

Congressional Testimony

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Emerging Threat, and International Relations

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

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Mr. Chairman and distinguished members of the committee, on behalf of myself and hundreds of other mobilized soldiers of the United States Army Reserves and National Guard, I am honored and pleased to have the opportunity to address the issues this committee has been charged to investigate. I will truthfully and accurately represent my experience and views as well those of my fellow combat soldiers who supported Operation Iraqi Freedom. My name is Gerry Mosley, and I was the First Sergeant for my company.

Pre-deployment Health Assessment Forms:

Pre-deployment health assessment forms were grossly inadequate for use as medical screenings to determine if soldiers were medically capable of duty in a combat setting. The assessment tool consisted of casual questions. Soldiers were screened for vaccinations, and if any deficiencies were noted, vaccines were administered without proper documentation. Most recent physical exams were reviewed, and dental screenings were performed.

Soldiers with medical conditions that would be adversely affected by deployment were “rubber-stamped” as fit for duty. Medical profiles were ignored. I personally know of soldiers with the following conditions that were deployed to Iraq: (1) Profound hearing loss; (2) Insulin dependent diabetes; (3) A soldier with Tourette’s syndrome who would not have access to proper medication; (4) Serious allergies requiring refrigerated medication; (4) Severe cardiac disease with a history of a heart attack; and (6) Unrepaired inguinal hernia. I’m sure that the esteemed committee can appreciate the significance and

validity of my conclusion and recognize that these cases are not isolated and infrequent in nature.

The pre-deployment assessment forms were grossly inadequate in identifying soldiers who should not have been deployed for medical reasons. The process was a numbers game where the Army justified deploying a troop. It was not about sending quality, healthy troops, but rather about sending a quantity of troops.

Post Deployment Assessment Forms

Prior to April 2003, the post deployment questionnaire consisted of two pages and asked six questions. Since April 2003, the form has been extended and addresses more physical and mental health questions. A form is useless, if the screeners do not give credence to a soldier's answers. Significant complaints such as depression, memory loss, and joint pain were belittled and scoffed at by the medical screeners.

It was only after the October 2003 report published by Mark Benjamin with UPI and interventions by Mr. Steve Robinson of NGWRC that more emphasis was placed on better screening procedures. I just completed my medical out-processing screening and can say that the process is better than before October, but remains negligent in its purpose of assessing soldiers for mental and physical health disparities because those individuals who are responsible for screening soldiers don't listen and validate soldiers' accounts of the physical and mental health problems they are experiencing. A great motto for the process would be: "Blow 'em off, get 'em through, let's get to lunch". It is astonishing that soldiers are required to sacrifice, of all things, human dignity, to serve their country!

In Theatre Medical Care

Prior to crossing into Iraq, sick call clinics were located at the Kuwait camps; however, there was no diagnostic equipment at Camp Arifjan. For a period of about three weeks after crossing into Iraq, in theatre medical care consisted primarily of combat lifesavers who are usually reserve or guard members who have received minimal training in the management of severe injuries.

To my knowledge, the first Combat Support Hospital was established at Taleel Airbase. Medical evacuations via helicopter were available by radio contact. However, the secure types of radios being utilized were not all programmed with the same protocol and made them useless. Fortunately, a soldier who received a shrapnel injury the second night of the war was lucky enough to be near a unit with a properly programmed radio and was lifted out to Kuwait and then to Spain.

Later, in theatre field hospitals and MASH units that provided adequate care in most cases were established. The most telling incident of in theatre medical care was the experience of one of my soldiers. This soldier complained of persistent bloody, painful urination while in combat and reported to sick call on numerous occasions with such complaint. My commander was told to come to the field clinic and was informed that the Sgt was malingering and should be court-martialed. That soldier has just returned from Walter Reed Medical Center having a cancerous bladder and prostate gland removed. Again, the issue of predeployment numbers games arises. How could the Army miss such an advanced cancer prior to deployment? What justification is given to a member of the United States Army to strip a man of his dignity and medical needs? What

justification is given to a member of the United States Army to assume a man with cancer is malingering, and threatens to throw him in jail? I ask you to ponder for a moment, how you would feel if this man were your son, daughter, mother, sister, brother, husband or wife.

