-event standard is a valid way to measure PTSD. “One of the things I puzzle about is, what if someone hasn’t been exposed to an IED but lives in dread of exposure to one for a month?” said Ira R. Katz, a psychiatrist. “According to the formal definition, they don’t qualify.”

The military is also battling a crisis in mental-health care. Licensed psychologists are leaving at a far faster rate than they are being replaced. Their ranks have dwindled from 450 to 350 in recent years. Many said they left because they could not handle the stress of facing such pained soldiers. Inexperienced counselors muddle through, using therapies better suited for alcoholics or marriage counseling.

A new report by the Defense Department’s Mental Health Task Force says the problems are even deeper. Providers of mental-health care are “not sufficiently accessible” to service members and are inadequately trained, it says, and evidence-based treatments are not used. The task force recommends an overhaul of the military’s mental-health system, according to a draft of the report.

Another report, commissioned by Defense Secretary Robert M. Gates in the wake of the Walter Reed outpatient scandal, found similar problems: “There is not a coordinated effort to provide the training required to identify and treat these non-visible injuries, nor adequate research in order to develop the required training and refine the treatment plans.”
But the Army is unlikely to do more significant research anytime soon. “We are at war, and to do good research takes writing up grants, it takes placebo control trials, it takes control groups,” said Col. Elspeth Ritchie, the Army’s top psychiatrist. “I don’t think that that’s our primary mission.”

In attempting to deal with increasing mental-health needs, the military regularly launches Web sites and promotes self-help guides for soldiers. Maj. Gen. Gale S. Pollock, the Army’s acting surgeon general, believes that doubling the number of mental-health professionals and boosting the pay of psychiatrists would help.

But there is another obstacle that those steps could not overcome. “One of my great concerns is the stigma” of mental illness, Pollock said. “That, to me, is an even bigger challenge. I think that in the Army, and in the nation, we have a long way to go.” The task force found that stigma in the military remains “pervasive” and is a “significant barrier to care.”

Surveys underline the problem. Only 40 percent of the troops who screened positive for serious emotional problems sought help, a recent Army survey found. Nearly 60 percent of soldiers said they would not seek help for mental-health problems because they felt their unit leaders would treat them differently; 55 percent thought they would be seen as weak, and the same percentage believed that soldiers in their units would have less confidence in them.

Lt. Gen. John Vines, who led the 18th Airborne Corps in Iraq and Afghanistan, said countless officers keep quiet out of fear of being mislabeled. “All of us who were in command of soldiers killed or wounded in combat have emotional scars from it,” said Vines, who recently retired. “No one I know has sought out care from mental-health specialists, and part of that is a lack of confidence that the system would recognize it as ‘normal’ in a time of war. This is a systemic problem.”

Officers and senior enlisted troops, Vines added, were concerned that they would have trouble getting security clearances if they sought psychological help. They did not trust, he said, that “a faceless, nameless agency or process, that doesn’t know them personally, won’t penalize them for a perceived lack of mental or emotional toughness.”
Overdiagnosed or Overlooked?

For the past 2½ years, the counseling center at the Marine Corps Air Ground Combat Center in Twentynine Palms, Calif., was a difficult place for Marines seeking help for post-traumatic stress. Navy Cmdr. Louis Valbracht, head of mental health at the center’s outpatient hospital, often refused to accept counselors’ views that some Marines who were drinking heavily or using drugs had PTSD, according to three counselors and another staff member who worked with him.

“Valbracht didn’t believe in it. He’d say there’s no such thing as PTSD,” said David Roman, who was a substance abuse counselor at Twentynine Palms until he quit six months ago.

“We were all appalled,” said Mary Jo Thornton, another counselor who left last year.

A third counselor estimated that perhaps half of the 3,000 Marines he has counseled in the past five years showed symptoms of post-traumatic stress. “They would change the diagnosis right in front of you, put a line through it,” said the counselor, who spoke on the condition of ano-
nymity because he still works there.

“I want to see my Marines being taken care of,” said Roman, who is now a substance-abuse counselor at the Marine Corps Air Station in Cherry Point, N.C.

In an interview, Valbracht denied he ever told counselors that PTSD does not exist. But he did say “it is overused” as a diagnosis these days, just as “everyone on the East Coast now has a bipolar disorder.” He said this “devalues the severity of someone who actually has PTSD,” adding: “Nowadays it’s like you have a hangnail. Someone comes in and says ‘I have PTSD,’” and counselors want to give them that diagnosis without specific symptoms.

Valbracht, an aerospace medicine specialist, reviewed and signed off on cases at the counseling center. He said some counselors diagnosed Marines with PTSD before determining whether the symptoms persisted for 30 days, the military recommendation. Valbracht often talked to the counselors about his father, a Marine on Iwo Jima who overcame the stress of that battle and wrote an article called “They Even Laughed on Iwo.” Counselors found it outdated and offensive. Valbracht said it showed the resilience of the mind.

Valbracht retired recently because, he said, he “was burned out” after working seven days a week as the only psychiatrist available to about 10,000 Marines in his 180-mile territory. “We could have used two or three more psychiatrists,” he said, to ease the caseload and ensure that people were not being overlooked.

Former Lance Cpl. Jim Roberts’s underlying mental condition was overlooked by the Marine Corps and successive health-care professionals for more than 30 years, as his temper and alcohol use plunged him into deeper trouble. Only in May 2005 did VA begin treating the Vietnam vet for PTSD. Three out of 10 of his compatriots from Vietnam have received diagnoses of PTSD. Half of those have been arrested at least once. Veterans groups say thousands have killed themselves.

To control his emotions now, Roberts attends group therapy once a week and swallows a handful of pills from his VA doctors: Zoloft, Neurontin, Lisinopril, Seroquel, Ambien, hydroxyzine, “enough medicine to kill a mule,” he said.

Roberts desperately wants to persuade Iraq veterans not to take the route he traveled. “The Iraq guys, it’s going to take them five to 10 years to become one of us,” he said, seated at his kitchen table in Yonkers with his vet friends Nicky, Lenny, Frenchie, Ray and John nodding in agreement. “It’s all about the forgotten vets, then and now. The guys from Iraq and Afghanistan, we need to get these guys in here with us.”

“In here” can mean different things. It can mean a 1960s-style vet center such as the one where Roberts hangs out, with faded photographs of Huey helicopters and paintings of soldiers skulking through shoulder-high elephant grass. It can mean group therapy at a VA outpatient clinic during work hours, or more comprehensive treatment at a residential clinic. In a
crisis, it can mean the locked-down psych ward at the local VA hospital.

“Out there,” with no care at all, is a lonesome hell.

**Losing a Bureaucratic Battle**

Not long after Jeans Cruz returned from Iraq to Fort Hood, Tex., in 2004, his counselor, a low-ranking specialist, suggested that someone should “explore symptoms of PTSD.” But there is no indication in Cruz’s medical files, which he gave to The Washington Post, that anyone ever responded to that early suggestion.

When he met with counselors while he was on active duty, Cruz recalled, they would take notes about his troubled past, including that he had been treated for depression before he entered the Army. But they did not seem interested in his battlefield experiences. “I’ve shot kids. I’ve had to kill kids. Sometimes I look at my son and like, I’ve killed a kid his age,” Cruz said. “At times we had to drop a shell into somebody’s house. When you go clean up the mess, you had three, four, five, six different kids in there. You had to move their bodies.”

When he tried to talk about the war, he said, his counselors “would just sit back and say, ‘Uh-huh, uh-huh.’ When I told them about the unit I was with and Saddam Hussein, they’d just
say, ‘Oh, yeah, right.’ ”

He occasionally saw a psychiatrist, who described him as depressed and anxious. He talked about burning himself with cigarettes and exhibited “anger from Iraq, nightmares, flashbacks,” one counselor wrote in his file. “Watched friend die in Iraq. Cuts, bruises himself to relieve anger and frustration.” They prescribed Zoloft and trazodone to control his depression and ease his nightmares. They gave him Ambien for sleep, which he declined for a while for fear of missing morning formation.

Counselors at Fort Hood grew concerned enough about Cruz to have him sign what is known as a Life Maintenance Agreement. It stated: “I, Jeans Cruz, agree not to harm myself or anyone else. I will first contact either a member of my direct Chain of Command . . . or immediately go to the emergency room.” That was in October 2004. The next month he signed another one.

Two weeks later, Cruz reenlisted. He says the Army gave him a $10,000 bonus.

