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## Pattern of misconduct

*Fort Carson soldiers allege abuse and intimidation*

By Michael de Yoanna

Pvt. Tyler Jennings returned to Fort Carson last August after one year in Iraq. Today, the 23-year-old active-duty infantryman is sitting in his Colorado Springs living room with the shades drawn. He takes a drag of his Marlboro cigarette before describing what life has been like since his return.

Two months ago, Jennings was intent on killing himself, getting as far as tying a noose of rope.

"The stress of being back home crept up on me," he says. "I just couldn't take it anymore."

But the Rochester, N.Y., native, a newlywed, says he was too drunk to carry out the deed.

Jennings is what other soldiers in his 2nd Brigade Combat Team platoon frequently call a "shitbag."

"A shitbag is what the Army calls someone who can't do anything right," he explains.

Less than a year ago, Jennings was a hero, a Purple Heart recipient who'd re-enlisted for six years. But stationed on a remote highway outpost near Ramadi, he faced a daily onslaught of insurgents' roadside explosions. He saw a sergeant he knew "folded in three like an accordion" behind the wheel of a Humvee, alongside a soldier literally split in half and decapitated. He watched in horror as Pfc. Samuel Lee, a 19-year-old from Anaheim, Calif., committed suicide, shooting himself in front of his platoon.

Once back at Fort Carson, Jennings says he suffered panic attacks, jitters, sleeplessness and flashbacks. He turned to drugs, alcohol and sleeping pills to ease his afflictions. When urine analysis tests came back positive, the Army began to process his discharge for "patterns of misconduct."

But the therapist he obtained off base says Jennings resorted to drugs as a way to cope with the horrifying memories of war, the people and places that trigger those memories, and his sense that an attack may be imminent, even in Colorado Springs.

"It makes sense [that] one would turn to substances to treat the stress that goes with all the bad memories," says Gerald Sandeford, Jennings' licensed counselor.

Sandeford has diagnosed Jennings with post-traumatic stress disorder, or PTSD, which is among the mental health conditions affecting one in three troops returning from war.



Pvts. Corey Davis and Tyler Jennings.  
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"They're trying to throw me out of the Army because of this," Jennings says.

## **"Shitbags" call for help**

Jennings is among eight active-duty and recently discharged soldiers interviewed by the *Independent* who allege that Fort Carson hindered or outright denied PTSD treatment. They say the Army is pursuing or has pursued disciplinary action to purge them from the ranks. Because of the nature of their discharges, some stand to lose benefits, such as the Montgomery GI Bill, which provides money for college.

Some soldiers also allege their immediate superiors physically or verbally intimidated them because of their PTSD. One soldier says he was beaten by a sergeant and shot with a pellet gun after seeking psychiatric care.

Dee McNutt, a spokeswoman for the base, won't comment on specific cases, but defends Fort Carson's mental health care system.

"Are there a couple of soldiers out there who probably fall through the cracks? Sure, I can't deny that," McNutt says. "I can tell you that overall, here at Fort Carson, we have the best [mental health] care I have ever seen in my [25-year enlisted Army] career."

When soldiers return from combat, they are asked to fill out standardized questionnaires meant to screen for PTSD. Using the questionnaires and interviews, health care workers determine which soldiers need to be referred for further mental evaluation. A reassessment questionnaire is given several months later to identify potentially overlooked cases.

Beyond those steps, however, catching a soldier with PTSD is primarily left up to his or her immediate superiors — often, the same people charged with preparing a soldier for combat. Chaplains and soldiers also are entrusted with identifying PTSD symptoms.

Yet most of the soldiers interviewed by the *Independent* say the system is failing them. And some have filed for federal whistleblower protection through Sen. Ken Salazar's office.

Salazar spokesman Cody Wertz confirms that "several" soldiers have sought protection, citing complaints over a "variety of mental health issues."

"The senator does feel we have an obligation to meet the legitimate needs of those who have sacrificed so much in Iraq and Afghanistan," Wertz says.

Salazar, who sits on the Veterans Affairs Committee, already has met with Fort Carson officials regarding the issue and is planning further meetings, Wertz says, though he is unable to elaborate on the nature of the conversations so far.

## **Intimidation tactics**

Ryan Lockwood, a former 2nd Brigade Combat Team private, returned from Ramadi in August 2005 after a yearlong tour. The 22-year-old says an Army captain issued an ultimatum after he displayed symptoms of PTSD.

