

**STATEMENT BY  
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**BEFORE THE SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING  
THREATS AND INTERNATIONAL RELATIONS**

The Hearing entitled  
“Does the ‘Total Force’ Add Up? – The Impact of Health Protection Programs on Guard  
and Reserve Units”

March 30, 2004

Good Morning Congressman Shays and members of the committee I would like to thank you for giving me the chance to speak here in regards to the current plight of medical hold soldiers at Fort Knox. I can only hope that through my statement or testimony the committee will decide to send someone to Ft Knox to look into the conditions there. The soldiers would welcome the chance to talk to anyone that would listen to them on a one on one basis.

I would like to start with a brief background as to how I ended up mobilized for active duty. I was a member of the Inactive Regular Reserve, (IRR), from August of 2001 until February 27, 2003. I was contacted on or around the 23<sup>rd</sup> of that month by the retention NCO of the 463<sup>rd</sup> Combat Heavy Engineer Company about mobilizing with her unit. I had been a part of that unit many years before and told her I would be more than happy to help them out. She stated that they needed me badly and said she would arrange for an extension and bring me out of the IRR. The 27<sup>th</sup> of February was the day I was brought back to the regular reserve and assigned to the Headquarters and Headquarters Company of the 463<sup>rd</sup> Combat Heavy Engineers. I arrived at the unit only to be told that they no longer needed me for the deployment. They had all ready filled the slot. I asked the unit clerk what I should do for the next six months. He replied I could always attend drill. I informed him that I lived 300+ miles away and that wasn't going to happen. I asked them to find a deploying unit that needed me. The 380<sup>th</sup> Quartermaster Battalion was found to need to be in need of a soldier with my skills. I was transferred to that unit and met up with them at their mobilization station, Ft McCoy. The unit detachment at Ft McCoy was comprised of 61 soldiers. They consisted of 7 officers, 1 Chief Warrant Officer and 1 Sergeant Major with 52 enlisted soldiers. These soldiers were not all originally from this unit. I was informed that approximately 50-60% of the soldiers were from other units. The soldiers were assigned in order to bring the unit up to its required deployment strength. I feel that the Army needs to take a serious look at the consequences of this action. This unit experienced problems far beyond what is normal for such a small unit. I was informed of numerous Inspector General complaints as well as Congressional complaints filed by the soldiers of the 380th. I actually witnessed a Sergeant First Class throw away the fax a soldier had received from her Congressman's Office. She had received a blank form so that she could file a complaint. I pulled it out

of the trash and made sure she received it. I have served in one form or another for 18 years in the military and can say without a doubt that this was the single worst unit I have ever been apart of. This Committee wants to hear about the medical hold issues and therefore I will not get into the full details of what I witnessed while assigned to the 380th. I hope that some where down the line I can give a full accounting of what occurred.

The original injury that brought me into the medical hold quagmire was a simple accident. I tore the muscles in my stomach while preparing for a physical fitness test. I went on sick call and was informed that I had ruptured my abdominal wall. I was then assigned to the medical hold unit. I have had to divide my medical hold experiences based on the two military bases where they occurred. The important points of my medical care received at Ft McCoy are listed first.

I was referred to a civilian gastroenterologist, (GNT) because the doctor at Ft McCoy wasn't sure that there wasn't another cause for my stomach pain. The GNT sent me to see a surgeon to repair the umbilical hernia he had found. I had been diagnosed with left sciatica shortly after I was assigned to medical hold. I finally went to see a doctor when it reached the point when I could not walk. I was put on 10 days quarters, to cover me until I went in for an epidural injection. The next day MSG Canaday, my supervisor, SFC Swansinger, med hold NCOIC, and SFC Cox, the medical clinic NCOIC, informed me that my epidural had been moved up to the next day and that I had to move out of my semiprivate room on the second floor to the open bay on the 1<sup>st</sup> floor. MAJ Piper, the Physician Assistant who is in charge of the medical care for all medical hold soldiers, was concerned that I might hurt myself walking up the stairs. I was told the fact that I had been going up a down those same stairs for the last 4 weeks was immaterial. I asked about the other soldiers who were on crutches or had other back, neck or leg injuries and was told to "shut the hell up"... "it's none of your God damn business." I had the epidural injection and notified MAJ Piper that the anesthesiologist had stated that I would need at least 1-2 more injections. He stated that he had nothing in front of him stating that. I had to go to the hospital for a contrasting CT and picked up a note from the anesthesiologist while I was they're stating that I would need the further injections. I supplied the note about the epidurals to MAJ Piper who then stated "NO!" I was amazed that here was a "physician's assistant" over ruling a doctor. The GNT doctor called to inform me that they were sending me to the Mayo Clinic. Tuesday morning the Mayo Clinic called stating they wanted me there the following Wednesday morning. I informed MAJ Piper who then informed me that all my appointment were cancelled and he was sending me to Ft Knox because I had too many "issues". I was then transferred to Ft Knox the following Tuesday. Ft McCoy conveniently forgot to send all of the doctor's reports to Ft Knox. Ft Knox decided there wasn't anything seriously wrong with me and was going to send me home. I had to get the surgeon from the civilian hospital to fax down his report that I needed immediate umbilical hernia repair. I was operated on at Ft Knox 6 days later. I was the exception to the rule at that time. Soldiers had been at Ft Knox waiting 3-4 months for surgery at that time. The soldier who also received a hernia operation at the same time as I did had been their 4-5 months at that time.

