The New York Times Reprints

This copy is for your personal, noncommercial use only. You can order presentation-ready copies for distribution to your colleagues, clients or customers here or use the "Reprints" tool that appears next to any article. Visit www.nytreprints.com for samples and additional information. Order a reprint of this article now.

April 24, 2010

Feeling Warehoused in Army Trauma Care Units

By JAMES DAO and DAN FROSCH

COLORADO SPRINGS — A year ago, Specialist Michael Crawford wanted nothing more than to get into Fort Carson's Warrior Transition Battalion, a special unit created to provide closely managed care for soldiers with physical wounds and severe psychological trauma.

A strapping Army sniper who once brimmed with confidence, he had returned emotionally broken from Iraq, where he suffered two concussions from roadside bombs and watched several platoon mates burn to death. The transition unit at Fort Carson, outside Colorado Springs, seemed the surest way to keep suicidal thoughts at bay, his mother thought.

It did not work. He was prescribed a laundry list of medications for anxiety, nightmares, depression and headaches that made him feel listless and disoriented. His once-a-week session with a nurse case manager seemed grossly inadequate to him. And noncommissioned officers — soldiers supervising the unit — harangued or disciplined him when he arrived late to formation or violated rules.

Last August, Specialist Crawford attempted suicide with a bottle of whiskey and an overdose of painkillers. By the end of last year, he was begging to get out of the unit.

"It is just a dark place," said the soldier, who is waiting to be medically discharged from the Army. "Being in the W.T.U. is worse than being in Iraq."

Created in the wake of the scandal in 2007 over serious shortcomings at Walter Reed Army Medical Center, Warrior Transition Units were intended to be sheltering way stations where injured soldiers could recuperate and return to duty or gently process out of the Army. There are currently about 7,200 soldiers at 32 transition units across the Army, with about 465 soldiers at Fort Carson's unit.

But interviews with more than a dozen soldiers and health care professionals from Fort Carson's transition unit, along with reports from other posts, suggest that the units are far from being restful sanctuaries. For many soldiers, they have become warehouses of despair, where damaged men and women are kept out of sight, fed a diet of powerful prescription pills and treated harshly by noncommissioned officers. Because of their wounds, soldiers in Warrior Transition Units are particularly vulnerable to depression and addiction, but many soldiers from Fort Carson's unit say their treatment there has made their suffering worse.

Some soldiers in the unit, and their families, described long hours alone in their rooms, or in homes off the base, aimlessly drinking or playing video games.

"In combat, you rely on people and you come out of it feeling good about everything," said a specialist in the unit. "Here, you're just floating. You're not doing much. You feel worthless."

At Fort Carson, many soldiers complained that doctors prescribed drugs too readily. As a result, some soldiers have become addicted to their medications or have turned to heroin. Medications are so abundant that some soldiers in the unit openly deal, buy or swap prescription pills.

Heavy use of psychotropic drugs and narcotics makes it difficult to exercise, wake for morning formation and attend classes, soldiers and health care professionals said. Yet noncommissioned officers discipline soldiers who fail to complete those tasks, sometimes over the objections of nurse case managers and doctors.

At least four soldiers in the Fort Carson unit have committed suicide since 2007, the most of any transition unit as of February, according to the Army.

Senior officers in the Army's Warrior Transition Command declined to discuss specific soldiers. But they said Army surveys showed that most soldiers treated in transition units since 2007, more than 50,000 people, had liked the care.

Those senior officers acknowledged that addiction to medications was a problem, but denied that Army doctors relied too heavily on drugs. And they strongly defended disciplining wounded soldiers when they violated rules. Punishment is meted out judiciously, they said, mainly to ensure that soldiers stick to treatment plans and stay safe.

"These guys are still soldiers, and we want to treat them like soldiers," said Lt. Col. Andrew L. Grantham, commander of the Warrior Transition Battalion at Fort Carson.

The colonel offered another explanation for complaints about the unit. Many soldiers, he said, struggle in transition units because they would rather be with regular, deployable units. In some cases, he said, they feel ashamed of needing treatment.

"Some come to us with an identity crisis," he said. "They don't want to be seen as part of the W.T.U. But we want them to identify with a purpose and give them a mission."