Medical Care Since Returning to the USA

Upon return to American soil, most soldiers have one thing on their mind...getting home to their family!! Upon return from war with injuries or illness that cause a soldier to be unfit for future military service, the inefficient, uncaring, progressively escalating campaign by the Army of inflicting mental duress, called the Medical Evaluation Board process, is started. The United States Army must be proud of the beurocracy within Fort Stewart that is capable of driving a soldier to the brink of insanity while flippantly turning it's back on the physical and mental health needs of the men and women who have just returned from war. It was a well-spread rumor (actually a well known fact) that the soldier should be cleared with the least possible medical deficiencies noted. The MEB process, from my own experience and observation, is set up to hold a soldier at Fort Stewart as long as possible while doing nothing to accurately diagnose and treat illness. Soldiers' complaints are often ignored, or downplayed. .

My MEB process spanned over a nine-month period. On my physical exam my complaints of depression, tremors, vertigo, severe headaches, ringing in my ears, numbness to both arms and hearing loss were blatantly ignored and, in my opinion, purposefully, left off the Medical Evaluation Board Findings (DA 3947) which has

prolonged my MEB process, which prolongs the time that I can seek competent medical and psychiatric care from the civilian world, and be close to my caring family

My depression had become so severe I went to sick call and was told to return the next day. I refused to leave without seeing a doctor. I was lucky enough to see Dr. Frank, who in the civilian world is a psychiatrist. He started me on medications and referred me to Mental Health. He told me he was going back home after his 90 days were up, "Because I just can't practice medicine the way the Army wants me to!" The Mental Health doctor had me admitted to the Mental Health Ward for PTSD and major depression. I was actually admitted on a second occasion since I had decompensated severely.

I have since been diagnosed with Parkinson's disease by a civilian neurologist after I had signed concurrence with my disability rating. I had been telling the medical personnel at Fort Stewart that family members with health care knowledge suspected that I had Parkinson's, and I was blown off. Now, many, many months have passed without proper medication directly related to an incompetent beaurocracy and incompetent medical care. Soldiers are people, not numbers. Truly, though, is it a question of incompetent medical care or a question of a well-organized government system that achieves just what it is supposed to achieve? Use people, strip them of all human dignity, disrespect them, wear them down, and be pleased when soldiers no longer have the physical and mental capacities to continue to fight to have the same rights and respect as those American citizens, for whom we have fought to preserve those entitlements.

Before October's press coverage, medical care was inadequate. The soldiers' complaints were minimized or nullified. We were talking but they were not listening! There have been many soldiers sent home with medical conditions that should have and could have been treated. After the press coverage, it seemed as though things were improving. More PA's, nurses, and technicians were brought in from other installations or civilians were contracted. Appointments were not as far apart as before. It seemed as though a system was being implemented to speed the process. However, it didn't take long for things to cool off and we were still in the same old holding pattern. You do see care providers more than before. It seems like it is just a "how are you doing process." Competency of care I question, and do so with proof. Instead of receiving specialty consults or aggressive treatments, soldiers get a prescription for a new pill. All we want is PLEASE, FIX ME, DON'T PILL ME!! Look at these bags I hold up for an example. We should have access to competent medical providers.

The decision to MEB a soldier is no more prompt than before. Soldiers who have seen specialists returned to the primary care giver with the specialist's recommendation to be boarded to usually be told that they will not be boarded until other options are exhausted. Make way, another one entering the pattern.

It is my understanding that more deficiencies are being rated in the MEB process than before. Before October, MEB cases were dictated and the soldier signed concurring thinking the Physical Disability Agency would look at all disqualifying conditions. That was not and is not the case. The only things rated are medical conditions listed on the Medical Evaluation Board Proceedings (DA 3947). And if the PDA can sit in

Washington and reduce a soldier's disability rating without ever laying eyes on him or her, using addenda that are sometimes four months old without asking whether the soldier has improved, decompensated, or remains the same, what's the point in a MEB process than can literally span years??? Why not skip the PEB and let the PDA do these ratings. It delayed my process for another month.

