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dp **Online»** A photo gallery of the closing ceremony of the 2008 Olympic Games. »denverpost.com/olympics

The battle within

Soldiers who struggle with pained bodies or troubled minds still get deployed, sometimes on crutches or antidepressants, by an Army pressed to fill the ranks in Iraq and Afghanistan.

By Erin Emery and David Olinger *The Denver Post*

In the weeks before Christmas last year, a brigade of battle-bruised soldiers left Colorado's Fort Carson for its third round of war in Iraq.

Sgt. Colin Barton was getting Botox shots in his forehead to kill the relentless pain from a brain injury. Army doctors said he should not wear a helmet — a safety requirement for the flight to Iraq. The Army sent him anyway.

Sgt. Joshua Rackley, recovering from his eighth knee surgery, was classified as permanently injured. The Army sent him anyway.

Master Sgt. Denny Nelson and Sgt. Joseph Smith didn't have time to recover from predeployment surgeries. Nelson hobbled with crutches; Smith wore a post-surgical boot. Sgt. Tim Graham brought a sleep-apnea machine. Sgt. 1st Class Walter Overton had a shoulder injury and couldn't lift his gear. Spec. Joseph Leon was popping morphine pills to dull the nerve damage to his groin.

The Army sent them too.

Five years into the war in Iraq and six years after the invasion of Afghanistan, the Army is sending soldiers with physical and mental injuries back to war, at times overruling physicians' classifications of soldiers as "nondeployable."

Facing demands unprecedented in the history of the all-volunteer force, the Army has deployed soldiers with slings and crutches and some who need machines to help keep them alive through the night. Thousands are taking pain, sleep or antidepressant medication, with sometimes deadly consequences.

The pressure to send marginal soldiers grew with the "surge" of troops to Iraq in January 2007, an effort that Army leaders say has succeeded in stabilizing the nation's government and reducing sectarian violence.

Yet from the onset of the Iraq war, deployment pressures have been evident. An Armed Forces Health Surveillance Center analysis shows that 43,000 service members — two-thirds of them in the Army or Army Reserve — were classified as nondeployable for medical reasons three months before they deployed anyway.

Army spokesman Paul Boyce said many had minor medical needs that could be resolved in a day.

"Our medical personnel know from experience that service members are ruled medically nondeployable for reasons such as requisitioning a second pair of eyeglasses, bringing dental records up to date and filling dental cavities," he said.

A Denver Post examination of deployment records, internal e-mails and medical files provided by soldiers from one Army brigade — Fort Carson's 3rd Brigade Combat Team of the 4th Infantry Division — shows that more than 130 soldiers were sent to Iraq last fall despite being classified with medical limitations just before deployment.

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Denver Post special report
First in a series

dp **Video.** Affected soldiers and their families tell their stories. »denverpost.com/thebattlewithin

CHUCK CLAMON, above | With a mix of medication prescribed after suffering head and spine injuries in Iraq, the sergeant first class says, "I feel helpless. ... I could care less about actually leaving the house now."

AMY DUERKSEN, right | The 19-year-old's family calls her suicide in Iraq "friendly fire — because they failed to take care of a fellow soldier." Her diary talks of her rape at a training session before being deployed.

JOSHUA RACKLEY | Eight knee surgeries aside, the sergeant was deployed to Iraq, where "I had other people carrying my gear for me" because he couldn't carry more than 50 pounds.

DENNY NELSON, above | The 19-year Army veteran and Bronze Star recipient was sent to Kuwait while he was still using crutches.

CHAD BARRETT, left | While on his third deployment in February, Barrett became the sixth Fort Carson soldier to commit suicide in Iraq.

TRAVIS VIRGADAMO | The night he was given back his gun in Iraq, he killed himself, his grandmother said. The teen was on Prozac when he was deployed and previously had been on suicide watch, she said.

BROKEN: Commanders have final say, not doctors

«FROM 1A

In many cases, those limitations went well beyond cavities or missing eyeglasses.

At least 25 of the brigade's soldiers — including Barton, Nelson, Rackley and Smith — were still suffering from serious and unresolved medical problems as they boarded transport planes bound for Kuwait and then Iraq.

In interviews, soldiers or their relatives described how they worked in constant pain, sought physical therapy in vain and were ordered to perform tasks that violated duty restrictions in what are known as their "medical profiles."

Army commanders have final authority to decide who goes to war and who doesn't. The commander considers doctors' opinions but can take a soldier to a war zone even if a doctor says the soldier should not be deployed.