His problems worsened. Three months after he reenlisted, a counselor wrote in his medical file: “MAJOR depression.” After that: “He sees himself in his dreams killing or strangling people. . . . He is worried about controlling his stress level. Stated that he is starting to drink earlier in the day.” A division psychologist, noting Cruz’s depression, said that he “did improve when taking medication but has degenerated since stopping medication due to long work hours.”

Seven months after his reenlistment ceremony, the Army gave him an honorable discharge, asserting that he had a “personality disorder” that made him unfit for military service. This determination implied that all his psychological problems existed before his first enlistment. It also disqualified him from receiving combat-related disability pay.

There was little attempt to tie his condition to his experience in Iraq. Nor did the Army see an obvious contradiction in its handling of him: He was encouraged to reenlist even though his psychological problems had already been documented.

Cruz’s records are riddled with obvious errors, including a psychological rating of “normal” on the same physical exam the Army used to discharge him for a psychological disorder. His record omits his combat spurs award and his Army Commendation Medal With Valor. These omissions contributed to the VA decision that he had not proved he had been in combat. To straighten out those errors, Cruz would have had to deal with a chaotic and contradictory paper trail and bureaucracy — a daunting task for an expert lawyer, let alone a stressed-out young veteran.

In the Aug. 16, 2006, VA letter denying Cruz disability pay because he had not provided evidence of combat, evaluators directed him to the U.S. Armed Services Center for Research of Unit Records. But such a place no longer exists. It changed its name to the U.S. Army and Joint Ser-
vices Records Research Center and moved from one Virginia suburb, Springfield, to another, Alexandria, three years ago. It has a 10-month waiting list for processing requests.

To speed things up, staff members often advise troops to write to the National Archives and Records Administration in Maryland. But that agency has no records from the Iraq war, a spokeswoman said. That would send Cruz back to Fort Hood, whose soldiers have deployed to Iraq twice, leaving few staff members to hunt down records.

But Cruz has given up on the records. Life at the Daniel Webster Houses is tough enough.

After he left the Army and came home to the Bronx, he rode a bus and the subway 45 minutes after work to attend group sessions at the local VA facility. He always arrived late and left frustrated. Listening to the traumas of other veterans only made him feel worse, he said: “It made me more aggravated. I had to get up and leave.”

Experts say people such as Cruz need individual and occupational therapy.

Medications were easy to come by, but some made him sick. “They made me so slow I didn’t want to do nothing with my son or manage my family,” he said. After a few months, he stopped taking them, a dangerous step for someone so severely depressed. His drinking became heavier.

To calm himself now, he goes outside and hits a handball against the wall of the housing project. “My son’s out of control. There are family problems,” he said, shaking his head. “I start seeing these faces. It goes back to flashbacks, anxiety. Sometimes I’ve got to leave my house because I’m afraid I’m going to hit my son or somebody else.”

Because of his family responsibilities, he does not want to be hospitalized. He doesn’t think a residential program would work, either, for the same reason.

His needs are more basic. “Why can’t I have a counselor with a phone number? I’d like someone to call.”

Or some help from all those people who stuck their business cards in his palm during the glory days of his return from Iraq. “I have plaques on my wall — but nothing more than that.”

Staff researcher Julie Tate contributed to this report.
The War Inside

Troops Haunted by War Struggle to Get Care

Twenty percent of the soldiers in Iraq and Afghanistan screened positive for anxiety, depression and post-traumatic stress would fill four long, controversial war did. One of the bits is Cruz’s case illustrates these broader issues of the mind. "We could have used two or three counselors to it," said the counselor, who spoke quickly of being mislabeled. "All of us who were in combat," Pollock said. "I've shot kids. I've had to kill a mule," he said.

"It can mean the locked-down psych ward at the one where Roberts hangs out, with fad-ettes and exhibited "anger from Iraq, nightmares, flashbacks," one counselor told counselors that PTSD does not exist. "We had three, four, five, six different mess, you had three, four, five, six different experiences. "I've shot kids. I've had to kill a mule," he said. "I've been to the kind that U.S. firms face regular-

The Washington Post

Stay-at-Home Dads Forge New Identities, Roles

More Fathers Than Ever

Troops Are Returning from the Battlefield With Psychological Wounds, But the Mental Health System That Serves Them Makes Healing Difficult

Stated at 1104, it's held on the weekends or late enough to be almost keeping his life together. He supports little to his personnel file so it actually lists his compensation. From A1 PTSD, the task force recommended, thrusting his fists into the air. "I've shot kids. I've had to kill a mule," he said.

Troops Haunted by War Struggle to Get Care

For Vets With Mental Scars, Healing Can Be Hard to Find

"I've been to the kind that U.S. firms face regular-

WALTER REED AND BEYOND

A third counselor estimated that perhaps 80 percent of the veterans who sought help were not then able to about 10,000 Marines in his 180-milestone territory. "We could have used two or three counselors to it," said the counselor, who spoke quickly of being mislabeled. "All of us who were in combat," Pollock said. "I've shot kids. I've had to kill a mule," he said. "I've been to the kind that U.S. firms face regular-

The Washington Post

Stay-at-Home Dads Forge New Identities, Roles

More Fathers Than Ever
Soldier Finds Comfort at Dark Journey’s End

By Dana Priest and Anne Hull
Washington Post Staff Writers

Everything in Ward 3D East is locked, even the windows. Located inside the District of Columbia VA Medical Center, only three miles from the Veterans Affairs headquarters where national health policies are made, the psychiatric ward is a refuge for mentally ill homeless veterans and those plagued by drug and alcohol addictions. This is where Lt. Sylvia Blackwood drove herself before the sun came up one April morning and stayed for seven grim days.

Blackwood, a reservist with the 356th Broadcast Operations Detachment, survived two tours in Iraq, first as a military journalist, then as a State Department spokeswoman. “The possibility of death was so ever-present and terrifying that you just couldn’t think about it. Everyone was dying. It was a constant barrage,” she said.

She saw a severed arm and a stabbing victim. She survived an attack from a makeshift bomb and a bombing near her quarters. But Blackwood is not a typical example of a soldier who flips out after witnessing one gruesome event.

“I don’t have the gore,” she said. “I don’t have one event. I have a gazillion events. I have Iraqis pleading with me to get them out of the country. I have friends who turned up dead.”

She made it out of Iraq unharmed physically, but as a psychological casualty who would not acknowledge it to herself. Even as she slipped deeper into paranoia, panic and mental paralysis, she tried to keep up her exuberant bearing. Her plan was to heal herself. She feared that any sign of weakness would harm her career.

“If I’m a second lieutenant and I admit I have a problem, maybe they’ll take that away,” Blackwood said she thought. “I’d say, ‘No, I’m okay, I’m fine.’ Meanwhile I’m circling the drain and getting worse and worse.”

At the start of this year, Blackwood, 41, took on a new job as the chief of media relations for the Special Inspector General for Iraq Reconstruction, based in Crystal City. No one knew that loud noises would trigger a panic attack for her, that she was barely sleeping or eating, or that she was clawing her forearms so fiercely the blood sometimes soaked through her sleeves.

One day in April, she got lost on the Metro after work. She panicked and
decided not to go to her job ever again. Her mind raced: “I’ll be fired,” she thought. “I won’t be able to work again. I won’t be able to support my son. Then I’ll start screaming because I’ve let him down. I won’t be able to stop. Maybe they will send me back to Iraq! How can I make this stop?”

When she finally got home, Blackwood went to her bedroom and took out her Leatherman knife. With almost clinical detachment, she debated how to slash her wrists. “If I cut this way, I’ll survive and be embarrassed,” she remembers thinking. “If I cut that way, there’ll be a lot of blood. If I do it in the back yard, they might not find me for a couple of days. It will be icky. Maybe I’ll have a blanket to cover up my body.”
At 4 in the morning she was sitting on the floor with the knife, a piece of cardboard and a blanket. But an image suddenly stopped her. “I saw my son’s face, and I couldn’t leave him,” she recalled. She rushed out of the house and walked around until dawn. By 7 a.m. she was walking into the VA Medical Center on Irving Street NW, crying so hard that her shoulders shook and mumbling to the guard about killing herself.

He pointed. “You go that way,” he said.

The mental-health unit didn’t open for an hour. In her suicidal state, Blackwood was told to wait.

When she at last got to see a counselor, they agreed that she should be admitted.

Blackwood shared Ward 3D East with 26 men and three other women; mixed-gender wards are common in VA psychiatric units. There was no exercise equipment. No outdoor courtyard. No treatment either, other than prescription medication. The linoleum corridor was 39 paces long, and Blackwood walked it many times a day.

“There’s nothing to do all day. Nothing,” Blackwood whispered to a visitor. “And there’s no air.”