Drugs and Addiction

Sgt. John Conant, a 15-year veteran of the Army, returned from his second tour of Iraq in 2007 a changed man, according to his wife, Delphina. Angry and sullen, he reported to the transition unit at Fort Carson, where he was prescribed at least six medications a day for sleeping disorders, pain and anxiety, keeping a detailed checklist in his pocket to remind him of his dosages.

The medications disoriented him, Mrs. Conant said, and he would often wander the house late at night before curling up on the floor and falling asleep. Then in April 2008, after taking morphine and Ambien, the sleeping pill, he died in his sleep. A coroner ruled that his death was from natural causes. He was 36.

Mrs. Conant said she felt her husband never received meaningful therapy at the transition unit, where he had become increasingly frustrated and was knocked down a rank, to specialist, because of discipline problems.

"They didn't want to do anything but give him medication," she said.

Other soldiers and health care workers at Fort Carson offered similar complaints. They said that most transition unit soldiers were given complex cocktails of medications that raised concerns about accidental overdoses, addiction and side effects from interactions.

"These kids change their medication like they change their underwear," said a psychotherapist who works with Fort Carson soldiers and asked that his name not be used because he was not authorized to speak publicly about the transition unit. "They can't even remember which pills they're taking."

Some turned to heroin, which is readily available in the barracks, after becoming addicted to their pain pills, according to interviews with soldiers and health care professionals at Fort Carson.

"We're all on sleep meds, anxiety meds, pain meds," said Pfc. Jeffery Meier, who is in the transition unit and said he knew a dozen soldiers in the unit, including a recent roommate, who had used heroin. "The heroin is all that, wrapped into one."

Fort Carson officials said that addiction to prescription drugs was no more prevalent in the Army than in the civilian world, and that medication was just one element of a balanced treatment that includes therapy.

But they acknowledged that they had found heroin abuse in the transition unit and said they were trying to reduce the use of opiates and synthetic opiates to prevent addiction, not always with success.

"There is active resistance, because they are addicted," said Lt. Col. Joel Tanaka, the Warrior Transition Battalion surgeon at Fort Carson. "We've learned if we don't assist them and wrap our arms around them, then they go off post and get these drugs illegally."

Jess Seiwert offers a cautionary tale. A staff sergeant and sniper who was knocked unconscious by roadside bombs in Iraq, he returned to Fort Carson in late 2006 with post-traumatic stress disorder, burns and a variety of aches. Prone to bouts of rage, he often drank himself to sleep and began abusing the painkiller Percocet.

Medical records show that Sergeant Seiwert's captain thought he was a danger to his wife and needed inpatient psychiatric care. Instead, the sergeant was transferred into Fort Carson's transition unit in 2008.

In a recent interview, Mr. Seiwert, now discharged from the Army, said he received minimal therapy in the unit but was given ample medication, including the painkillers he abused. "I should have been in inpatient rehab to get me off the drugs," he said.

Last summer, just months after being medically discharged, he badly beat his wife while bingeing on alcohol and Percocet. He pleaded guilty to a second-degree assault charge and is likely to face five years in prison.

'Making Things Worse'

Like private outpatient clinics, Warrior Transition Units aim to provide highly individualized care and ready access to case managers, therapists and doctors. But the care is organized in a distinctly Army way: noncommissioned officers, known as the cadre, maintain discipline and enforce rules, often using traditional drill-sergeant toughness with junior enlisted soldiers.

At the top of the command are traditional Army officers, not health care professionals: Brig. Gen. Gary Cheek, head of the Warrior Transition Command, was an artillery officer, and Colonel Grantham an intelligence officer.

Beneath them is what the Army calls its triad of care. Members of the cadre keep a close eye on individual soldiers, much like squad leaders in regular line units. Nurse case managers schedule appointments and assist with medications and therapy. And primary care managers — doctors, physicians' assistants or nurse practitioners — oversee care and prescribe medicines.

The structure is intended to ensure that every soldier gets careful supervision and that Army values and discipline are maintained. But many soldiers at Fort Carson complained that discipline and insensitive treatment by cadre members made wounded soldiers feel as if they were viewed as fakers or weaklings.