Army officials say those with medical conditions are assigned to jobs in the war zone suited to their physical limitations. They also say many of the problems that caused soldiers to be classified medically as "no-go" were minor.

"Were there some mistakes made? Yes. Some soldiers should not have gone and did," said Maj. Gen. Mark Graham, who became the commanding general of Fort Carson just before the 3rd Brigade departed. "My understanding is the majority of the soldiers, not all of them, once they got over there and realized they couldn't give them the care they needed, they were sent home."

Multiple tours take their toll

Some soldiers who discussed their cases with The Post requested anonymity, fearing retribution, but their accounts were corroborated through Army records, interviews, observations or medical records that they or their families provided.

One soldier said he walked with a cane to relieve the relentless knee pain that kept him awake at night. Another said he isn't supposed to stand more than 15 minutes a day, but stands 12 hours at a time as a gunner. Another left his medication at home — Zoloft and Klonopin for combat stress, and Tramadol for degenerative disc pain in his back — because, his wife said, he feared they would interfere with his job as a sniper who must lie still for hours at a time.

"I have a herniated disc in my neck, and the Army docs said I was fine," wrote one Fort Carson soldier, who said he was sent to Iraq with two buddies who had broken bones in their hands and couldn't fire their weapons. "I know they sent us over here hurt so they could keep the numbers up."

Of the 1.6 million active-duty service members, reservists and National Guard members sent to Iraq and Afghanistan, 34 percent have served at least two tours. With each deployment, the chances of injury increase. With multiple deployments and shortened downtime, the chances of being sent back while still nursing physical or psychological injuries also increase, veterans advocates argue.

"We'll have some units, entire units, that have served four tours over there," said Tom Berger, senior analyst for veterans' benefits and mental-health issues for Vietnam Veterans of America. "Those are the kinds of things that at least scare me, and they should be scaring mental-health professionals and the (Department of Veterans Affairs) and the (Department of Defense). And it should be scaring the American public because we don't know what's going to happen. We really don't know the impacts of multiple deployments.

"We do know, at least from the research that has been done, the more a person is exposed to those traumatic events and for longer periods of time, there are real problems. But we don't really know. ...

"This is the first time we've really had to deal with that."

In Vietnam, soldiers served 12-month tours and Marines served 13-month tours. Those who wanted to go back for a second tour signed up. Those who didn't left. When the Army needed soldiers, it drafted more. From 1965 to 1973, 3.4 million Americans were sent to war in Southeast Asia, 2.6 million within Vietnam.

In the current conflicts, the Army, which is doing most of the fighting, has relied on a relatively small core of soldiers.

Through May, about 206,000 soldiers, plus about 63,000 in the Army National Guard and Reserve, had gone to Iraq or Afghanistan at least twice, Army data show.

At the same time, 174,241 active-duty soldiers in the Army as of Feb. 29 had never been deployed overseas. Some are ineligible because they are in basic training, they are physically disabled or they hold jobs — such as recruiters, drill sergeants and some medical occupations — that tend to exclude them from overseas combat. But the Army has identified 37,000 eligible soldiers who were not deployed once while others were ordered to return to war with injuries.

The Army also is examining the cumulative length of soldiers' deployments in an effort to make calls to combat more equitable. Recently, it reduced future deployments from 15 months to 12 months.

"(Equitability) is so keen and essential to making sure we're taking care of our force," said Louis Henkel, deputy director of the Army's enlisted personnel management directorate.

In June, after complaints from soldiers and Congress, the U.S. Government Accountability Office reviewed Army records and reported that "the increasing need for able warfighters has meant longer and multiple deployments for its soldiers."

In a survey of 685 soldiers at Fort Benning and Fort Stewart in Georgia and Fort Drum in New York, the GAO estimated that 14 percent had "medical conditions that could require duty limitations," including herniated discs, back pain, chronic knee pain, Type 2 diabetes and asthma. About two-thirds of them were deployed anyway. The agency could not determine how carefully those limitations were respected once soldiers arrived in a war zone.

But dozens of family members and soldiers who were deployed with medical issues said in interviews with The Post that once in Iraq, commanders sometimes ignored medical limitations set by doctors.

Five minutes of helmet too much

After too many blasts from nearby explosive devices in two deployments to Iraq, Barton had incurable headaches. Sometimes they left him dizzy; sometimes he flew into a rage.