"He threatened that if I tried to get a medical disability for my PTSD, he would make my life a living hell," Lockwood says from his home in McHenry, Ill.

In Iraq, Lockwood served as a medical evacuation worker, helping to get injured soldiers airlifted out of Ramadi. He received a Combat Infantryman Badge, an honor for soldiers who experience the worst kinds of warfare.

"Some soldiers had bones sticking out and were crying bloody murder," he says. "Some had died. This is what I dealt with every day."

Lockwood's return to Fort Carson was bittersweet. He was alive, but still tingling from what he saw in combat, unnerved and worn down from sleepless nights. When he did sleep, he had nightmares about Iraq. He resorted to drinking, and eventually, a few months after returning home, was arrested for drunk driving on base.

He was referred to a substance abuse program, but was required to attend just one class for less than two hours, he says. By



Happier times: A photograph of then-Spc. Tyler Jennings and his wife sits on a table in their living room. [www.caytonphotography.com](http://www.caytonphotography.com)

February, he was facing a discharge for patterns of misconduct. His drunk driving episode and other issues, such as failure to wear a helmet while on guard duty, were used in the case to discharge him.

Yet in the mental health evaluation completed as part of the discharge process, Lockwood screened positive for PTSD.

"Looking back, they cast me out," he says. "I was having problems with day-to-day duties, so they just decided to get rid of me, despite my service to this country."

Lockwood says he was facing too much mental turmoil to fight the Army. As a result of his discharge, he has lost up to \$36,000 in Montgomery GI Bill money and will have to explain his "patterns of misconduct" every time he applies for a job. Had his discharge gone through purely medical channels that caught his PTSD, he might have been declared permanently or temporarily disabled, receiving full benefits, including monthly pay.

"At the time, I was going through a lot, and I got to the point where I just didn't care anymore," he says. He is currently being treated for PTSD through limited Veterans Affairs benefits at his home in Illinois.

Former Pvt. Alex Orum, who received a Certificate of Achievement for "phenomenal" service as a gunner in Ramadi, also says the Army forced him out.

By the time he returned to base last August, Orum was mourning the loss of several friends and grappling with having witnessed or participated in several combat deaths. (Read more about Orum on page 15.) After his wife threatened divorce, he sought psychological assistance from Fort Carson for his violent

outbursts, nightmares, alcohol abuse and other problems.

Orum, a corporal at the time, alleges that he was harassed by a sergeant, who allowed word to circulate that Orum had visited the mental health ward at Evans U.S. Army Hospital at Fort Carson. Fellow soldiers began referring to Orum as "Psycho" — and a "shitbag."

The 20-year-old says his sergeant shot him repeatedly with a pellet gun — a story corroborated by a still-active Fort Carson soldier interviewed by the *Independent*. The same sergeant and other direct superiors began to find fault with Orum for things like failing to carry a pen and notebook, according to his Army records.

He says he had trouble keeping himself together because he lacked sleep. Sometimes, he'd tremble in fear. Loud noises still remind him of bombs in Ramadi and can leave him crouching in a defensive posture, even crying.

"It's coming back that sucks," he says. "I can handle war. Handling this is hard."

Though his medical records indicate "chronic" PTSD among his problems, Orum was discharged in May for patterns of misconduct. His numerous offenses included missing a rent payment, not showing up in formation and failing to write an acceptable essay about being a "decent soldier," according to various Army documents.

"They never really addressed the situation with my PTSD," says Orum, now a cook in a Colorado Springs restaurant. He has not sought professional care for his condition.

## Questions and answers

Col. Steven Knorr, chief of psychiatry with Evans Hospital, says the onus is on commanders to be vigilant about looking for possible PTSD cases, and to refer those cases to base professionals for further psychological help. Or, soldiers themselves can make an appointment during business hours.

Still, some aren't keeping their appointments at the hospital. A publicly displayed chart noted 128 mental-health-related appointments canceled in the month of June.

Lt. Brandon Anderson, a former 2nd Brigade Combat Team commander who served a year in Ramadi, says mental health services are widely available to Fort Carson soldiers who work with their superiors. He says he scored high for PTSD when he returned to Fort Carson, but has coped with his stress by bonding with fellow soldiers and reading an inspirational book.