James Agee, a former staff sergeant who transferred into the transition unit after returning from his second tour of Iraq in 2008, said he frequently heard cadre members verbally abuse medicated soldiers who were struggling to get out of bed for morning formation or stay awake for all-night duty.

"They would say, 'These guys can't do this because they are crazy,' " said Mr. Agee, who received a medical discharge from the Army. "It would make you feel like you were inferior."

One Army specialist in the unit, who received diagnoses of post-traumatic stress syndrome and traumatic brain injury, said he was ordered to perform 24-hour guard duty repeatedly against the orders of his doctor. The specialist, who asked to remain anonymous because he feared repercussions, said he experienced flashbacks to Iraq during the long hours by himself.

In many cases, the noncommissioned officers have made it clear that they do not believe the psychological symptoms reported by the unit's soldiers are real or particularly serious. At Fort Hood, Tex., a study conducted just before the shooting rampage there last November — which found that many soldiers in the Warrior Transition Unit thought their treatment relied too heavily on medication — also concluded that a majority of the cadre believed that soldiers were faking post-traumatic stress or exaggerating their symptoms.

Christina Perez, the wife of a transition unit soldier from Fort Carson, said she got into an ugly fight with a member of the cadre who was furious that she had gone over his head to request additional therapy for her husband, a sergeant first class who had sustained a brain injury during one of two tours in Iraq as a tank gunner.

In a meeting, the noncommissioned officer shouted that Ms. Perez's husband did not deserve his uniform and that he should give it to her instead, Ms. Perez said in a police complaint. No charges were brought.

Eventually her husband, who has headaches and memory loss, was transferred to an inpatient psychiatric clinic in Denver while he awaits a medical discharge. "All they do is make things worse," Ms. Perez said of the transition unit.

Last year, The Associated Press reported that the transition unit at Fort Bragg in North Carolina had a discipline rate three times as high as the 82nd Airborne Division, the base's primary occupant.

General Cheek said the Army's own survey of other major posts showed that discipline rates in transition units were about the same as in regular units.

He asserted that most cadre members, who receive extra pay and training for the job, do their jobs well, working long hours and spending weekends checking on soldiers. Discipline, he said, is a form of tough love.

"If we are going to maintain safe discipline, all rules must apply," the general said. "We do have an expectation that our soldiers want to get better."

Bureaucratic Delays

Sgt. Keith Nowicki was an intelligence analyst who was sent back early from his second deployment to Iraq in April 2008 because of severe post-traumatic stress disorder, said his wife, Ashley. Assigned to the Fort Carson transition unit, he spent nearly a year waiting for his medical discharge.

Instead of getting the help he hoped for, he spent much of the time in the unit alone, growing increasingly angry, drinking heavily and abusing Percocet. In early 2009, he separated from his wife. While on the phone with her in March 2009 he shot himself to death. He was due to be discharged at the end of the month.

Though Ms. Nowicki does not attribute her husband's suicide to the long wait for his discharge, she said the slowness of the process and the lack of support from the transition unit added to his sense of hopelessness.

"It was just a bunch of red tape," Ms. Nowicki said. "He would spend days trying to track down his own medical records."

Army officials acknowledged that wait times for medical discharges at Fort Carson had grown. A major reason is that Fort Carson is part of a pilot program with the Department of Veterans Affairs in which the Army and the V.A. collaborate in evaluating soldiers' injuries. The collaboration between the two bureaucracies is expected to speed up veterans benefits once a soldier leaves the Army, but it can lengthen the initial evaluation period, officials said.

Michael Crawford has been waiting more than a year for his medical discharge. As his anxiety and depression have worsened, so have his problems in the unit. His rank was recently reduced to private in punishment for overstaying leave and using marijuana.

But things are looking up, his mother believes: he will be able to stay with her in Michigan while awaiting his discharge. His mother, Sally Darrow, has already seen one son commit suicide. She believes that Michael would become the second if he had to return to Fort Carson and the transition unit.

"At home, with family and schoolmates, he's dealing with things better," Ms. Darrow said. "He's not safe there."