On my original DA 3947, the only condition listed by Dr. Brooks was low back pain, and I refused to sign it, because I had other significant ailments. Dr. Brooks refused to list my other conditions until I brought him a copy of Medical Command's guidance that instructed the doctors to list all disqualifying conditions. Even with that, he did not list the incapacitating migraines or vestibular dysfunction with central nervous system etiology. Many times during our required "meeting with our case manager or care giver", I would complain of both of my arms being numb and the tremors. It was after my MEB that I was also diagnosed with severe cervical spondylosis and Parkinson's disease (symptoms of which I did not have prior to January, 2003). After the DA 3947 listed the original conditions on the Letter of Intent and the PTSD and depression, I signed concurring. Once I received notice that my PEB rating had been reviewed by the PDA and reduced, I emailed BG Gina Farrisee asking her to have someone contact me. I did not receive an email or call from anyone. Another example of soldiers talking and commanders not listening. I question if she is so high above another soldier that she feels entitled to disregard his or her communication.

Many soldiers do not hold the rank that I do and were too intimidated to challenge the doctor or the process.

Medical Record Keeping

Medical record keeping is haphazard and inconsistent. Prior to mobilization, Reservists and National Guard personnel kept their medical records at their Unit. Upon mobilization, records accompany the soldier. Record keeping is a soldier/Unit responsibility. Once our unit was cleared to fly, our medical records were placed in a box for cargo loading. On arrival to Kuwait, the cargo with our records was lost. We no longer had proof of vaccinations, profiles, etc. We were required to take both the Anthrax and Smallpox vaccinations in Kuwait. Having no records, our Company used an alphabetical listing of soldiers and as they were vaccinated their name was checked off. Just like cattle through branding stall. We were in Kuwait for two weeks before our records were located.

We did not have enough trucks to load our tents and supplies in so it was a command decision to leave all records locked in one of our storage containers that was going to be left in Kuwait, so, there was no record keeping in Iraq. If a soldier reported to sick call he was usually given a SF 600 (Chronological Record of Medical Care) and returned to the Unit. With no records to place the form in, most soldiers lost or destroyed it. The mobilization station for my unit was Fort Stewart, Georgia, and even the vaccinations were not properly recorded. The only proper record keeping was done at our Units. The whole process was hurried, and sometimes sloppy.

Again, after the October press coverage, all medical hold soldiers had to report to the hospital and their records were screened. The hospital personnel then kept the records.

There are many instances of soldiers' records being misplaced or lost. This slows down the Medical Evaluation Board (MEB) process. It will also adversely affect the soldier's future VA claim if there is no documentation presented.

Health Prevention

Reservists and National Guardsmen have no organized health prevention in place. Tricare dental is offered at a premium, but not affordable by most soldiers.

Health protection for Operation Iraqi Freedom required chemical suits and gas masks to be issued to all soldiers. We were sent from Fort Stewart, with their knowledge, lacking essential protective gear. Many soldiers did not have the optical inserts for their gas masks, and others were not issued chemical garment over boots because their size was not available. Finally, after being in Iraq for three weeks, we were able to procure over boots for those troops. We were issued anti-malaria pills without instructions on when and how to take them or what the side effects were. According to my commander, we received Doxycycline and Larium.

Family Support Programs

Each Reserve and National Guard Unit has a Family Readiness Group. There are some that are strong, and some that are basically non-functioning. Some unit members only see each other during a drill period and a lot of them do not know anything about their fellow soldiers. In the Reserves, there is a constant effort to strengthen the FRG, but it is usually comprised of very few members, who often are in dire need of support themselves. Some Reservists drive 75-100 miles for drill and their spouse is left at home to care for children and or work outside the home on weekends.

PLEASE ALLOW ME TO MAKE THESE CLOSING COMMENTS

I served my country faithfully for 31 years. The feeling of inequality between the reserves versus active component is still there. I hear it everyday. I can assure you that each time I was fired at by an Iraqi soldier I never once heard “ Oh, I’m sorry!! You are a reservist or guardsman!!” Even though the ID card says Active Duty we still hear “ you are a Reservist.” Well let me assure you that these reservist and guardsmen left their home, their children and family, their church, and were just as willing to die to defend this great country just as the active component did. Maybe you consider my next comment as biased, and if so I am truly apologetic, but I feel the reservist sacrificed more! Some are on a reduced income now.

The reserves and guard is a numbers game, measured by money. The Command knows that it is required to keep so many troops to justify budget request. I know there are soldiers on each unit’s book that do not participate, can not pass PT test, are have medical conditions that make them unfit for service. Yet, the command will downgrade profiles, excuse absences, etc to keep that number. Have you ever been asked for less money next year than you were this year? Medical Hold is a numbers game as well. A lot of soldiers feel that the only improvement since October is living conditions.