Every day the patients met for announcements. At one meeting, a staff member scolded them: “Did you all take showers today? The smell on the floor is not good. Take a shower. Keep yourself clean.”

Pacing the floor, a man sang: “It’s not a va-ca-tion! It’s med-i-ca-tion!”

Another patient lifted his pant leg to show Blackwood the knife he hid in his sock. One day she took a poll. Of the 17 patients in attendance, seven had been to war, 16 to jail. Everyone except her.

The Iraq war vets found one another quickly on Ward 3D East. An ashen young man in gray socks popped into the visitors room where Blackwood was sitting one evening. He told her that his best friend had died in Iraq. “He took the gun, put it in his mouth and fired,” he said without emotion. “Blew his brains out.” He held his friend’s head until he was dead. He showed Blackwood how, cradling his hands just so.
The next day, a Marine veteran burst into the visitors room. He wore a red Marine Corps T-shirt. His tan combat boots flopped open, shoelaces removed. “I’m goin’ crazy in here,” he said, as he chomped furiously on nicotine gum.

Blackwood and the Marine bantered in abbreviations.

“One fifty-fives!” he laughed.

“Incoming!” she laughed back.

“Allah Akbar!” he shouted.

They talked about the calls to prayer they had heard every day and the voices of the muezzins. One sounded as if he had just woken up, the Marine said. He tried to imitate him.

“Allah Akbar!” he shouted, his voice echoing on the linoleum.

“Allah Akbar!” she shouted, laughing and swinging her arms in the air. “Allah Akbar!”

Outside the door, a patient paced the 39 steps, her threadbare hospital gown flowing like an Arab robe over her dirty gym clothes.

In her first few days on the ward, Blackwood told her story to five different psychologists. None of them offered therapy or relief. Instead, the medical students wanted to “present her” to the staff as an interesting case. She declined. VA officials say that in-depth therapy is not the goal of acute psychiatric care in a ward such as 3D East but that the focus is instead on stabilizing patients, assessing their condition and creating a safe environment.

Jon Bowersox, a good friend of Blackwood’s who is a military and VA surgeon, was shocked on his visit to see a staff so unfamiliar with post-traumatic stress disorder, given the hospital’s proximity to several military posts. “We’ve got to get you out of here,” Bowersox told her.

With her influential friends, including Bowersox, a lawyer and a diplomat, Blackwood was better connected than most VA patients. That week, they formed a tag team to spring her from the bleak world of 3D East. When they got her out, they moved her first to New York and then to the Fort Thomas residential women’s clinic.

Invisible Wounds

Every war has wrought hell on those left alive. World War I had “shell shock”; World War II left “battle fatigue.” In Iraq and Afghanistan, it’s known simply as PTSD.

Post-traumatic stress disorder is an anxiety disorder that springs from traumatic events such as combat, a serious accident, or physical or sexual assault. Most survivors return to normal, but in others, the brain has carved a survival pattern too deep to erase on its own and its automatic reactions to stress only worsen over time.

Symptoms include reliving the trauma involuntarily, avoiding places reminiscent of the event, feeling emotionally numb and wanting to be alone. People with PTSD usually act overly guarded, are irritable and startle easily.

PTSD often coincides with depression, substance abuse, and memory and cognitive problems. In combat veterans, symptoms sometimes do not show up for months or longer, when the euphoria of coming home wears off. In the worst cases, sufferers are unable to have intimate relationships or to function in daily life and work.
in Kentucky, one of six in the huge VA system. Blackwood was admitted so quickly because Bowersox knows the director. When he called, there happened to be a vacancy.

“I don’t know whether I could do this without my friends helping me,” Blackwood said.

Fort Thomas offers intense, highly personalized care, and its program has proved to be one of the most effective in the country, the other side of the spectrum from what Blackwood experienced in Washington. The grounds hug the Ohio River and are surrounded by hiking trails. Only 10 patients are admitted every seven weeks. They attend 25 hours of group sessions and two to four hours of individual therapy each week. The program’s director, Kathleen Chard, is considered to be in the vanguard of PTSD treatment and will be training mental-health clinicians across the country for VA over the next 15 months.

In her individual therapy sessions, Blackwood was asked to relive her Iraq experience, in detail, until she could understand her fears and her instinctual reactions to them. This is called exposure therapy. She learned to recognize that when she heard a loud noise, it didn’t mean that a bomb was exploding. Her reaction was based on memory, not reality. In another form of therapy, cognitive processing, she learned to discard the irrational thoughts imprinted on her brain by her traumatic experience in Iraq.

Looking back, Blackwood credits Ward 3D East, even in its bleakness, with giving her safety, and a place to scream, cry and express her pain for the first time. Chard’s clinic taught her to leave the war in Iraq and allowed her to live without paralyzing fear. “It saved my life,” she said.

A few days ago she walked under an umbrella in a heavy storm. When the thunder pounded, she didn’t flinch.
The Washington Post

The VA Medical Center on Irving Street was a remote place, out of the light, as if the war would not find its way there. But it did.

On the military plane that crossed the ocean at night, the wounded lay in stretchers stacked three high. The drone of engines was broken by the occasional sound of moaning. Sedated and sleeping, Pfc. Joshua Calloway was at the top of one stack last September. Unlike the others around him, Calloway was handcuffed to
his stretcher.

When the 20-year-old infantry soldier woke up, he was on the locked-down psychiatric ward at Walter Reed Army Medical Center. A nurse handed him pajamas and a robe, but they reminded him of the flowing clothes worn by Iraqi men. He told the nurse, “I don’t want to look like a freakin’ Haj.” He wanted his uniform. Request denied. Shoelaces and belts were prohibited.

Calloway felt naked without his M-4, his constant companion during his tour south of Baghdad with the 101st Airborne Division. The year-long deployment claimed the lives of 50 soldiers in his brigade. Two committed suicide. Calloway, blue-eyed and lantern-jawed, lasted nine months — until the afternoon he watched his sergeant step on a pressure-plate bomb in the road. The young soldier’s knees buckled and he vomited in the reeds before he was ordered to help collect body parts. A few days later he was sent to the combat stress trailers, where he was given antidepressants and rest, but after a week he was still twitching and sleepless. The Army decided that his war was over.

Every month, 20 to 40 soldiers are evacuated from Iraq because of mental problems, according to the Army. Most are sent to Walter Reed along with other war-wounded. For amputees, the nation’s top Army hospital offers state-of-the-art prosthetics and physical rehab programs, and soon, a new $10 million amputee center with a rappelling wall and virtual reality center.

Nothing so gleaming exists for soldiers with diagnoses of post-traumatic stress disorder, who in the Army alone outnumber all of the war’s amputees by 43 to 1. The Army has no PTSD center at Walter Reed, and its psychiatric treatment is weak compared with the best PTSD programs the government offers. Instead of receiving focused attention, soldiers with combat stress disorders are mixed in with psych patients who have issues ranging from schizophrenia to marital strife.

Even though Walter Reed maintains the largest psychiatric department in the Army, it lacks enough psychiatrists and clinicians to properly treat the growing number of soldiers returning with combat stress. Earlier this year, the head of psychiatry sent out an “SOS” memo desperately seeking more clinical help.

Individual therapy with a trained clinician, a key element in recovery from PTSD, is infrequent, and targeted group
therapy is offered only twice a week.

Young Pfc. Calloway was put in robes that first night. His dreams were infected by corpses. He tasted blood in his mouth. He was paranoid and jumpy. He couldn’t stop the movie inside his head of Sgt. Matthew Vosbein stepping on the bomb. His memory was shot. His insides burned.

Calloway’s mother came to Walter Reed from Ohio and told the psychiatrist everything she knew about her son. Sitting in the office for the interview, Calloway jiggled his leg and put his head in his hands as he described his tour in Iraq. His mental history was probed and more notes were taken. The trivia of his life — a beagle named Zoe, a job during high school at a Meijer superstore, a love of World War II history — competed with what he had become.

“I can’t remember who I was before I went into the Army,” he said later. “Put me in a war for a year, my brain becomes a certain way. My brain is a big, black ball of crap with this brick wall in front of it.”

After a week in the lockdown unit, Calloway was stabilized. They gave him back his shoelaces and belt. On the 10th day, he was released and turned over to outpatient psychiatry for treatment. And Calloway, a casualty without a scratch, began the longest season of his young life.

**Inside Walter Reed**

The Washington Post began following Calloway after he was brought to Walter Reed last fall with an initial diagnosis of acute stress disorder. He had all the signs of PTSD, but it would be the hospital’s job to treat him and then decide whether he met the Army’s strict guidelines for a PTSD diagnosis — which required a certain level of chronic impairment — and whether he could ever return to duty.

