My Story. CW4 Richard G. Gutteridge, United States Army. 14 March 2008

I returned from my latest Iraqi Freedom tour in February of 2007. I was very happy to return to my wife and two sons in Germany. The homecoming was very sweet.

I was required to complete a Post Deployment Health Assessment during the post deployment phase after returning. At that point, I did not have problems that needed immediate attention. Completing the needed forms was a ticket to begin leave. I did not want to be delayed in starting my leave; I had plans.

I began to clear my unit in Friedberg, Germany- the 1st Brigade of the 1st Armored Division was casing its colors and returning to the States. Friedberg was closing. Wanting to stay in Germany, I executed a Consecutive Overseas Tour (COT) and moved to Ansbach, Germany. While I was in-processing my new unit, I was informed that I failed to complete the 90 day Post Deployment Health Reassessment. At this point, I was required to complete the survey.

I had now been back from Iraq about four months. I had started to have nightmares and I was constantly reminded of being back in Iraq. I had intrusive horrible thoughts about what happened in Iraq. I was finding myself easily becoming angry at little things. I was also having trouble sleeping and I began to withdraw from my family. I answered the PDHRA more "honestly". A medical doctor in Ansbach then reviewed this assessment. As a result of reviewing this document with me, the doctor told me that I had chronic PTSD and combat stress. I was then referred to Behavioral Health in Ansbach.

I then called and made an appointment. I began therapy sessions with a Nurse- Practitioner Psychiatrist August 2, 2007. I was pleased with the one-on-one therapy I was receiving. As a result of one of my earliest sessions, the Nurse Practitioner recommended that I adjust my Cytalopram (Celexa) medication. I was told to call the clinic if needed after this adjustment.

My condition worsened- I continued to have nightmares and I felt as though I was losing control. I called the clinic in Ansbach a week later (August 8th) to see the Nurse again. The Nurse was on leave, and her next appointment was not for twenty (20) days. I then inquired about seeing a doctor, and I was told that the next available appointment was twenty-one (21) days from then. I then told the receptionist that I would drive to Landstuhl Hospital to see a doctor (two and a half hours away). I was told that was not possible, and she then told me that she would place a telephonic referral for me to speak to a doctor who is "deploying soon" from Vilseck, Germany and that he has 72 hours to contact me. I was then asked if I was "suicidal"- the only way to get immediate help was to be suicidal. I was not suicidal, and told her so. At this point I was very frustrated and angry. I then e-mailed the Wounded Warrior Hotline and stated that I need help now. I expressed the fact that I was a senior warrant officer with 24 years of active duty and that I had served in Iraq during Desert Storm and that I had two extended Iraqi Freedom tours. If this is how I was being treated, I asked how a young Infantry Soldier would be treated.

Shortly thereafter, I received a phone call from the Wounded Warrior Hotline. I then received a phone call that evening from the doctor that had my telephonic referral. We discussed my condition, and he made recommendations concerning my medication. I began to feel better. Weeks later, I continued my one-on-one care with the Nurse Practitioner.

As time went on, anniversaries of traumatic events that occurred in Iraq began to come around. October and November were particularly disturbing. Reliving the horrors of evacuating Fallen Soldiers and Marines remains as well as searching through body bags for dog tags and watching Soldiers die was too much. I became more withdrawn and distant from my family. I was having what I was later told to be "suicidal ideations". I also began to increase my use of alcohol to cope. I am not proud of this, and it is difficult to admit.

My life almost ended Christmas Day. I no longer had a desire to continue. I felt as though my condition would never change. I just wanted to be "like before" but I could not fathom this.

Late Christmas evening I phoned my Nurse Practitioner at home and told her what was going on. I felt relieved calling her- but I knew that as soon as I placed the call my career would be over. After I assured her that I was "safe", she told me to come see her the following morning in her office. I drove to her office alone, and we met. She then told me that I needed help that she could not give. I was then advised that I could go to Landstuhl on my own, or else I would be forced to. Seeing no way out, I gave in. I then opened her office door to see my wife with one of my suitcases. She was accompanied by my brigade commander and a chaplain. Reality kicked in. I was on my way to Landstuhl in a van with my brigade commander and the chaplain. I was very sad to leave my wife in the parking lot on such short notice. I never felt more alone in my life.