The amount of time it takes to get into a specialty clinic has declined since I first arrived at Ft Knox. Soldiers would routinely wait 3-4 months to see orthopedics. I have seen soldier get into orthopedics to see a PA in as little as one week. It often takes a little longer to get to see a doctor. However, many soldiers have come to me to complain that they are no longer able to get second opinions from orthopedics. I would not normally think this is an issue of concern, but if someone is facing surgery they need that second opinion.

There are several issues about the living conditions experienced by the Medical Hold soldiers at Ft Knox, which I have been asked to address here today. I admit that while each of the issues taken by itself may not appear to be of much importance. However, when taken as a whole, the quality of life for the med hold soldiers takes on an ominous feeling.

First, I need to talk about how the conditions were when I first arrived. The soldiers were housed in two barracks building 853 and building 6822. Building 6822 was a "World War II" style barracks. This consisted of open bays; shower room and individual toilet stalls. This barracks was so old and dilapidated that the soldiers were not permitted to install air conditioners in the windows. They were even limiting the number of fans that could be used. The building next door was condemned, which raised serious concerns as to whether or not our building had also been condemned. (The soldiers at Ft McCoy were at one time housed in buildings that had been condemned. The command had actually gone through and removed the condemned signs prior to their occupancy. There were some buildings, reportedly, where they missed a few signs.) The soldiers were concerned as to the structural safety of building 6822. The command moved the soldiers out of 6822 on July 28<sup>th</sup>. The roof collapsed on July 30<sup>th</sup>. It turns out the soldiers actually weren't supposed to move out until August 1<sup>st</sup> or 2<sup>nd</sup>. The command saved some soldier's lives by moving us early.

The condition of building 1475 when we arrived was horrendous. The general appearance of this building was unbelievable. Paint was peeling just about everywhere. The several showers had some type of black tar dripping from the ceiling. Rust and calcium deposits in every shower stall. The water pressure was gone in several showers. The sewer pipes were so clogged it would back up into the stationary tubs. Pipes were leaking all over the place. The air conditioners were on in the rooms at that time, some leaking out in the middle of the floors. The safety runners on the stairs are broken or missing in a lot of places. Tiles were broken, stained or missing in every hallway. There was a reoccurring problem with the hot water in building 1475-there was none. (I must definitely give credit to the FT Knox repair people. I personally called them about the hot water problem several times and each time they were there quickly.) The unit that had had the building before us did not make many repairs prior to departing. The overall cleanliness was poor. It proved to be almost impossible to get any kind of cleaning supplies from the Med hold supply office. The soldiers resorted to purchasing their own cleaning supplies to try and improve the place. Soldiers from 1475 attended some type of repair classes so they could do some of the work themselves. The soldiers are trying, but their hands are tied due to a lack of supplies and funding.

The Assistant Secretary of Defense, (Health Affairs), David S. C. Chu has issued a memorandum dated 29 OCT 03 which addresses the living conditions for medical hold soldiers. The attached memorandum, (exhibit 1), states the following:

All members of the Armed Forces who are in a "medical hold" status and are required to reside away from their private residences while in "medical hold" shall be provided uniform lodging in quality and type for the area where they are located. It is particularly important that Reserve Component members on active duty receive the same quality and type of lodging and support including transportation that other active duty members receive. Such accommodations may consist of visiting quarters, temporary lodging facilities, or equivalent rental accommodations on the private economy typically provided to TDY personnel when such visiting quarters or temporary lodging facilities are not available. In all cases, the actual housing provided shall accommodate the medical condition of the member.