But Pvt. Corey Davis, an active-duty soldier in the 2nd Brigade Combat Team, tells a different story. He says he scheduled an appointment at Evans several weeks ago because of grinding, recurrent nightmares of his service in Ramadi. He is still waiting to be seen there.

With doubts nagging him, he recently left base to see a therapist. A licensed professional counselor concluded Davis is suffering from PTSD and is in need of treatment.

"It feels sad that it took that long for me to find out what was going on with me," Davis says. "I had to go out and do it myself, without the Army. The Army didn't step in when I was having other problems and

identify this issue for me."

Davis, 26, returned to Fort Carson in August 2005 after serving a year as a machine gunner in Ramadi.

"There were explosions every day," he says.

He fell in with a group of soldiers who used drugs. Cocaine's effects felt like the adrenaline rush he became addicted to in Ramadi. At the same time, it made his nightmares fade and the days whiz by.

Finally, Davis got busted, testing positive in one urine analysis in December, then another in June. He's been demoted from specialist and is facing an "other than honorable" discharge — among the least desirable types of discharge — for patterns of misconduct.

"No one really talks to me at all now," he says. "I'm lucky to get a head nod from the people I served with in Iraq. ... They call me a shitbag. As far as they're concerned, I'm on my way out, whatever my issues are."

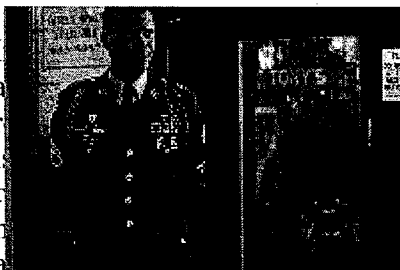
Davis now wonders whether his problems could have been avoided if Fort Carson had done a better job in identifying his PTSD.

The week he returned from Iraq, Fort Carson gave Davis and other soldiers in his platoon the standard mental health questionnaire. The form inquired whether they'd had experiences that were so frightening, horrible or upsetting that they led to nightmares or unwanted thoughts about the experience, avoidance of situations, a feeling of constant vigilance and/or numbness or detachment from others.

Davis says he answered yes to such questions. He believes he should have been detained and referred immediately to mental health counselors for assessment.

Of the roughly 11,000 soldiers who returned to Fort Carson from Iraq in 2005, approximately 10 percent were referred to a behavioral health specialist based on questionnaire answers, according to Fort Carson spokeswoman McNutt. But those referrals came in response to a range of issues, from marital difficulties to suspected PTSD, she says.

About 275 soldiers required immediate referral to a psychologist or psychiatrist. She is unable to identify how many cases involved PTSD.



Staff Sgt. Brian Jackson, of the 2nd Brigade Combat Team, outside Tony's bar. During "courtesy patrols" downtown, soldiers like Jackson remind off-duty soldiers not to drive drunk.

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the Government Accountability Office found that 77 percent of Army soldiers wrestling with combat stress upon returning from Iraq or Afghanistan never received a referral for mental help. The report states that

the military "cannot reasonably assure that service members who need referrals receive them."

### **Close calls?**

A large body of research indicates a heightened risk of suicide among soldiers with PTSD, with the highest rates among those who were repeatedly injured or who are experiencing survivor guilt.

Last year, 83 active-duty Army soldiers committed suicide — 58 of them outside war zones. That's a 24 percent increase over the prior year and the highest rate since 1993.

Fort Carson was unable to provide the number of on-base suicides by deadline.

A mental health worker at Fort Carson estimates that three soldiers a day are placed on watch at various psychiatric clinics in Colorado Springs because they threaten suicide or violence to others.

Fort Carson's Col. Knorr cannot confirm the number, but acknowledges a "few to several" soldiers each week are transported to city clinics for further evaluation.

"It shows we're caring about the soldiers," Knorr says. "We're saying, 'OK, we need to get this soldier hospitalized.' We're going to get him the treatment."

But one woman, who asked that her identity be withheld to protect her son, who fought in Ramadi last year, says the base's mental health program is failing.

Last month, she says her son called home agitated, depressed and lonely, talking about the war. The conversation was so incoherent that she encouraged him to visit Evans Hospital for help.

"The only thing they did was verify his medications and tell him to attend group therapy beginning the next week," she says. "He needed more than that. He doesn't respond to group sessions. He wants show he is macho. He doesn't talk openly about his issues. When he needed immediate help, they shoved him aside."