Upon arriving at Landstuhl, I was admitted to the In-patient Psychiatry Ward, Ward 9C. I was issued a hospital gown and socks that had tread woven into the soles. My entire belongings were inventoried. Once I snapped on the hospital bracelet, reality really set in.

Having to be observed 24 hours a day, shuffling around in socks behind locked doors marked "elopement risk" was very humbling. I was observed twice daily for the next seven days for signs of alcohol withdrawals, having to answer simple questions and being instructed to hold my hands steady to be observed for shaking. Having to be watched by a Private First Class while shaving and eating with plastic utensils was humiliating. The only hope was the "fresh air" breaks- having two quick cigarettes in succession while standing out in the cold German air wearing socks and a hospital gown under the constant supervision of one of the staff. These smoke breaks were the only event to look forward to. I soon realized that the purpose of me being in a lock-down ward was for my own safety. I quickly became assimilated, and I have nothing but great respect and admiration for all the personnel that work on Ward 9C in Landstuhl.

As New Year's Day 2008 approached, I was told by one of the Psychiatrists that he was recommending that I be medically retired and sent to Walter Reed to out-process the Army via the Warrior Transition Brigade. I was told that I would receive PTSD care after I was separated at a Veteran's Administration facility. I

was heartbroken- I did not want to retire. I cried for the first time since returning from Iraq. I was able to have my wife and two sons come to say goodbye to me.

I flew to Walter Reed by a MEDEVAC flight on New Year's Day. I had never been to Walter Reed, but I had heard the stories. I was very apprehensive. Upon arriving by bus to Walter Reed after the MEDEVAC flight landed at Andrews Air Force Base, I was allowed a quick smoke before being escorted into the hospital. I was then taken to Ward 54, the In-patient Psychiatry Ward at Walter Reed. Knowing the initial "drill" from having been at Landstuhl lessoned my apprehension of in-processing the ward. I was soon back in a hospital gown and I received a "new" bracelet. I was now able to wear shoes without laces instead of socks. That was refreshing.

Ward 54 had many patients. I soon reacquainted myself with a few of the Soldiers that I had met at Landstuhl. They assured me that Ward 54 was "cool". I felt much better then. I soon began talking with psychiatrists and psychologists. They were very kind and understanding. I immediately expressed my desire to not be medically retired. I was then advised that I would be my best advocate. I then made the decision to make the best of the situation. I participated in group therapy and followed orders. I made friends with my fellow patients. The staff was courteous and professional. The smoke breaks continued to be all that I looked forward to- that and the phone calls that I could make to my wife.

I was then made aware of a Specialized Care Program at Walter Reed that was specifically geared toward PTSD. Upon receiving this information, I made up my mind that getting into that program was my goal to getting better and staying in the Army. I had hope for the first time in weeks.

I continued the therapy on Ward 54. I quickly became disgruntled with the Initial Entry Soldiers that were also on Ward 54. These trainees were learning to be "Soldiers", and were admitted to Ward 54 for various reasons. I soon became disenchanted with the group therapy after having to listen to people less than half my age complaining that they could not adapt to the Army, could not get along with their Drill Sergeants, etc. My disdain for this element on Ward 54 was shared with the other combat veterans that had PTSD issues. We soon branched off into our own groups and shared our stories. I felt relieved that I was not the only one experiencing the same problems with PTSD.

I worked toward my next goal of being moved to Ward 53- the Outpatient Psychiatry Ward. My whole being was focused on continuing my care. After almost two weeks on Ward 54, I was released to Ward 53 and moved into Abrams Hall. This time I almost cried tears of joy.