The memorandum also provides a copy of Army Regulation 210-50, table 4-2. This table lists the minimum standards of acceptable space and privacy for soldiers. This becomes particularly important when discussing building 1474. This building houses officers and senior enlisted soldiers. I have to be brutally honest here; building 1475 is in better condition than 1474. I have set in on discussion groups in building 1474 and walked feeling sorry for the officers forced to live in such deplorable conditions. I am hoping that maybe the committee can get a better answer out of the command than I could. Why is Ft Knox disregarding a memorandum written by an Assistant Secretary of Defense? Why is Ft Knox disregarding an Army Regulation?

This brings me to an important issue that I have brought to the attention of the command numerous times. I have stated that there is a serious safety issue that needs to be address with regards to building 1475. There is no master key for the building. I have never before in my military career been in a building that did not have a master key for every room. The only way anyone can get in a room is if there is a spare key in the key box in the platoon sergeant's office. If there is no spare or there is no one with a key to the key box they are out of luck. What happens if a soldier hurts himself and we need to get into the room? They have to break down the door. This is the first time I have ever seen a building where the CQ does not have a master key. I have witnessed soldiers climbing out second story windows in order to climb into their window so they can get back in their room. This is unacceptable, and unfortunately almost impossible to fix. I spoke with the post locksmith. He stated that the locks in 1475 were so screwed up that they would need at least 5-7 master keys. There are that many different types of locks in that building. The command responds to any question about the keys with "we are working on it".

The national attention Ft Knox Med hold received last fall has resulted in some gains. There were promises of new carpet, beds, plumbing etc. We received new mattresses, not enough came in for every single one to be exchanged but many were. They installed new toilet paper dispensers in November. They just installed new wall

lockers three weeks ago. I have been informed that as with everything else it all comes down to money. The more money that becomes available the more work they will do on our barracks. I have a question for this committee. How much money did Ft Knox spend on the new landscaping and plants at the main gates?

I arrived at Ft Knox and was issued a pillow, pillowcase and two sheets from building 853's supply. The supply office in 853 was responsible for both 6822 and 853. The soldiers transferred from building 6822 to 1475. They took what sheets and so forth that they had with them. Many soldiers were ordered to turn their sheets back to 853 shortly after the transfer. I was ordered to turn in my sheets and pillow around the middle of September. I was also threatened with a payroll deduction if I did not return my sheets. The soldiers went the entire month of September with no linen. They had no sheets, pillows or blankets. The soldiers complained to the Sergeants' in charge. The NCOIC of building 1475 was a SGT Pyatt. He kept stating at formation that the command was aware of the situation and was working on it. The supply specialist for 1475 stated something about previously soldiers had not turned in their blankets and that was why they did not want to give us any new blankets. I do not know whether or not this is true and do not care. I only cared about the fact that my soldiers did not have any sheets or blankets. I have to draw your attention to the fact that many of these soldiers were recently returned from the desert. The desert was reaching 140 degrees while Ft Knox was reaching the low to mid 40's at that time. They were suffering. I personally phoned a local newspaper to give them the story. I then phoned my Congressman. I was on the phone with my Congressman when the Assistant NCOIC of the building SGT Whistle came running in and screamed at me that I could not be talking to me Congressman. I stated that I could and that I would continue talking with my Congressman's office until I was finished. This was on a Thursday. The linen arrived at the barracks on Friday. I can not say whether one had anything to do with the other, nor do I care. The following Tuesday I was called into the Commander's office to have a conference with the Commander and the First Sergeant in order to have the chain of command explained to me. The Commander informed me at that time that she had not learned of the linen issue until the previous Thursday. She then proceeded to inform me of her displeasure at the numerous IG complaints she had received. (I believe she stated 8 at that time.) I reiterated my concern that the soldiers were experiencing a 100 degree difference between where they had been and where they were now. The soldier's were suffering. The Hospital Chaplain had held a meeting the week before with the lower enlisted, everyone from 1475 complained about the linen issue. The soldiers had ended up going for around 30 days without linen or blankets before they were issued. I was asked why I was so concerned about this when this particular issue actually had no relevance to me. I had my own sheets, blankets and pillows. I was only concerned about my fellow soldiers.