Calloway’s physical metamorphosis was rapid. The burnished soldier turned soft and fat, gaining 20 pounds the first month from tranquilizers and microwaved Chef Boyardee. He lived at Mologne House, a hotel on the grounds of Walter Reed that was overtaken by wounded troops. His roommate was another soldier from Iraq with psych problems who kept the curtains drawn and played Saints Row video games all day until one day he vanished — poof, AWOL, leaving nothing behind but empty bottles of lithium and Seroquel.

For the first time in almost a year, Calloway had a plush bed and a hot shower, but he was too angry to appreciate the simple comforts. On an early venture outside Walter Reed, he went to downtown Silver Spring and became enraged by young people laughing at Starbucks. “Don’t they know there is a war going on?” he said.
Wearing a rock band T-shirt, Calloway looked like any other 20-year-old on the sidewalk, but an unspeakable compulsion tore through him. He said he wanted to hatchet someone in the back of the neck.

“I want to see people that I hate die,” he said. “I want to blow their heads off. I wish I didn’t, but I do.” He made similar statements to his psychiatry team at Walter Reed.

Violence seeped into his life in a thousand ways. When he cut himself shaving, the iron smell of blood on his fingertips gave a slight euphoria. But it was the distinct horror of his sergeant’s death that was encoded in his brain. The memory made him physically sick. He would sweat and shake as if having a seizure, and sometimes he felt as if he were back in the heat and sand of Iraq.

The recognized treatment for PTSD is cognitive behavioral therapy, in which...
patients are encouraged to face their feared memories or situations and to change their negative perceptions. A key technique is known as prolonged exposure therapy. It involves revisiting a traumatic memory in order to process it. The idea is not to erase the memory but to prevent it from being disabling. Highly structured, one-on-one sessions over a limited time period have proved most effective, according to Edna B. Foa, a professor of psychology in psychiatry at the University of Pennsylvania, who has been contracted by the Department of Veterans Affairs to train 250 therapists who treat PTSD.

But Calloway and a dozen other soldiers from Iraq and Afghanistan interviewed by The Post described a vague regimen at Walter Reed’s outpatient psychiatric unit, Ward 53. They get a heavy dose of group sessions such as “Reflecting with Music,” “Decisions,” “Feelings Exploration” and “Art Expressions.” Calloway reported to his “Reel Reflections” class one morning for a screening of “The Devil Wears Prada.” Only two hours a week are devoted to a
post-traumatic recovery group, according to a copy of their schedule.

These soldiers said they are over-medicated and treated with none of the urgency given the physically wounded. One desperate patient, a combat medic who broke down after her third tour in Iraq, said she begged her psychiatrist: “We are handicapped patients, too. Cut off both my legs, but give me my sanity. You can’t get a prosthesis for that.”

In an interview this month, Col. John C. Bradley, head of psychiatry at Walter Reed, said soldiers with combat-stress disorders receive the accepted psychotherapeutic treatment there. He said they are placed in a specially designed “trauma track” and are given at least an hour of individual therapy a week and a full range of classes to help them cope with their symptoms. Exposure therapy is as effective in group settings as in individual sessions, he maintained — a belief that runs counter to the latest clinical research.

Bradley acknowledged staff shortages and said vacancies in his department go unfilled for as long as a year because of the Army pay scale and the high cost of living in the Washington area. He recently asked to increase his staff by 20 percent, and last month he brought on a reservist to help doctors with the time-consuming duties of preparing reports for the soldiers’ medical evaluation board process. “We are

Sgt. Matthew Vosbein, left, was like a big brother to Calloway. He was killed when he stepped on a roadside bomb while on patrol. Calloway was ordered to help pick up his body parts.
constantly looking for innovative ways to provide service and outreach and support to soldiers,” said Bradley, who deployed to Iraq last year with a combat-stress unit.

One of the country’s best PTSD programs is located at Walter Reed, but because of a bureaucratic divide it is not accessible to most patients. The Deployment Health Clinical Center, run by the Department of Defense and separate from the Army’s services, offers a three-week program of customized treatment. Individual exposure therapy and fewer medications are favored. Deployment Health can see only about 65 patients a year but is the envy of many in the Army. “They need to clone that program,” said Col. Charles W. Hoge, chief of psychiatry and behavior services at the Walter Reed Army Institute of Research.

Instead, Deployment Health was forced to give up its newly renovated quarters in March and was placed in temporary space one-third the size to make room for a soldier and family assistance center. The move came after a series of articles in The Post detailed the neglect of wounded outpatients at Walter Reed. Therapy sessions are now being held in Building T-2, a run-down former computer center, until new space becomes available.

Joshua Calloway reported to Ward 53 five mornings a week in his uniform. He was a tough patient from the start, angering easily and impatient with anyone who had not experienced combat. He was irritated that he had to attend groups with soldiers who had bombed out of boot camp or never deployed. He participated in processing exercises using work sheets to help him manage his fears. (“For example, original thought: ‘I’m in a crowd, they’re looking at me, they’re all going to jump me, the enemy looked at me in Iraq and shot me, I leave.’ Feelings: Anxious. Behavior: Leave situation.”)

With the exception of the post-traumatic stress group run by Joshua Friedlander, a clinical psychologist and former Army captain who had served in Iraq, most of the classes felt like B.S. sessions to Calloway. “Civilians reading from a booklet,” he said.

Ultimately, his treatment was in the hands of a civilian psychiatrist. Before taking a contract job at Walter Reed in 2005, the doctor had worked at Washington’s St. Elizabeths Hospital and specialized in addictions and pedophilia. On Ward 53, he was responsible for about 30 soldiers, many back from Iraq. Calloway felt little validation from the psychiatrist. Sometimes the doctor typed on his computer while Calloway talked.

There was another, more delicate, problem. The psychiatrist was Indian. Calloway had a gut reaction to anyone he thought looked Iraqi, a paranoia shared by many of Walter Reed’s wounded.

“You are seeing a [expletive] Pakistani?” asked Spec. Isaac Serna, a fellow war-wounded soldier in the 101st Airborne. “I’d freak, dude.”

Calloway confessed his bias to the doc-
tor. “I want to kill Arabs,” he said.

“Does that include me?” the Hindu doctor asked, according to Calloway. “You can say it.”

Antidepressants are most commonly used to treat PTSD, and Calloway was on a total of seven medications by Christmas, including lithium, used to treat bipolar disorder. He had now gained 30 pounds and was too lethargic to exercise. Bored one night, he took out the sweat-stained spiral notebook he had carried in Iraq. Grains of sand were still between the pages scribbled with Arabic commands. He repeated the phrases that loosely translated to “don’t speak” and “shut up.”

“Balla hashee!” he said. “In chep!”

He spent the holidays reading “The PTSD Workbook” and eating Starbursts in a room piled high with goody boxes from his church back home.

“You are in our prayers, Josh,” one card read. “We are so proud of your service to your country.”

Unabating Anger

In Iraq he was infected with MRSA, a microbe that makes the skin boil, and at Walter Reed he suffered a painful outbreak that landed him in the hospital. Festering sores brought a respite from Ward 53. In the hospital, he got Percocet and “The Daily Show,” and late at night he read a memoir by a soldier who served in Iraq called “The Last True Story I’ll Ever Tell.” A friend in the 101st lent it to him with underlined passages, and Calloway read aloud the one on Page 172 about trying to fit back in after war.

I spent most of my time watching the rooftops and side roads, looking into my rearview mirror to make sure no one was creeping up on my car from behind. . . . Every time I saw someone sitting contently inside a coffee shop or restaurant, I wanted to yell at them, wake them up.

A social worker with a clipboard came to his room the next afternoon. “The surgeon general is concerned about all the soldiers coming home with smoking habits,” he said.

Calloway said he never smoked before Iraq but smoked three packs a day in the hospital.

“Have you ever considered a patch?” the man asked.

By his fourth month as an outpatient on Ward 53, Calloway had learned breathing techniques to ease his panic. He had been asked to recite statements of self-love in group therapy. He had learned to cook in occupational therapy. But his core anger was as high as ever, made worse by the relationship with his psychiatrist. They met once or twice a week, mostly to discuss meds and argue. “Why don’t you ever come in here and smile?” the doctor asked, according to Calloway. “Why don’t you ever come in here and think today will be a good day?”

Walter Reed officials refused to discuss individual patients for this story, citing privacy concerns.