An Air Force doctor had begun an experimental treatment, injecting Botox into Barton's forehead to relieve pressure before his third deployment. He was scheduled for a follow-up treatment in January, but he was deployed in December with a medical profile instructing him not to wear a helmet.

"In any military plane, you're supposed to be wearing your Kevlar (helmet). They told me, they're like, 'Oh, we got a waiver, you can just wear it when you get on the plane,' " he said. "I had it on once for like five minutes and I took it off. I started to feel the pressure building up and having the headaches."

Sgt. Jason Knierim was diagnosed with delayed post-traumatic stress disorder and chronic depression in July 2007 and was given an antidepressant but had no therapy between August 2007 and Nov. 30, when he was ordered to a third tour in Iraq.

At the soldier-readiness processing site, his mental illness was flagged, but a major cleared him for combat duty anyway. "I went into her office, she said, 'You're good to go.' She stamped the paperwork," he said.

Since his first deployment, Knierim had been haunted by memories of killing a 7-year-old boy who pointed a toy gun at him. When he arrived in Kuwait to prepare for his third tour of duty, he had a mental breakdown. His superiors took his gun away and put him on a 24-hour suicide watch.

Even after that, "the chain of command wanted to send me to Iraq to get my treatment there. They thought I could get enough treatment in theater," he said. "They told me to get ready to go — they were getting ready to give my weapon back to me."

He said soldiers such as him become a burden to other soldiers.

"We're unstable," he said. "We can't be relied upon to do our job. We're taking up someone else's time, watching us, to make sure we're OK. Someone has to do that when they could be doing something else."

Rackley had a long history of knee troubles. He had to go through basic training twice just to get into the Army. At 25, he had undergone eight knee surgeries and was listed as nondeployable last year.

When his brigade deployed, Fort Carson's soldier-readiness processing center insisted, "Look, this soldier's not going to Iraq. There's no way," he said.

Yet two days before Christmas, he was asked whether he could leave Christmas Day for Iraq. He was told the rear detachment at Fort Carson had received an urgent call for more soldiers.

"They need people, is what was told to rear detachment. 'Send me people...'," he said. "They needed numbers."

In Iraq, Rackley tried not to violate his medical profile, which instructed him not to carry more than 50 pounds. When he needed to wear armor, "I had to take out all my plates but two," he said. "No ammunition, no water. I had other people carrying my gear for me. Soldiers, we help each other out."

Even carrying a machine gun posed a weight problem. "My first sergeant gave up his own 9mm (pistol) so I wouldn't be breaking a profile," he said.

Rackley said others in Iraq are in worse shape. "I know of five other people deployed right now" with more painful injuries, he said. "Mostly back injuries. One with a shoulder injury."

Eight months after Fort Carson deployed the 3rd Brigade, Knierim has been discharged from the Army and is seeking disability benefits from the VA. Leon returned to Fort Carson after doctors decided his groin injury couldn't be treated in a war zone. Barron came back to Colorado to help his wife cope with multiple sclerosis. Rackley went to South Carolina to train for a noncombat job.

Stories repeat across the country

Fort Carson is not the only base that has deployed soldiers with serious health problems.

Recently, the Army flew Sgt. 1st Class Jason Dene, the nephew of actress Mia Farrow, from Iraq to Dover Air Force Base in Delaware for surgery.

"He was released from the hospital into the loving arms of the government, who sent him directly back to Iraq," his uncle Patrick Farrow wrote in a letter to the Rutland (Vt.) Herald. "He was put on active duty while he was still on a liquid diet; unable to eat solid food because of a throat hemorrhage due to a botched surgery at a military hospital."

Dene, 37, of Castleton, Vt., died of a drug overdose in his bunk in Iraq on May 25.

At Fort Hood in Texas, a doctor recently recommended deploying a soldier with eosinophilic granuloma, a rare disease that causes growths in his lungs.

The soldier, Cameron Atkin, declined to comment publicly. But his wife, Britney, and a soldiers' advocate, Carissa Picard, questioned why the Army would deploy any soldier who struggles to breathe whenever he tries to wear body armor.

"Basically the only gear he can wear out of his combat gear is his helmet," his wife said. If he puts on a flak vest, "after a couple of minutes it feels like a 100-pound weight on his chest. He can't breathe."

She said her husband passed out twice doing push-ups and was unable to train for deployment or even fire a gun because he was being treated for the newly diagnosed lung disease.