Ward 53 was a breath of fresh air. The staff was very friendly and accommodating. The atmosphere was very refreshing, hopeful and professional. I made my intentions very clear early on wanting to be inducted into the Specialized Care Program specifically geared toward the treatment of PTSD. I then began a series of interviews with Psychiatrists and Psychologists as well as social workers from the Deployment Health Clinical Center here at Walter Reed. Initially I was discouraged because I felt that I did not make the cut during the final phase of the process, but I did indeed begin the program on February 4th of this year.

The Specialized Care Program was awesome. From the very first day, I knew I was in the right place. I looked at the other seven Soldiers in the program and I saw the same worn, haggard, distant look that I became accustomed to seeing in the mirror each morning. The three-week, intense PTSD program provided an overall health care assessment as well as an understanding and recognition of symptoms of PTSD. I also learned to normalize my reactions to combat experiences. Learning coping skills such as breathing techniques and yoga nidra coupled with one-on-one therapy with passionate mental health providers helped to reduce my hyper-arousal and vigilance. Group therapy with my fellow PTSD sufferers was what made the biggest difference by providing mutual support. I can now manage my depression and grief associated with PTSD. I am now aware of self-care and available resources. I feel like a husband and a father again. The program saved me. I owe Doctor Roy Clymer my life.

I often contemplate my reintegration when I return to duty at my unit in Germany. I am not worried about me being stigmatized- I am worried about how my wife and sons will be treated once my small, close-knit community knows the truth about my mysterious three-month absence.

I describe the perception of PTSD not as a stigma, but akin to having Leprosy. Lepers are avoided, looked down upon, and ostracized. Lepers also live and die slowly together in their own community. Lepers only have each other. PTSD sufferers are Lepers without the lesions. We are like discarded pennies on the ground- no one picks up pennies. Only shiny quarters are retrieved. Many of my fellow PTSD sufferers long for outward physical injuries to be accepted here at Walter Reed. Looking "normal" or healthy on the outside is hard to explain in a hospital environment. There are no photo opportunities on a Psych Ward for politicians or celebrities.

Some concepts that would improve the image of PTSD sufferers seem fairly simple. I do know that the infrastructures of hospital Psychiatry Wards were designed for peacetime. No one expected this to be a "long" war. Segregating Soldiers that have PTSD and combat stress from patients that are hospitalized for non-combat related issues is paramount. The mutual support that PTSD sufferers receive from each other is incredibly therapeutic. It is very difficult to discuss PTSD issues in an open forum containing patients that are not suffering from PTSD in a Psychiatric environment.

I also feel that substance abuse and PTSD are not compatible. My abstinence from alcohol is the driving force in my accelerated recovery coping with PTSD. It is very easy for PTSD sufferers to cope the wrong way by using illegal drugs, huffing inhalants or abusing alcohol. I feel that substance abuse counselors need to be incorporated in the PTSD recovery program, not isolated in a distant building away from the group therapy. They have to be part of the same program of recovery, not separate or parallel programs. One feeds the other. I feel very strongly about this.

The Warrior Transition Brigade is an outstanding success in my opinion. My only recommendation would be to slowly replace the initial group of cadre with Non-commissioned Officers and junior Officers that are still viable to the Army, but are offered or forced into medical retirement. Having these non-deployable

experts who have navigated the environment here at Walter Reed would pay huge dividends. Simply keep them here- make the offer- let them continue to contribute. The present cadre is dedicated, but you can only truly learn about programs and assistance that are available here if you have walked-the-walk. There are tremendous benefits available here that Soldiers of the WTB discover on their own. Word of mouth soon spreads enabling Soldiers to enjoy sporting events, learning to play the guitar and to kayak, taking advantage of airline miles donated, and obtaining items such as toiletries and clothing from the Red Cross. The benefits are endless.

Finally, many Soldiers celebrate their "second" birthday on the day that they survived being wounded in Iraq or Afghanistan. I do not celebrate that September day that I was shot by a sniper in the Anbar Province- I celebrate the day that I was enrolled in the Specialized Care Program for PTSD here at Walter Reed. In the words of Colin Powell "I will never not be a Soldier". Thank you for this opportunity to tell my story.