Just two weeks earlier, following a suicide threat, her son had been transported from Fort Carson to Penrose-St. Francis Health Services, a private hospital that contracts with the base. A doctor there wrote that the soldier appeared to have acted impulsively, but "wonders sometimes if it would just be OK if he did not wake up."

His mother thinks the base should begin the process to determine whether her son is disabled with PTSD, which could have resulted from a rollover accident, or guilt over surviving deadly combat when other soldiers did not. Instead, she says, the base is pursuing a personality-disorder discharge against her son.

"I'm concerned about that, because this will be on his permanent records," she says. "He's going to be branded."

Personality disorder made national headlines recently when Steven D. Green, a former Army private based at Fort Campbell, Ky., was accused of raping and slaying an Iraqi woman and killing her family. Green was discharged with an unspecified personality disorder. "The clinical term antisocial" was added to his diagnosis by the Army after the slayings.

Involuntary discharges — those prematurely initiated by the Army — for personality disorder at Fort Carson have risen roughly threefold since the war began in March 2003, according to data obtained by the *Independent* via a Freedom of Information request.

The 170-plus discharges at Fort Carson for personality disorder since the war's start represent about 18 percent of all early discharges.

Col. Knorr won't comment on the data because he hasn't seen it. But Kaye Baron, a licensed professional counselor who treats local soldiers with PTSD, fears Fort Carson may be misdiagnosing soldiers. Scarcely has she diagnosed personality disorder in her soldier and civilian patients, she says.

"It's considered a very rare condition," Baron adds.

A discharge for personality disorder can happen much faster than a medical board discharge — and disqualifies a soldier from receiving a declaration of disability and permanent benefits, because the Army considers the condition pre-existing. Yet Army regulations also state that no soldier should be discharged with a personality disorder as a result of "combat exhaustion."

Fort Carson was unable by deadline to provide data on the number of soldiers who have been granted medical retirement as a result of PTSD.

### **Still fighting**

Tyler Jennings wonders why Fort Carson officials have mentioned PTSD to him and offered him group counseling, but haven't officially diagnosed the disorder or offered treatment similar to what he is receiving off base.

His medical records indicate that in December he was referred for PTSD group therapy when he "reported some symptoms of PTSD" following a positive urine analysis test for cocaine. He was referred to the Army Substance Abuse Program for treatment, but there is nothing in his records indicating Fort Carson took further steps to determine whether he was suffering from PTSD.

Sandeford, Jennings' therapist, says his patient should have received a diagnosis for PTSD. He is currently preparing Jennings for eye movement desensitization and reprocessing, or EMDR, treatment. The therapy, accepted by the Defense Department, helps the brain reprocess trauma and can significantly reduce or eliminate PTSD. But because the treatment is intense, Jennings needs to be in a secure environment before he can begin, Sandeford says.

As of late last week, the Army had sought to send Jennings with the rest of the 2nd Brigade Combat Team to the Army National Training Center in California. The brigade is currently training to return to Iraq, perhaps as early as October.

Georg-Andreas "Andrew" Pogany, a former Fort Carson Special Forces soldier who leads Operation Just One, a group that helps Iraq war veterans obtain confidential, free counseling, says he intervened on Jennings' behalf, informing superiors that Jennings has received an outside diagnosis for PTSD.

"What happened right there shows there are big problems identifying PTSD at Fort Carson," says Pogany. "They were ready to send this guy into a situation that would do him more harm than good. What

about all the guys like him that we don't know about? Are they going to send them back to Iraq next?"

"The nature of trauma is that he will be re-triggered in an atmosphere that is like combat," Sandeford says. "He'd lose the support he has [in his wife]."

Jennings says he wouldn't be useful to the Army in his condition. The idea of being discharged for patterns of misconduct is looking more attractive, he adds.

"I will do what I have to to make sure that I don't go back to combat, including saying whatever they want or doing whatever they ask," he says. "I know it will follow me around, but if I have to take a discharge that I don't agree with, I will, even though they never really admitted I have PTSD."

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*The Independent cooperated with the "CBS Evening News with Bob Schieffer" while reporting this story. To see their report, visit <http://www.cbsnews.com/stories/2006/07/12/eveningnews/main1798343.shtml>.*

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