There have been serious issues regarding the command structure of Med Hold in the past. I arrived July 22<sup>nd</sup> and Sergeant's/E-5s, (SGT), were in charge of the soldiers in building 6822. Three days after I arrived there were too many soldiers arriving so they opened up building 6823, with E-5s in charge. The move to building 1475 saw the continuation of the E-5 command. The number of soldiers in building 1475 approached

160 in early September/October. Sgt Pyatt was the Non-commissioned-Officer-in-Charge, (NCOIC) and SGT Whistle his assistant. There were three platoons of about 50 soldiers. E-5s commanded the platoons. There was also a platoon of senior NCOs that fell in with our formations for accountability and any additional information that needed to be put out. Nominally they fell under the command of the building NCOIC, SGT Pyatt, but they tended to do their own thing. The senior NCOs had some authority issues and confrontations with SGT Pyatt. I personally heard the phrase "Don't confuse your rank with my authority", uttered many times. I was one of the soldiers who complained about E-5s being in charge. I made the complaint that they were not qualified to handle that many soldiers. Staff Sergeant's/E-6s and Sergeant First Class/E-7s receive training at their Basic Non-commissioned Officer's Course and Advanced Non-commissioned Officer's Course on how to handle and help soldiers. They learn how to spot a soldier in crisis and how to get a soldier the help he/she may need. I warned the Commander and 1SG back in October that sooner or later someone was going to try either committing suicide or homicide. I informed them that the E-5s were unable to cope with such a large number of soldiers. There were several senior Non-commissioned Officers, (NCOs), including Command Sergeant Major, (CSM), Abitz who were lobbying for E-7s to take over the command of building 1475. Building 853 had E-7s in charge and a normal platoon/squad structure at that time. The entire med hold number around 462 soldiers at that time. The 1LT who commanded was assisted by a First Sergeant, (1SG), with one SSG and 2 SGTs to assist on the administrative side of things. The sheer complexity of having to provide for two buildings, in my opinion, was staggering. This had to have lead to the linen issue as well as the barracks maintenance issue. The command rectified the situation by placing the E-7s in charge. The med hold was split into two separate companies, one of which is commanded by a captain. This seems to have freed up the command so they are able to devote more attention to the individual soldiers.

I was approached by many of my fellow soldiers after they heard I would be appearing before this committee. I asked my fellow soldiers to tell me their stories. I was given permission by several of these soldiers to relate their stories to you. The following section, with the attached exhibits, contains just a few of the horror stories that are created everyday at Ft Knox.

The story that I have to start with is the story of SGT Corcoran-Booker. I picked her story to tell you because it is a prime example of how the Army discriminates against National Guard and Reserve soldiers. I have attached a copy of the result from SGT Corcoran-Booker's Physical Evaluation Board Proceedings, (PEB). (Exhibit 2)

SGT Corcoran-Booker was quietly going about her business serving with her unit in Iraq. She had a toothache and didn't think much about it. She put off getting it taken care of until she became serious ill while in the field. She was taken to the field hospital where they subsequently discovered that the infection had spread to her pancreas. The result of this spread was the destruction of her body's ability to produce insulin, type I diabetes. She was evacuated back to Ft Knox where she under went a Medical Board. The results of the medical board and other supporting documentation where sent to the PEB at Ft Sam Houston. The finding of the PEB was that she was entitled to no disability benefits and no severance. They declared that her condition existed prior to service, (EPTS). The PEB actually went on to state, "The USAPDA has determined that

all diabetes developing within 2 years of entry/activation is EPTS.” I find it totally amazing that all diabetes is declared as existing prior to service. The Army sits here and states that there is no difference between Active Duty and National Guard/Reserve soldiers. The PEB just stated that there is. A soldier on active duty for two or more years receives disability for diabetes. A soldier serving less than two years does not. The minimum enlistment in the Active Duty Army is two years.

SGT Corcoran-Booker will win her appeal of this decision for several reasons. The most important is the simple fact that had the diabetes existed prior to active duty as the PEB claims she would have been dead long ago. It does not matter whether she wins the appeal or not, she should not have placed in this position in the first place. The way she has been treated is an embarrassment to the Army.