Calloway wanted to scream. Disillusioned, he stopped faithfully attending the
combat-stress group he first found helpful. In the cold of winter he went down to Capitol Tattoo on Georgia Avenue, where the milky skin of his arms became a canvas of colors and death poetry. In honor of Vosbein, he had a silhouette of a soldier drawn on, with the words: “Lay down your armor. And have no fear. I’ll be home soon.”

Even with his nihilistic markings, Calloway still saw himself as a soldier. On Sunday mornings he attended a VFW brunch in Arlington, feeling at home with the snowy-haired veterans who sipped coffee under an American flag. As an Iraq vet, he was treated as part of the newest generation of warriors. One Sunday, he was accompanied by a girl from Ohio who’d come to visit him at Walter Reed. She wore his dog tags, and his eyes were full of light. “Thank you, ma’am,” he told the waitress who brought his biscuits and gravy.

But the girl went back to Ohio and Calloway came to the next brunch alone, secretly terrified that in 30 years he’d be sitting in a support group like the Vietnam guys. With his nightmares and balled-up fists, what woman would want him?

“I’m not getting any better,” he told his mother on the phone.

His step-grandfather in Ohio spent a
morning making calls, trying unsuccessfully to reach anyone at Walter Reed. “He’s meeting with people 15 minutes a day, he’s been written off,” said Greg Albright. “Josh has not been cooperative, he’s been insulting to the doctor. But that’s a function of the place he’s been.” Albright met with an aide from the district office of Rep. John A. Boehner (R) in Ohio. He wanted help bringing Josh home for treatment, and the family was willing to pay for it. But Callo-way was still in the Army.

One night in his room, Calloway put in a DVD and watched the opening scene of “Saving Private Ryan,” the American G.I.s coming onto Omaha Beach, retching in fear as they unloaded from the boats and faced a rain of German bullets. Limbs severed, necks punctured, foreheads blown open, but the grunts kept charging.

“See why I picked infantry?” Calloway said, his leg furiously twitching. “There’s no other place in the world where you can have a job like that. It’s a brotherhood that’s deeper than your own family.”

His romanticized ideals clashed with reality. His anti-nightmare medication made him a zombie in the morning, and he slept through his alarm. After missing morning formation, he was ordered by his platoon sergeant to pick up trash, but in the middle of his work duty he had an
anxiety attack; shaking and unable to focus his eyes, he was taken to the ER, where he overheard his sergeant tell the doctor that it seemed to be a big coincidence that Cal- loway had an attack while doing work.

*I Can’t Handle Another Day*

He often wondered why he snapped. Several factors make PTSD more likely — youth, a history of depression or trauma, multiple deployments, and relentless exposure to violence. Calloway hit most of the criteria. He had been depressed in high school, and four months out of basic training he was in one of the most dangerous sectors of Baghdad.

Alpha Company, 2nd Battalion, 502nd Infantry Regiment got to Baghdad in the fall of 2005. The roads around Yusufiyah, where they patrolled, were littered with bombs. A first sergeant was lost right away, and the casualties never stopped. Living in abandoned Iraqi houses, Calloway went weeks without bathing and days without sleep. He went on raids at night, kicking in doors and searching houses to the sound of gunfire and screams.

Calloway had never felt such excitement or sense of belonging. His best friend was Spec. Denver Rearick, a grizzled 23-year-old on his second tour. In his Kentucky cowboy wisdom, Rearick warned Calloway: “Your entire body is a puzzle before you go to war. You go to war and every little piece of that puzzle gets twisted and turned. And then you are supposed to come back home again.”

The pressure and dread and exhaustion began to smother Calloway. He survived several bomb blasts. Some soldiers were sucking on aerosol cans of Dust-Off to get high, and one accidentally died. Sleep deprivation mixed with the random violence scrambled Calloway. He wore it on his face. One of the sergeants asked him, “Are you gonna kill yourself, Calloway?”

Music was his escape. On rare nights on base, Calloway, Rearick and Vosbein would strip off their armor and climb up to the roof to play guitars and harmonica. Vosbein loved Johnny Cash. He was from Louisiana, free and easy with his affections, and at 30 he treated Calloway like a kid brother.

The day Vosbein died was sunny and hot. A convoy patrol in three Humvees pulled over to check a crater in the road. As Calloway was opening his door, Vosbein was already moving toward the crater. The force of the explosion rattled Calloway’s teeth and knocked two other soldiers to the ground. Vosbein — whistling, happy Vos — was eviscerated. Parts of him were everywhere.

Calloway buckled and puked. Then rage. He wanted to shoot the first Iraqi he saw, but his legs weren’t working. He was useless to help clean up the scene. Later that night as the chaplain gathered the platoon to talk, Calloway stood off to the side with two sergeants, crying. They confiscated his weapon. Rearick sat up with him in his room until he fell asleep. His commanders watched him closely. “We want to
do what’s best for you,” the company commander told him with compassion. “You need to tell me what you need.”

“I can’t handle another day of this place,” Calloway answered. He was sent to the combat-stress control trailers, where the decision was made to ship him to Walter Reed.

In his room at Mologne House, Calloway kept photos from Iraq on his computer: Vosbein grilling steaks at their patrol base. Calloway’s gang piled on a tank with their guitars. Driving through a blinding orange sandstorm. Rearick, wiry and invincible, smiling in a dirty cowboy hat.

“He was able to handle it,” Calloway said.

But Rearick was in bad shape. While Calloway was at Walter Reed, Rearick was home in Waco, Ky., sleeping with a .45 and the furniture pushed in front of the window. He was so anxious in crowds that he no longer went to bars or restaurants, ordering his meals at the drive-through window. To rouse him in the morning, his father tossed a boot from the doorway because he startled so violently when touched.

Rearick had sought help after coming home from his first tour in Iraq. While asleep one night, he knocked his girlfriend to the floor. “I damn near broke her nose,” he said. Without telling his commanders at Fort Campbell, he went to the VA hospital in Lexington, where he was prescribed antidepressants. He didn’t like the pills, so he drank himself to sleep, while gearing up for his second tour.

“All the banners said ‘Welcome Home Heroes,’ ” Rearick said. “But the moment we start falling apart it’s like, ‘Never mind.’
For us, it was the beginning of the dark ages. It was the dreams. It was going to the store and buying bottles of Tylenol PM and bottles of Jack.”

Rearick retired from the Army earlier this year. In the bucolic green of Kentucky, he threw himself into the physical work of breaking horses and moving cattle. The only places he feels safe are the pastures and his barricaded room.

“At least Calloway doesn’t try to sugarcoat it,” he said. “He’s like, ‘I’m [expletive] up and I’m pissed off.’ ”

Rearick knows his outlaw paradise of guitars, guns and Willie Nelson is just a cover.

“Everyone thinks you are a badass,” he said. “But you are scared of the dark.”

**Going Home, Far From Cured**

Calloway put a Johnny Cash song on his cellphone to describe his sixth month on Ward 53.

*I'm stuck at Folsom Prison*

*And time keeps dragging on*

One night he mixed Monster energy drink and Crown Royal and got so drunk he was taken to the ER at Walter Reed, which landed him in the Army’s alcohol counseling program. He had to submit to a breathalyzer test at 7 each morning. “I am losing my mind more and more while I’m here,” he said.

His psychiatrist had referred him to the Deployment Health Clinical Center, but Calloway blew his chance at getting into the coveted program when he missed appointments. He blamed his meds and memory problems. He had been exposed to multiple bomb blasts in Iraq, but after seven months at Walter Reed he had not been tested for traumatic brain injury, which affects memory. Instead he was given a Dell PDA to help him remember appointments.

The relationship with his psychiatrist was barely tolerable. The frustration seemed mutual. “He complained about his problems but did not seem eager to listen to any suggestions I provided him,” the doctor noted in Calloway’s records. He added that Calloway showed up to Ward 53 not in uniform but in cutoff shorts with his tattoos showing.

Even on high doses of sedating drugs, Calloway’s rage crackled, and one night he started breaking things outside Mologne House. He was again taken to the ER, where he screamed that he wanted to kill his psychiatrist.

Finally, Calloway got what he wanted — a new doctor. Lt. Col. Robert Forsten had served in Iraq and had published studies on combat stress. Right away, Calloway noticed Forsten’s combat badge and his listening skills. Forsten agreed that the violence of Iraq was transforming and harrow but said it should not define the rest of Calloway’s life. The doctor also tried to reframe the experience. “You’re a soldier,” he said, according to Calloway. “You went to Iraq. You did your job.”

