



salon.com

Click here

COSTA RICA
No Artificial Ingredients
www.visitcostarica.com
1-866-COSTARICA

Search

Go!



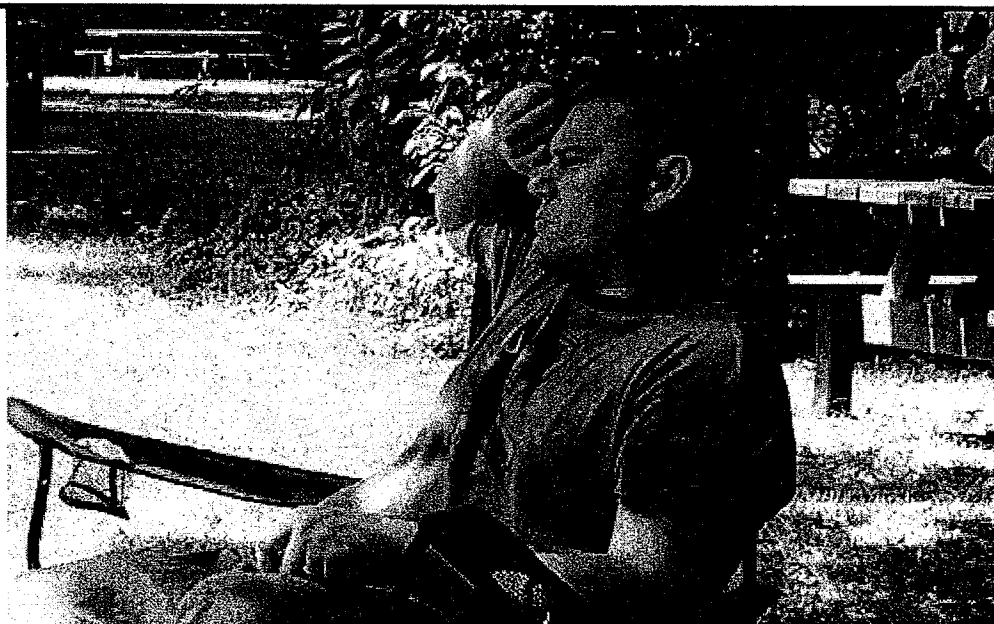
Salon



The Web

powered by

YAHOO! SEARCH

[A&E](#) [Books](#) [Comics](#) [Community](#) [Life](#) [Movies](#) [News & Politics](#) [Opinion](#) [Sports](#) [Tech &](#)


Behind the walls of Ward 54

[Pages](#) [1](#) [2](#) [3](#)
[Share](#)[RSS](#)Font: [S](#) / [S+](#) / [S++](#)

Josh Sanders, like the other soldiers I spent time with, also believes he is worse off because of his treatment at Walter Reed. "I don't trust anybody now ... I wish people could understand," he said. Sanders made two suicide attempts while under outpatient care at Ward 53. Hospital officials would not answer questions about the prevalence of suicide attempts at Walter Reed, but said two incidents that occurred there in January, one apparent fatal overdose and another suicide attempt, are under investigation. Two years ago, the case of Army Master Sgt. James Curtis Coons, also an outpatient, raised serious questions about how Walter Reed handles suicidal patients -- questions that persist today.

Coons was evacuated to Walter Reed from Kuwait on June 29, 2003, after swallowing sleeping pills in an apparent suicide attempt several days earlier. When he arrived at Walter Reed, he wasn't sent to the lockdown unit but to a room in one of the hotel-like facilities on campus. Coons, 36, promptly hanged himself. And although he had a doctor's appointment the next day, Walter Reed officials failed to look for Coons until July 4, so his body hung and decomposed until then. "A soldier coming in from a war zone does not

show up for a doctor's appointment and they did not even check on him?" his mother, Carol Coons, said in a telephone interview from her home in Texas. "Until this is taken seriously, this is going to continue on. A psychiatric problem among those coming home from these war zones is just as deadly as a bullet." In a statement, the hospital said it has recently "enacted more stringent policies and procedures to strengthen outpatient soldier accountability"; for example, a Walter Reed staff member is now sent to check on patients who don't show up for appointments, the hospital said.