I also need to mention a soldier by the name of SGT Gino Hults. SGT Hults was only a specialist when I first arrived at Ft Knox. I was at the promotion ceremony for him last December. (I believe that was the right month.) There have been so few promotions for the soldiers in med hold. I can only assume it is because their units have forgotten about them. I digress, back to Gino’s story. This is a soldier with one of the most upbeat positive attitudes that I have seen in a long while. I recently sat down and spoke with him. I was stunned and shocked to discover that he has been in med hold for over 3 (three) years. I do not have all the details of what is wrong with him or what he is currently waiting there for. I can only ask that the committee review his case and try to find some help for this soldier. Why is he still at Ft Knox? Why does he have to be there, can’t he be sent home for his medical care? This would at least let him be near his family. I would like to formally request that Congress look into the individual soldiers and the length of time they have spent in med hold. I would think that anyone who has spent more than one year in medical hold should be returned home to receive medical care near his family. How many more Gino Hults are out there?

SGT Hults is not the only soldier who has spent an unreasonable amount of time in med hold. There is a soldier at Ft McCoy who has spent 6 (six) months waiting for a dental plate. SGT Michael Nicholas spent from February to August of 2003 waiting for a dental plate. I would like to know why this soldier had to sit in medical hold at Ft McCoy for six months for something which could have been bought from a local civilian dentist in less than 14 days? This is something that needs to be looked into. This soldier spent 6 months separated from his family due to essentially bureaucratic red tape. The Army wasn’t allowed to get his dental plate from a local dentist. Where was the consideration for the soldier’s morale? Did anyone care about his family? How many soldiers are still sitting at Ft McCoy waiting for medical care? I left Ft McCoy on July 22<sup>nd</sup> last year. I had a chance to see the manning roster for med hold at McCoy prior to my leaving. SGT Nicholas was not the only person who had been there for such a long time. I recently spoke with SGT Nicholas, who is now stationed at Ft McCoy. I asked his permission to present his name and story to this committee. SGT Nicholas informed me that there were still soldiers at McCoy who are waiting for the proper medical care they deserve. The medical holdover at Ft McCoy has a list of every soldier assigned, which includes when they were first assigned. I tried to obtain a copy of this, with the appropriate privacy issues blacked out, I was denied.

I would also like to give you a brief synopsis of SGT Madeline Dreasky's tale. SGT Dreasky is currently pending a physical evaluation board. She recently fell and hurt her neck. She was referred to the orthopedic clinic from the emergency room for this injury. The decision of the orthopedic doctor was that since she was being medically boarded out she could just wait and take care of it after she leaves. He actually refused to treat her because she was already being medically discharged for another reason. This would in and of itself be a sad story. However, what makes this tragic is the fact that I have heard this story from many other soldiers. I have attached a copy of the orthopedic report as exhibit 3.

The final soldier I would like to talk about is CPT Anthony N. Harmon. CPT Harmon and I first met at Ft McCoy. He was assigned to the 6015<sup>th</sup> General Services Unit, which is mobilized to provide support at Ft McCoy. CPT Harmon worked at Ft McCoy as a Judge Advocate General Attorney helping the deploying soldiers with their legal problems. This is a soldier who went out of his way to help as many people as he could.

CPT Harmon was involved in a traffic accident on 4 NOV 03 where he sustained several injuries. He was advised to remain home by his civilian doctor and was granted convalescent on 20 NOV 03. He was granted an extension of convalescent leave on 5 DEC 03. I have attached the notes he supplied me verifying his story, (exhibit 4). The letter from his commander dated 8 JAN 04 is what I would like to call to the attention of the Committee. His commander alludes to an "alleged" injury. There is ample documentation to support that he was injured in the accident. The orders his Commander dictates in paragraph three should be of particular concern to the committee. I personally fail to see what CPT Harmon has done to warrant such language or actions.

I have spoken at great lengths with CPT Harmon and I am sure that my brief outline of his story fails to do him justice. I can only hope that the members of this committee will take the time to also talk to him.

The individual soldiers I have mentioned are but a drop in the bucket compared to who is still out there. I have spoken probably with hundreds of soldiers since I was placed in med hold. I can only say that the uniform consensus is one of frustration, disappointment and anger. I have had soldiers with 15, 20 even 25 years in the military tell me they are disgusted. Soldiers have told the various reporters who have come by to interview them that they are no longer proud to wear the uniform. What happened? This is a question that has to be answered before an entire generation of soldiers slipped away. The Army cannot afford to lose the number of Senior Non-Commissioned Officers it is losing everyday. The Army has to do something to encourage them to stay.