There is a concern that there is becoming another housing issue. There have been some soldiers that signed saying they would get treatment at home, or a soldier I know needing surgery has been told all measures to prevent surgeries would be exhausted, but, he was cleared medically to fly back to Iraq with the restriction of being unable to wear his bullet resistant vest. I am thankful to report that after I assisted the soldier with

congressional phone calls, he was eventually released to go home for his surgery. The MEB process is a very slow process and in some cases the soldier is required to take another physical or have tests repeated. The slowness is not the personnel at Patient Affairs. The Patient Affairs personnel do their best to treat each soldier with respect and that any delay is not due to their department. Most of the slowness is due to doctors delaying dictation, having to wait for specialty appointments, etc. I have driven 195 miles one-way, at my expense, in my vehicle, to see a specialist. My MEB process has been ongoing since June and, after 9 months I thought it was complete, until it went to the Physical Disability Agency (PDA). I agreed with the PEB on 5 Feb 2004. The PDA reviewed the PEB rating and reduced the rating on PTSD/Depression from 30% to 10%. Tired of being away from my family I concurred on 5 March 2004. I was discharged on March 17. Due to my disability rating I can no longer keep my job with the U. S. Army Reserves since I am being Medically retired. There is a grave in Jackson, MS, and inscribed on the granite is an inscription that sends chills down my spine. Every time I visit my father's grave I pass by the grave of Mr. Baugh, a decorated World War II veteran, and question why would someone put this specific inscription on something so permanent- "I have fought, and I fought well. I did not let my country down, but my country let me down." Today, I asked of this committee to do all in your power that you can to make certain that not another soldier would die, after defending this country, feeling the way described on Mr. Baugh's grave.

I would like to personally thank CPT Shannon McAteer, 1SG Angelo Lindsey, and 1SG Malva Williams, Mr. Bill Hannigan and the entire staff at Patient Affairs, for the genuine concern for the Med Hold soldiers.

Again, I sincerely thank each of you for allowing me to speak on behalf of many of my fellow soldiers willing to die defending this great country. May God forever bless you and the USA!!!

I would be happy to answer any questions you may have.

Upon retiring from the Mississippi State Tax Commission, with 25 years of service as a Senior Law Enforcement Special Agent, Mosley accepted a civilian position with the U S Army Reserves as a Supervisory Unit Administrator for the 296th Transportation Company, Brookhaven, MS 39601

Gerry Mosley entered active duty US Air Force on 22 March 1973. At completion of basic training he was assigned to Technical Training at Shepherd Air Force Base, Wichita Falls Texas (May-July 73) where he trained as a communication specialist, with a top-secret clearance.

In July 1973 he was assigned to the 1946th Comm Sq at Barksdale AFB, Shreveport, La.

In September 1973 he was assigned a Tdy tour to Matagorda Island Air force Range.

On 18 March 1975 he was transferred to the Air National Guard in Jackson MS. He remained a member of the Air Guard until September 1984 when he joined the Army Reserves.

In 1984 he was assigned to the 3390th US Army Reserve Forces School where he taught NBC and Military Police courses to hundreds of soldiers.

In 1995 He transferred to the 1181st Trans Terminal Bn as a Platoon Sgt and assistant First SGT.

In 1997, Mosley transferred to the 647th Trans Co, under the 356th QM BN as First SGT. He excelled in qualifying his soldiers that he was asked to transfer to a sister company and correct the shortcomings of that unit. He gladly accepted the assignment at the 386th Trans Co, Vicksburg, MS until accepting the Unit Administrator's position after retiring from State service. The Army regulation required him to be a member of the unit where he was a civilian employee. He transferred to the 296th, also a sister company under the 356th QM BN, as the First SGT. Mosley has received the MSM-1, ANCO, AAM-4, ARCOM-3, NDSM, GWOT, AFLM, AFGC, ARSR, Expert rifle since 1984, Drivers badge with over 250,000 miles driven in military trucks.

Mosley holds a Commercial pilot's license with instrument ratings in single and multi engine fixed wing aircraft and has more than 4,000 pilot- in- command hours. He also holds a FAA mechanic's license, in both airframe and power plant.

He is married to Lisa Woods Mosley who is a Registered Nurse near completion of the MSN degree in Nursing Education. They have 2 children. Gabe is 8 years old and Madison who is 7 years old.