Something clicked for Calloway. But it was so late in the game. His physical evalu-
ation board process was nearly complete, and he would be going home soon. His worries turned to what diagnosis the Army would give him and how he would be rated for disability pay. His case worker had told him that she could not locate anyone at Fort Campbell to provide written proof that he had witnessed a traumatic event in combat. Forsten picked up the phone and within days had an official statement:

“During a routine route clearance in August 2006, PFC Calloway’s team leader (SGT Vosbein) was clearing a suspected IED crater while PFC Calloway was inside his M1114. SGT Vosbein stepped on a crush wire that detonated 2X155 mm artillery shells. The detonation killed SGT Vosbein and knocked the remaining soldiers to the ground. PFC Calloway came to the site and saw his team leader blown apart into several pieces.”

Forsten would soon get another assignment and leave Walter Reed.

The evaluation board diagnosed depression and chronic PTSD in Calloway, and ruled that his conditions had a “definite impact” on his work and social capabilities. He was given a temporary disability rating of 30 percent, which meant he would get $815 a month. He would be reevaluated in 2008. He would report to the VA hospital in Cincinnati for treatment.
when he got home.

After eight months at Walter Reed, Calloway showed “some improvement of his symptoms,” according to his medical records. But his step-grandfather, Greg Albright, who came from Ohio to help him pack, was astounded at his volatility. “He’s a grenade with the pin half-out,” Albright said.

Even on his last night, Calloway avoided the open grassy spaces in front of Mologne House. He chain-smoked under the awning. He wondered what home would be like.

At dawn the next morning, he set out for Ohio, a combat infantry sticker on the bumper of his car.

Staff researcher Julie Tate contributed to this article.
**Little Relief on Ward 53**

At Walter Reed, Care for Soldiers Struggling With War's Mental Trauma Is Understudied by Doctors, Rushed and Enhanced Methods

By Anne Hull and Dana Priest

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**Instead of Hope, Soldier Finds More Frustration**

**Abbas Appoints Crisis Cabinet**

Expansion Leaves More Renters at Emotional Risk

By Jay Mathews

At dawn the next morning, he set out for the park. He was again taken to the ER, where he was given a handful of drugs and sent home. The next day, he was allowed to come home, but he was still in pain and had to take pain medication. He was again taken to the ER, where he was given a handful of drugs and sent home. The next day, he was allowed to come home, but he was still in pain and had to take pain medication. He was again taken to the ER, where he was given a handful of drugs and sent home. The next day, he was allowed to come home, but he was still in pain and had to take pain medication. He was again taken to the ER, where he was given a handful of drugs and sent home. The next day, he was allowed to come home, but he was still in pain and had to take pain medication. He was again taken to the ER, where he was given a handful of drugs and sent home. The next day, he was allowed to come home, but he was still in pain and had to take pain medication. He was again taken to the ER, where he was given a handful of drugs and sent home. The next day, he was allowed to come home, but he was still in pain and had to take pain medication. He was again taken to the ER, where he was given a handful of drugs and sent home. The next day, he was allowed to come home, but he was still in pain and had to take pain medication. He was again taken to the ER, where he was given a handful of drugs and sent home. The next day, he was allowed to come home, but he was still in pain and had to take pain medication. He was again taken to the ER, where he was given a handful of drugs and sent home. The next day, he was allowed to come home, but he was still in pain and had to take pain medication.
Almost Home, but Facing More Delays at Walter Reed

By Dana Priest and Anne Hull
Washington Post Staff Writers

After nearly three years as an outpatient at Walter Reed Army Medical Center, Staff Sgt. John Daniel Shannon had begun the wrenching process of turning himself...
into a civilian.

He no longer wore the uniform he loved so much. He sported a short beard and traded his black beret for a baseball cap. Granted a 30-day leave to prepare for retirement as his disability case finally made it through the system, he moved his family to Suffolk, Va., and began to babysit his two kids, clean the house and grow vegetables. Given what had happened to him in Iraq — the traumatic brain injury from an AK-47 round that shattered one eye and half his skull — and the chronic post-traumatic stress disorder that followed, that was about all he could handle.

Last week, Shannon, 43, was back at Walter Reed, but not to say goodbye. The doctors’ signatures on two time-sensitive forms in his disability file had expired. He would have to be reexamined by his doctors, he was told, and his medical summaries would have to be written all over again. Unfortunately, the sergeant in charge of his disability paperwork had not stayed on top of his case.

“There was a failure of paying attention to the currency of his paperwork,” a Walter Reed spokesman, Charles Dasey, said last night.

The bottom line: No one could tell Shannon when he might go back to his family, transfer into the Veterans Affairs medical system and move on with his life.

After a Washington Post story in February described the conditions that Shannon and other wounded soldiers at Walter Reed endured after returning from Iraq, Shannon became something of a spokesman for his fellow patients.

He testified before a congressional hearing about the Army’s obligation to care for its wounded. Members of Congress and generals shook Shannon’s hand and thanked him for his courage, while President Bush and Defense Secretary Robert M. Gates promised swift changes. Three panels were set up to study not only Walter Reed’s failures, but the entire overburdened military medical-care system for returning soldiers and Marines five years into war.

But none of that kept Shannon from getting caught up again in military bureaucracy.

“It’s like being kicked in the teeth by a horse,” Shannon said this week in a phone interview, alone in his room at Walter Reed. “I’ve been sitting here for three years.
I don’t even know what ‘going on with my life’ means. I want to scream at the top of my lungs. I’m at the end of my rope.”

While Shannon, a senior sniper in Iraq, began speaking at public events and counseling other soldiers about the cumbersome Army disability process, he was quietly fighting his own battles.

The case manager assigned to shepherd him through the system was hard to reach. He couldn’t get straight answers about his future. Appointments were still difficult to make. Finally, as his discharge seemed imminent, a cascading set of errors and inattention ensured the delay of his release. “It’s been 33 months,” he said. “What kind of beer are they drinking?”

After The Post’s stories in February, the Army moved swiftly to fix the outpatient system. It created a new brigade
structure to oversee the wounded and brought in combat infantry officers to run it. More platoon sergeants and case managers were added to give more individual service. Building 18, the moldy and mouse-ridden barracks for wounded outpatients, was closed, and soldiers moved into new living quarters with flat-panel TVs and computers.

But some soldiers still complain of lost paperwork and delays in appointments. In June, one dorm was without air conditioning. Up and down a sweltering hallway, soldiers used fans and kept their doorways open to ease the summer heat.

At a town hall meeting in July, soldiers vented their frustration over a variety of issues to Maj. Gen. Eric B. Schoomaker, Walter Reed’s commander. One mother said that her son had been given discharge papers to sign with no explanation of his options. Other soldiers complained about an orthopedic surgeon, saying the doctor had been repeatedly “abusive and demeaning to patients” during the medical disability process and should be fired.

This week Shannon praised the new brigade; his company commander, Capt. Steven Gventer; and the medical and psychological care he has received. For Shannon and others, including some commanders, the disability process remains the largest source of anger. A presidential commission suggested doing away with the Army’s long evaluation process — which must essentially be redone by the Department of Veterans Affairs before any VA benefits can be calculated. But that has not happened.

In his time at Walter Reed, Shannon has had six different disability case managers assigned to him.

His latest round of bad news involved his current disability case manager. In August, the manager called Shannon in Suffolk to say that one important document was missing Shannon’s signature. This would delay his retirement date.

Shannon was livid. It had been two months since his final surgery, and the process should have been close to completion.

“The files just sat there,” he said. “When it got ready to go to the [evaluation] board, he noticed they weren’t signed. Why was it so hard for him to do this job?”

The case manager informed Shannon that he himself was in the process of retiring and would be hard to reach, but he said he would fax Shannon the Army Form 3947 for his signature. The fax never arrived. Shannon said he could not reach the counselor, Sgt. 1st Class Allen Domingo, the next dozen times he tried.

Shannon and his wife were plunged into despair. Torry Shannon, who had spent two years caring for her husband and children at Walter Reed, had just started a house-cleaning business in Suffolk.

The delay and sense of neglect seemed an echo of their early days at Walter Reed, when Shannon, with a bandaged head from surgery and on heavy pain medications, was released from the hospital with nothing more than a map and told to find
his room across post by himself. He had sat for weeks without appointments and without anyone to check on him. The family had almost gone broke. At one point they lived five to a tiny room.

Shannon, struggling with post-traumatic stress, was so angry that he broke things around the house, including his new Bluetooth earphone, which he smashed just thinking about all the new obstacles. His PTSD had been triggered, as it had been before, by the thought of soldiers treated disrespectfully. “It’s about whether we’re important enough,” he said.

Last Friday, Domingo phoned Shannon with even worse news. Some of the doctors’ signatures on some key paperwork — narrative medical evaluations of his disabilities — had expired. Shannon would have to make new appointments, get new signatures and be reevaluated.