The testimony of COL Armstrong before the Total Force Subcommittee of the Committee on Armed Services dealt with Reserve Component Healthcare. COL Armstrong made several statements, which I think need to be clarified,

1. **“The vast majority of the medical holdover population handled at Fort Knox never deployed with their unit, many of whom had chronic diseases or injuries requiring extensive treatment regimens.”** This was true in the beginning. The majority of the medical hold soldiers at Ft McCoy, Ft Knox and Camp Atterbury consisted of soldiers who could not deploy with their units. The Army has since instituted a new policy consisting of a “25 day grace period”. Medical issues discovered within the first 25 days result in the soldier being demobilized and returned to their unit. This has contributed significantly to reducing the number of non-deployed medical holdover soldiers. The makeup of the soldiers at the Ft Knox med hold has gradually shifted toward a majority comprised of soldiers returning from the desert. The soldiers who had never gone overseas have gradually been replaced. The vast majority of them have departed through the medical boards. There have occasionally been soldiers that have left FT Knox to join back up with their units in the desert.
2. **“Soldiers that had significant mobility issues were housed within the hospital itself.”** Col Armstrong made this statement on 21 JAN 04. Col Pierce, the hospital commander, also stated the same thing during an interview with a local television reporter. She stated that the 7<sup>th</sup> floor of the hospital was for the mobility impaired soldiers. This news broadcast occurred sometime at the end of November. The television station received a call immediately following the broadcast instructing them to return to the hospital and take a close look at the nameplates on the door of each room on the 7<sup>th</sup> floor. The fact is that at the time of Col Pierce’s statement the overwhelming majority of the rooms were occupied by Officers and Senior Enlisted. The Officers and Senior Enlisted were removed from the 7<sup>th</sup> floor a couple of weeks later. They currently occupy building 1474, which is addressed later in this report. I would like to inform the committee of the fact that when the officers and senior enlisted moved off of the 7<sup>th</sup> floor, the majority of the hospital rooms were transformed into offices. I also know for a fact that a soldier recovering from a broken back was placed on the second floor of building 853. This means that he has to walk up three flights of stairs to go to his room. The sergeant in charge of BLDG 1475 attempted to put another soldier with a broken back on the third floor of that building. Several soldiers informed him that this was not acceptable behavior and that they would take this up with JAG and the IG. He gave in and assigned the soldier to the first floor. I would ask that the committee simply ask COL Armstrong for the total number of soldier with mobility issues and how many are house in the hospital.
3. **“Medical holdover soldiers are part of the company chain of command to assist with command and control, appointment management and assignment of other duties within their military occupational specialty that are within limits of their medical profiles.”** This statement of COL Armstrong’s appears to be a blanket generality of the ideal conditions, which the command hopes to achieve. The reality of the situation at FT Knox is very much the opposite. I am

a 71L10, administrative specialist. I currently work as a permanent 12 to 8AM CQ, (charge of quarters). I am not doing my military occupational specialty, (MOS). I have interviewed many of my fellow medical hold soldiers and have found that the vast majority are not working anywhere near their MOS. I found an E-7, (Sergeant First Class) handing out towels at a base gym. I found a 95B, (Military Police officer) sweeping and mopping floors. How many soldiers work anywhere even remotely close to their MOS? I understand that many of the soldiers are limited by their profiles. Ft Knox is a basic training base as well as an advanced individual training facility. There are enough individual units and training units that enough jobs could be found to supply every soldier who wants a job. However, make busy jobs do absolutely nothing for the morale of the soldier. I have noticed a significant increase in the quality of the jobs soldiers are doing since SFC King took over as the 1SG in med hold. Soldiers would be sitting at desks in the hospital and their entire job consisted of waiting to answer one phone, when I arrived at Ft Knox. I have seen soldier trained as military truck drivers emptying trashcans. Why can't a soldier who is a qualified truck driver be assigned to drive some vehicle somewhere on Ft Knox? There has to be a unit or office somewhere that needs someone to drive supplies. The motor pool at FT Knox has hundreds of vans sitting there not being used. Why can't more of the vans be supplied to med hold, with the corresponding drivers? Why can't the drivers be utilized to start some sort of shuttle service on Ft Knox? Ft Knox currently has no shuttle service at all. Ft McCoy, as small as it is, had an on base shuttle service.