It's unclear how many combat vets are in need of PTSD treatment. But data from the Department of Veterans Affairs and a published Army study show at least one out of every six soldiers coming back from Iraq may have PTSD. (Many Army bases have psychiatric clinics, but some of the most serious cases go to Walter Reed.) Congress is responding with a flurry of bills that might help keep track of and treat the mental toll Operation Iraqi Freedom is taking on U.S. troops. Illinois Democrat Rep. Lane Evans' bill calls on the military to use state-of-the-art methods to treat psychological injuries. Sen. Russ Feingold, D-Wis., would require the Pentagon to send reports to Congress on PTSD among troops because there is so little information on psychological injury rates.

Normally, soldiers discharged from the Army seek medical treatment from the Department of Veterans Affairs, which is widely understood to do a superior job at treating soldiers with PTSD. Because of the V.A.'s good track record, Steve Robinson of the National Gulf War Resource Center is asking Congress to put the V.A. in charge of treating soldiers with PTSD even before they leave the Army. Four of the soldiers I interviewed who left Walter Reed and later got treatment at the V.A. all praised the care they received there. They finally got a chance to talk one-on-one with other veterans about war, they said. Their medications were pared down, and their disability pay has been increased.

Indeed, the Army's system for allocating disability pay to traumatized vets is another source of their frustration and anger. An Army panel at Walter Reed, called the Physical Evaluation Board, decides what percentage of income each soldier should get from the military to compensate him if he is too ill to serve any longer. The doctors decide whether wounds are combat related, and then the board decides how much disability the Army will pay. The board's decision is critical for soldiers trying to make a living after leaving the Army with what can be a debilitating mental condition. Fighting with the hospital about disability pay is a source of considerable stress just as these soldiers are trying to heal their minds.

Some of the soldiers are fighting decisions by the board at Walter Reed. Out of the 14 soldiers interviewed, five have left Walter Reed. Three ended up getting zero percent of their income as disability pay, despite what they said was serious mental stress that made it more difficult or impossible to work. Even those who got a third of their pay still had trouble making ends meet. (In every case I followed, the Department of Veterans Affairs made a later determination that the soldiers deserved more. The soldiers can choose to

take the higher percentage of pay from the V.A., but in some cases if they do so, they must pay back what they have received so far from the Army.)

- After 26 years of service, the Army gave Col. Beeson, from the Army's Civil Affairs Command, zero percent of his income as disability pay for his mental wounds. Luckily, he still gets some retirement pay because of his many years of service, but he says he struggles with his injuries every day. He is appealing Walter Reed's decision.
- Josh Sanders, from the 1st Armored Division, got 30 percent from the Army, but the Army also said his problems did not come from the war. "When I was over there [at Walter Reed] the PEB [Physical Evaluation Board] process was degrading. It is like pulling money from an insurance company. All my paperwork says 'non-service connected.' If it is non-service connected, then why am I getting 30 percent?" he asked. The V.A. recently decided to give him 70 percent disability.
- One Army reservist I spent time with tried to return to his day job as a policeman after the war, but his mental state prohibited him from carrying a gun. The reservist cannot go back to policing, but since the Army decided his mental problems did not come from the war, the small percentage of disability pay he got is not enough to make ends meet, he said. He's hoping the V.A. will give him more.
- René Negrón, the former soldier who visited Soto-Ramírez before the suicide, was given 30 percent of his pay until February 2006, when he'll be reevaluated. Negrón was a psychiatric patient at Walter Reed after 11 months in Iraq. At one point he checked himself into the emergency room there because he thought he might kill himself. But the Physical Evaluation Board determined that "the soldier's retirement is not based on disability from injury or disease received in the line of duty," according to a copy of Negrón's evaluation board proceedings. "This disability did not result from a combat-related injury."

Negrón, 48, taught hair care and cosmetology before serving in Iraq as an Army specialist with the Puerto Rico National Guard. Now, he says his debilitated mental state after the war has left him unable to work. He drives two hours each way for mental health treatment at a V.A. medical center. "You think I can live on \$700 a month?" Negrón asked. "I can't work. My wife is suffering. She can't leave me alone. Sometimes I feel suicidal. Sometimes I hear voices. Sometimes I see lights. I feel like I'm being shot at. They sent me home like that. I've been dealing with this since I got back," Negrón said. "I left here in good condition. If I have a

mental condition, they have to deal with it ... I did my part. Why can't they do their part?"

Pages 1 2 3

Share

RSS

Font: S / S+ / S++

Read all letters on this article (1)

Read Editor's Choice letters on this article (0)