Shannon checked back into a room at Walter Reed.

“I’m going to lose it. He’s going to lose it,” Torry Shannon said Tuesday morning. “He’s cycling up again, and I’ve become a single parent in a 24-hour period. I just opened up a business. There’s no one to watch the kids. . . . I want my husband home.”

When Shannon tried to reach Domingo again for some explanation, the voice mail message told him what Domingo had not: “I will be out of the office from 10 to 14 September. I will be involved in transitional, retirement . . . training . . . please leave number and message. . . . Have a fine Army day.”

Dasey, the Walter Reed spokesman, said Domingo was kept on the case for the sake of continuity. “Sergeant Domingo already has established a relationship with Sergeant Shannon,” he said.

Domingo could not be reached for comment.

Dasey said Army officials determined last night that Shannon’s paperwork is still valid and they would send his case on to the medical evaluation board, the last step in determining Army disability pay and benefits, on Monday. He said additional appointments with doctors would not be necessary. He could not explain how Domingo had made such a mistake.

Shannon said he would like to take over his case manager’s job. He wants to make sure that other soldiers at Walter Reed, all younger and less outspoken, get the treatment they deserve. “I wish I could take his job so I could kick some doors in and say, ‘Hey! What’s going on here!’ ”
Almost Home, but Facing More Delays at Walter Reed
Soldier Is Told Paperwork Errors Will Slow Retirement

IN Europe and U.S., Nonbelievers Are Increasingly Vocal

Pentagon Chief Talks of Further Iraq Troop Cuts
Gates Expresses Hope Despite New U.S. Report on Unmitigated Goals

Little Change

Gates Talks of Speeding Troop Reductions
First Lt. Elizabeth Whiteside, an Army reservist, went to Iraq in the fall of 2006. Within weeks, she was back in the United States, recovering from a self-inflicted gunshot wound at Walter Reed Army Medical Center. Now she faces a possible court-martial and life in prison.

A Patient Prosecuted

Doctors at Walter Reed Say She Has a Mental Disorder. Army Superiors Say That’s Just an ‘Excuse’ for Her Actions.
In a nondescript conference room at Walter Reed Army Medical Center, 1st Lt. Elizabeth Whiteside listened last week as an Army prosecutor outlined the criminal case against her in a preliminary hearing. The charges: attempting suicide and endangering the life of another soldier while serving in Iraq.

Her hands trembled as Maj. Stefan Wolfe, the prosecutor, argued that Whiteside, now a psychiatric outpatient at Walter Reed, should be court-martialed. After seven years of exemplary service, the 25-year-old Army reservist faces the possibility of life in prison if she is tried and convicted.

Military psychiatrists at Walter Reed who examined Whiteside after she recovered from her self-inflicted gunshot wound diagnosed her with a severe mental disorder, possibly triggered by the stresses of a war zone. But Whiteside’s superiors considered her mental illness “an excuse” for criminal conduct, according to documents obtained by The Washington Post.

At the hearing, Wolfe, who had already warned Whiteside’s lawyer of the risk of using a “psychobabble” defense, pressed a senior psychiatrist at Walter Reed to justify his diagnosis.

“I’m not here to play legal games,” Col. George Brandt responded angrily, according to a recording of the hearing. “I am here out of the genuine concern for a human being that’s breaking and that is broken. She has a severe and significant illness. Let’s treat her as a human being, for Christ’s sake!”

In recent months, prodded by outrage over poor conditions at Walter Reed, the Army has made a highly publicized effort to improve treatment of Iraq veterans and change a culture that stigmatizes mental illness. The Pentagon has allocated hundreds of millions of dollars to new research and to care for soldiers with post-traumatic stress disorder, and on Friday it announced that it had opened a new center for psychological health in Rosslyn.

But outside the Pentagon, the military still largely deals with mental health issues in an ad hoc way, often relying on the judgment of combat-hardened commanders whose understanding of mental illness is vague or misinformed. The stigma around psychological wounds can still be seen in the smallest of Army policies. While family

Whiteside served with the 329th Medical Company (Ground Ambulance) at the Camp Cropper detainee prison near Baghdad.
members of soldiers recovering at Walter Reed from physical injuries are provided free lodging and a per diem to care for their loved ones, families of psychiatric outpatients usually have to pay their own way.

 Traumatized in Iraq, and Now Facing Charges

“It’s a disgrace,” said Tom Whiteside, a former Marine and retired federal law enforcement officer who lost his free housing after his daughter’s physical wounds had healed enough that she could be moved to the psychiatric ward. A charity organization, the Yellow Ribbon Fund, provides him with an apartment near Walter Reed so he can be near his daughter.

Under military law, soldiers who attempt suicide can be prosecuted under the theory that it affects the order and discipline of a unit and brings discredit to the armed forces. In reality, criminal charges
are extremely rare unless there is evidence that the attempt was an effort to avoid service or that it endangered others.

At one point, Elizabeth Whiteside almost accepted the Army’s offer to resign in lieu of court-martial. But it meant she would have to explain for the rest of her life why she was not given an honorable discharge. Her attorney also believed that she would have been left without the medical care and benefits she needed.

No decision has yet been made on whether Whiteside’s case will proceed to court-martial. The commander of the U.S. Army Military District of Washington, Maj. Gen. Richard J. Rowe Jr., who has jurisdiction over the case, “must determine whether there is sufficient evidence to support the charges against Lieutenant Whiteside and recommend how to dispose of the charges,” said his spokesman.

‘A Soldier’s Officer’

A valedictorian at James Madison High School in Vienna, a wrestler and varsity soccer player, Whiteside followed in
her father’s footsteps by joining the military. She enlisted in the Army Reserve in 2001 and later joined ROTC while studying economics at the University of Virginia. During her time in college, Whiteside said, she experienced periods of depression, but she graduated and was commissioned an officer in the Army Reserve.

In 2005, she received her first assignment as an officer — at Walter Reed. As an executive officer of a support company, she supervised 150 soldiers and officers, and her evaluations from that time presaged the high marks she would receive most of her career.

“This superior officer is in the top 10 percent of Officers I have worked with in my 16 years of military service,” wrote her rater, Capt. Joel Grant. She “must be promoted immediately, ahead of all peers.”

Maj. Sandra Hersh, her senior rater, added: “She’s a Soldier’s Officer. . . . She is able to get the best from Soldiers and make it look easy.”

Seeing so many casualties at Walter Reed made Whiteside feel she was not bearing her full responsibility, she said, so she volunteered for Iraq. When she left in the fall of 2006, she carried with her a gift from her father — the double-bladed buck knife he had used in Vietnam.

Whiteside was assigned as a platoon leader in the 329th Medical Company (Ground Ambulance) at the Camp Cropper detainee prison near Baghdad International Airport. The hot light from the Abu Ghraib abuse scandal still charged the atmosphere at Cropper, which housed 4,000 detainees and included high-security prisoners such as Saddam Hussein and Ali Hassan Majeed, known as “Chemical Ali,” as well as suspected terrorists and insurgents.

Whiteside, given the radio handle “Trauma Mama,” supervised nine medics who worked the night shift at the prison. She was in charge of dispatching drivers, medics and support staff to transport sick and wounded Iraqis and U.S. troops around the prison and to a small hospital inside.

“I loved our mission,” Whiteside said, “because it represented the best of America: taking care of the enemy, regardless of what they are doing to us.”

The hours were brutal. Whiteside ate one meal a day, slept in two four-hour shifts and worked seven days a week. Her superiors credited her with her unit’s success. “She has produced outstanding results in one of the most demanding and challenging Combat Zones,” her commander, Lt. Col. Darlene McCurdy, wrote in her evaluation.

But the dynamics outside her unit were rockier. From the beginning, Whiteside and some of her female soldiers had conflicts with one of the company’s male officers. They believed he hindered female promotions and undercut Whiteside’s authority with her soldiers, according to Army investigative documents.

As the tensions with the officer increased, Whiteside said, she began suf-
fearing panic attacks. She stopped sleeping, she said, and started self-medicating with NyQuil and Benadryl, but decided against seeking help from the mental health clinic because she feared that the Army would send her home, as it had recently done with a colonel.

On Dec. 30, U.S. military officials took Hussein from his cell at Camp Cropper for execution. The next day, the prison erupted. Thousands of inmates rioted, and military police used rubber bullets, flash-bang grenades and tear gas to restore order.

Whiteside took charge in the chaos, according to written statements by troops in her unit. She dispatched a pair of medics to each compound to begin triage, handed out gas masks and organized her unit to smuggle the prison’s doctors out in an ambulance.