- 4. "Soldiers are provided transportation to and from the hospital to meet appointment schedules, to and from the Post Exchange and Commissary, entertainment and dining facilities."** There are three vans assigned to the med hold unit. They consist of an off-post duty van, a sick call van and an on-post duty van. The post will not release any other vans. The post has a parking lot full of vans that just sit there, never moving. The members of my chain of command have repeatedly asked for more vehicles. Their requests were repeatedly turned down. The med hold transportation protocols dictate that soldiers needing to go off-post for a doctor will note their appointment in the appropriate log at the 7<sup>th</sup> floor CQ desk. The duty driver will contact the soldier the next morning and inform them of when they will be picked up for their appointment. However, if one soldier has an appointment at 7AM and another at 11AM both soldiers leave at the same time. The 11AM soldier gets dropped off at his appointment 4 hours early. The 7AM soldier is picked up after his appointment and then goes with the driver to wait until the 11AM soldier is done with his appointment. Ft McCoy has several vehicles, which are used to take the soldiers to their appointments. The rules at Ft McCoy require a soldier to depart 1-2 hours before his appointment, not half a day early. Why can't Ft Knox be ordered to release more vehicles for the use of med hold? The COL also states that the vehicles transport the soldiers to the PX, Commissary and other entertainment venues. The common terms for these types of trips are "morale runs". These tended to happen haphazardly in the past. There have even been periods of time where the duty drivers were not permitted to take soldiers to the airport or even off-post churches. These trips

would be forbidden until enough people complained and then they would start back up again there was another shortage of duty drivers. The duty driver would make PX or Walmart runs one week but the next week the van might not be available. There has been no readily apparent consistency in ""morale runs"" since I have been here. I must say that recently there have been a number of trips to Walmart and the PX and the soldiers have been lead to believe that this is a permanent program.

What has occurred to me since the command found out I was going to testify.

1. I received a warning, granted it was set in a conversational tone and manner that I had better be sure of what I say. I had better be able to back everything up because I will be held accountable. I had better be able to prove what I have to say.
2. I was accused of being disrespectful and insubordinate to a field grade officer.
3. Last Monday I am called into a 1LT Richardson office to give her my medical records. She is one of the case managers. She is not my case manager, he was on leave. She states that LTC Angelo, (the Chief Surgeon), wants to review my records. He writes a review that actually includes to facts, which not true. I receive my records the next morning in time for my second appointment of the day.
4. My medical records were confiscated while I was at a clinic in the hospital. I went to leave the clinic and asked for my records. I was told they were not allowed to give them back to me. A member of the staff, who I refuse to identify at this time, stated that they had been told that the General wants to review my records. I was instructed to wait until some CPT came down to see me. A CPT Dietz, (I am not sure of the spelling.), came down and started to inform me that they need to onto my records for ""Coding purposes"". I asked him what was this about the General wanting to see my records. He pulled me out into the hallway and stated that was not the case. He restated the story about coding. The individual clinics fill out coding sheets every time you visit them. I noticed his branch of service on his collar was either infantry or cavalry. I wonder why he had to read my medical records? I was informed that he was a member of LTC Angelo's staff. Does this still give him the right to look in my records? The CPT left before my doctor came out of the clinic with my records in hand. I asked him what was going on and he informed me that he had been ordered to do a review of my records. They had actually been holding my records to get them to him. I only have one more question. Where did his review of my medical records go? It's not in my medical records. Did that go to the General?
5. MAJ Roberts, my case manager, is ordered to tell me face to face about an appointment I already know about and to make me sign the acknowledgement. (Exhibit 5) I have never missed an appointment while at Ft Knox. I did reschedule two appointments because I was an inpatient at civilian hospitals at the time.