The next day, weary from the riots, Whiteside ran into the problem officer. They had another argument.

Army investigative documents describe what happened next.

At 6:20 p.m. a soldier frantically approached Maj. Ana Luisa Ramirez, a mental health nurse at the prison, and said Whiteside was “freaking out” and wanted to see Ramirez. The nurse found Whiteside sitting on her bed, mumbling and visibly upset. Ramirez left to get some medication.

Later, she spotted Whiteside in the darkened hallway with her sweatshirt hood pulled over her head and her hands in her pockets. Ramirez asked Whiteside to come into her room and noticed what appeared to be dried blood on her neck and hands. When she tried to take a closer look, Ramirez said, Whiteside pointed her sidearm, an M9 pistol, at her and “told me to move away and she locked the door,” according to a statement Ramirez gave to the Army.

Ramirez tried to take Whiteside’s gun, but Whiteside pushed her away and...
expressed her hatred of the officer she thought was sabotaging her. She grew more agitated and twice fired into the ceiling.

Nurses in the hallway began yelling, and Whiteside shouted that she wanted to kill them, the report said. She opened the door and saw armed soldiers in battle gear coming her way. Slamming the door, she discharged the weapon once into her stomach.

Whiteside says she has little recollection of the events of that night. “I remember bits and pieces,” she said. She declined to comment on whether she was trying to kill herself.

The medics who responded to the shooting scene were Whiteside’s own crew.

Recovering at Walter Reed

Whiteside was still unconscious when she arrived at Walter Reed a few days later. The bullet had ripped through one of her lungs, her liver, her spleen and several other organs. Her parents and siblings kept a round-the-clock bedside vigil, and her condition gradually improved. Within two weeks an Army criminal investigator showed up in her hospital room, but a doctor shooed him away.

After a month, Whiteside was moved to Ward 54, the hospital’s lockdown psychiatric unit, where she was diagnosed...
with a severe major depressive disorder and a personality disorder. According to a statement by an Army psychiatrist, she was suffering from a disassociation with reality.

Tom Whiteside visited his daughter every afternoon, bringing pizza or Chinese takeout. He often noticed from the sign-in sheet that he was the only visitor on the ward. The psych patients formed a close bond and shared an overriding fear: that the Army would drum them out with no benefits.

One soldier Whiteside befriended was a 20-year-old private named Sammantha Owen-Ewing. Intelligent and funny, Owen-Ewing was training to be a nurse when she suffered mental problems and was admitted to Ward 54. She was still receiving psychiatric care at Walter Reed when the Army abruptly discharged her. According to her husband, she was dropped off at a nearby hotel with a plane ticket.

While on Ward 54, Whiteside received a package from her crew in Iraq. Inside was a silver charm, inscribed with the crew members’ names and the message: “Know that you are always loved by us. Never be forgotten and dearly missed. Your Trauma Team.” The crew also wore “Trauma Mama” bracelets in solidarity.

After being released from Ward 54, Whiteside joined the outpatient ranks just
as the Army was scrambling to overhaul its system for treating wounded soldiers and President Bush ordered a commission to study military care for Iraq veterans.

At Walter Reed, the Army brought in combat-experienced officers to replace the recovering patients whom it had asked to manage the lives of the 700 outpatients on post. The new Warrior Transition Brigade and its more experienced leaders were supposed to manage more adeptly the tension between soldiering and patient recovery.

It was Whiteside’s commanders in this unit, a captain and a colonel, who drew up criminal charges against her in April. The accusations included assault on a superior commissioned officer, aggravated assault, kidnapping, reckless endangerment, wrongful discharge of a firearm, communication of a threat and two attempts of intentional self-injury without intent to avoid service.

The Army ordered Whiteside to undergo a sanity board evaluation to determine her state of mind at the time of the shooting.

Tom Whiteside said the criminal charges threatened to unglue his daughter’s already tenuous grip on recovery. “If they are doing this to her, what are they doing to those young PFCs without parents by their side?” he asked.

By early August, Elizabeth Whiteside sought an alternative to court-martial. She requested permission to resign, a measure the military often accepts.

Rowe, commander of the U.S. Army Military District of Washington, which has jurisdiction over her case, would decide whether to grant her request.

He reviewed recommendations from Whiteside’s two commanders at Walter Reed and the facility’s commander, Maj. Gen. Eric B. Schoomaker, a physician. Whiteside’s immediate commander at the hospital, a captain, recommended that she be given an “other than honorable” discharge, according to a document obtained by The Post. The captain wrote that her “defense that she suffers from a mental disease excusing her actions is just that... an excuse; an excuse to distract from choices and decisions made by 1LT Whiteside.”

Col. Terrence J. McKenrick, commander of the Warrior Transition Brigade, agreed: “Although the sanity board determined that at the time of the misconduct she had a severe mental disease or defect, she knowingly assaulted and threatened others and injured herself.”

Schoomaker, now the Army’s surgeon general, dissented. “This officer has a demonstrably severe depression which manifested itself... as a psychotic, self-destructive episode... Resignation in lieu of court-martial eliminates all of the benefits of medical support this officer deserves after 7 years of credible and honorable service.”

Rowe overruled Schoomaker. He agreed to accept Whiteside’s resignation with a “general under honorable conditions” discharge that would still deprive her of most benefits, according to her pro bono
civilian attorney, Matthew J. MacLean.

But then, from her battalion commander in Iraq, Whiteside learned that an investigation there had concluded that there was “insufficient evidence for any criminal action to be taken against” her. Furthermore, it had found a hostile command climate and recommended that the officer who had been her nemesis be removed from his position and “given a letter of reprimand for gender bias in assignments and use of intimidation, manipulation and hostility towards soldiers.”

With this news, Whiteside asked that her letter of resignation be withdrawn. She would fight the charges.

In an e-mail exchange, the prosecutor, Wolfe, told MacLean that even if Whiteside won in court she would probably end up stigmatized and in a mental institution, just like John Hinckley, the man who shot President Ronald Reagan.

Wolfe suggested that the military court might not buy the mental illness defense. “Who doesn’t find psycho-babble unclear . . . how many people out there believe that insanity should never be a defense, that it is just, as he said, an ‘excuse.’ ”

Awaiting a Decision

Whiteside lived with other outpatient soldiers in a building on the grounds of Walter Reed. She kept her quarters neat and orderly. As her preliminary hearing approached, she often went to bed at 8 p.m. to sleep away her impending reality. She attended morning formation and medical appointments. On weekends she hung out with her clique from Ward 54, “my little posse of crazy soldiers,” as Whiteside called them.

She still had the innate ability to motivate soldiers. To pass time one recent Sunday, Whiteside drove a small group of outpatients to go bowling at the National Naval Medical Center in Bethesda. “You can do better,” she told a young private who was a terrible bowler. “We’ll pool our energy together and get a strike.”

Whiteside also offered encouragement over the phone to her friend Sammantha Owen-Ewing, the soldier she befriended on Ward 54 who had been abruptly dismissed from the Army. Sammantha was waiting to see if she could receive her care from the Department of Veterans Affairs.

Whiteside feared the same fate.

At the hearing, the testimony focused on Whiteside’s state of mind at the time of her shooting. The hearing officer would have seven days to make a recommendation on whether to dismiss the charges, offer a lesser punishment or go to court-martial. The final decision will be Rowe’s.

A psychiatrist who performed Whiteside’s sanity board evaluation testified that he found the lieutenant insane at the time of the shooting. One of the doctors said that Whiteside had a “severe mental disease or affect” and that she “did not appreciate the nature and quality of her actions.” Brandt, chief of Behavioral Health Services in Walter Reed’s Department of Psychiatry, testified that Whiteside was “grappling with
holding on to her sanity,” adding: “She was right on the edge, and she fell off.”

Wolfe made his argument for a court-martial. “These are very serious charges,” he said. “The more serious the crime, the higher level it must be disposed of. . . . The government’s position is it should be a court-martial.”

When the hearing ended, Whiteside walked outside into the cold. Her phone buzzed with a text message from the husband of her friend Sammantha, asking Whiteside to call right away.

Sammantha had hung herself the night before.

On Friday, Whiteside and her father flew to Utah for the funeral. Yesterday, after a service at a small Mormon church, Sammantha Owen-Ewing was buried.

Grief-stricken by the death of her friend and bitter at the Army, Whiteside awaits the Army’s decision this week.

“I can fight them,” she said, “because I’m alive.”

Staff researcher Julie Tate and photographer Michel du Cille contributed to this report.
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