6. MAJ Moore from Legislative Affairs calls and speaks to me right after I returned from a medical procedure. I still had several medications floating around my system. She asks about where I am staying. I tell her about the trouble finding a place because the military bases are full right now and the hotels are too expensive. She offers to get me a room at Malone House. She then offers to help with my statement. I inform her it is not done due to the medications I have been on the past several days. She asks what ones, I tell her. The next thing I know she is ordering me not to drive and stating that she will get a hold of my Commander and inform her that she has to fly me out to DC. I obey her order and do not depart that evening as planned. I go to my doctor the next morning and get it in writing from him that I can drive to Walter Reed. I give it to the command and return to the barracks to pack. I am in the middle of packing when I receive a call from the first sergeant telling the per COL Mays, COL Pierce's assistant I am ordered to stop packing and wait. I am later called into the Commanders office where I am told that I will not be driving to DC on my own. They are not sure how I will be getting to DC but that I should wait for notification back at the barracks. I am informed that MAJ Moore has complained to several people and the there is a General involved as well as a couple of IGs and a bunch of Colonels. I am notified at 1526 that I have 34 minutes to pack for a flight. MAJ Moore had relayed to the command at FT Knox that I was being forced to drive. This is not an adequate representation of the truth. I had asked to drive. She stated that I was denied any assistance in finding a place to stay by my command. It is not their responsibility. It is Walter Reeds. Walter Reed was going to issue me a statement of "non-availability" to cover me for the cost of staying in a hotel. I was given a list of hotels and had called many of them already when I spoke with MAJ Moore. MAJ Moore also mentions concern over whether or not I can testify if I am on so mush medication. I wonder where her motives lie.

The following are some of the key points that need to be addressed concerning Behavioral Health at Ft Knox:

1. The Behavioral Health personnel seem to be more concerned with basic trainees than with the Med Hold soldiers.
2. Soldier with alcohol or drug problems routinely ask for drug and alcohol counseling and a denied. I have witnessed soldiers with alcohol problems being turned away. My roommate at Ft McCoy was sent to Ft Knox for evaluation by the BHD. He stated that he was told that he was National Guard and that they were unable to help him. They sent back to Ft McCoy where he received two DUI and was reduced to E-1.
3. I have witnessed soldiers with behavioral problems spend months waiting to get in to see BHD. I dealt with a soldier who actually went AWOL because no one would see him at BHD. I talked him into returning. He had spent 3-4 months waiting on a psychological chapter.
4. The doctors in BHD seem more concerned with how long a soldier has been in med hold then in helping him with his problems.
5. A soldier in 1475 was seen at BH on Tuesday and on Wednesday tried to commit suicide. The night before he was seen in BHD he had mixed alcohol and a lot of

- Valium. He had been taken to the ER and had his stomach pumped. The 1SG took him to the BHD on Tuesday morning. They refused to put him into the drug and alcohol treatment program. I was told that if he had gone into it he would not have been in the barracks Wednesday night. The Troop Commander and the Company Commander were asked why he was returned to the barracks Tuesday. They stated, "We're looking into it." I found out a week after he had tried to commit suicide that he had also stated that he was going to get a gun and kill everyone in the barracks.
6. The overall feeling is that Med Hold soldiers do not seem to matter. The Army has said that there is no difference between Active Duty and Reserve Soldiers. I understand that there is a long history of basic trainees committing suicide. That does not give the BHD office the right to take a basic trainee before a med hold soldier. They need to learn that the med hold soldiers are in just as much crisis as the basic trainees if not more.
  7. I personally have had three appointments cancelled on me by my doctor. All of the appointments were cancelled because he was not going to be in the office. One of the days that had been cancelled I went to the office anyway to get a prescription refilled. He was in the office. An active duty person took up my appointment. I did not push the issue that day because I was seen and had my script renewed. He did however, spend a great deal of time trying to get a hold of someone in my command or my doctor to discuss the fact that I had been in med hold for so long. I felt that this was addressing my issues or problems but rather ignoring them in favor of "getting me out of here".
  8. I later went to the BHD office requesting to see another doctor and was told NO. When the doctor I was requesting not to see came to get me in the waiting room that I did not want to talk with him I was accused of disrespect and insubordination. I do have the right to refuse treatment and have let the command know that I refuse treatment from him.
  9. The Murder/suicides that took place at Ft Bragg resulted in the Army saying that returning soldiers will be counseled. I worked in the SRC at Ft McCoy and I know that soldiers who request counseling upon their return are routinely denied any type of counseling. The questionnaire they fill out has a box they check to request to speak to someone. The questionnaires are often not even looked at until after long after the unit has already left for home.

I must apologize for the short content of this statement. I have found it exceedingly difficult to compose a dispassionate reporting of the medical hold issues while still maintaining my own medical care and treatment. I have many more facts and notes which I would like more time to compile for more effect.

Thank You.