Among her husband's friends already in Afghanistan, she said, one failed his last four hearing tests, one has a worsening case of glaucoma, one rarely wears body armor because of a slipped back disc, and one has undergone three surgeries on the same ankle.

"They're trying to fill their quotas. They don't care about lives; they care about bodies," she said.

This month, she said, a second Army doctor examined her husband and found him undeployable. There is still a chance his commander could overrule that recommendation.

Scrambling to grow the ranks

Five years into the Iraq war, the Army has established Warrior Transition Units to

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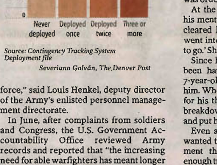
COLIN BARTON | Barton and his wife, Jenifer, pack up to move from Fort Carson this spring. Barton was being treated for severe headaches when he was deployed for a third tour in Iraq, despite instructions to not wear a helmet. *Andy Cross, The Denver Post*

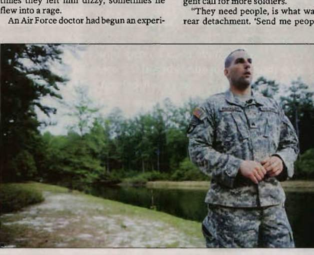
Unequal deployments

Some soldiers have been going to war more often than others, Army data show. More than 47,000 active-duty soldiers in the Army as of Feb. 29 had been deployed overseas three or more times; nearly 175,000 have not been deployed once.



Source: Contingency Tracking System Deployment file

Severiano Galván, The Denver Post



JOSHUA RACKLEY | Although he was classified as permanently injured, Rackley was ordered to Iraq after Fort Carson received a call for more soldiers. "So rear detachment had to scrape and scrounge up people that may possibly even be considered to get sent over," he said. "They needed numbers." *Andy Cross, The Denver Post*

«FROM 8A

help manage a growing number of soldiers with physical and mental-health problems.

But for every soldier assigned to a WTU brigade, another must be sent to Iraq in his or her place.

The Army is managing to enlist about 80,000 new soldiers each year. But to do so, it raised enlistment bonuses by an average of 37 percent last year. In three years, it nearly doubled the number of waivers for recruits with criminal-arrest records, a history of drug or alcohol abuse, or medical problems such as poor hearing or eyesight, asthma and high blood pressure.

And it is taking fewer high school graduates — down to 79 percent last year from 94 percent in 2003 — despite Defense Department and Army standards that say "no less than 90 percent" of soldiers must have high school degrees.

Fort Carson's 3rd Brigade was originally set to deploy in March. But last fall, with the 30,000-soldier surge showing some signs of success, the date was moved up, "to the left" in Army parlance, to get the brigade into the fight.

When that order came, Fort Carson had transferred 225 brigade soldiers to its WTU, where injured soldiers go to concentrate on recovery, and 368 others were deemed nondeployable.

"So when they got moved to the left, were there problems getting them? Yes, there were, because the system never caught up," said Maj. Harvinder Singh, the rear-detachment commander for the brigade.

Singh said that every unit has a goal to send a certain percentage of the brigade, usually about 3,500 soldiers at full strength. "Our goal was 95 percent; we went through with 87," he said.

Singh said that once in Iraq, the brigade slowly added soldiers sent from other units.

"As the Army starts backfilling everyone else, over the last six months, we have received over 500 soldiers. Again, it's just a goal that commanders have. If you don't reach it, you don't reach it," Singh said.

Changes to clearing a "no-go"

E-mails from Capt. Scot Tebo, the brigade surgeon, written Jan. 3 just after the brigade deployed, show the brigade was struggling to find enough healthy soldiers.

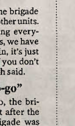
"We have been having issues with reaching deployable strength and thus have been taking along some borderline soldiers who we would otherwise have left behind for continued treatment," Tebo wrote to Maj. Thomas Schymanski.

One of those soldiers he evaluated was Nelson, a 19-year Army veteran who is a Bronze Star recipient.

Nelson had fractured a foot while jumping on his daughter's trampoline. He was sent to Kuwait on crutches.

"They're sending units so rapidly, they're having trouble getting them healthy," Nelson said.

After The Post in January reported on the deployment of some injured soldiers with the brigade, Maj. Gen. Graham ordered the post's inspector general to investigate.



Maj. Gen. Mark Graham, commanding general of Fort Carson

The inspector general found "no initial indication that the units deliberately deployed medically unfit soldiers against explicit medical advice," nor that the unit systematically changed medical profiles to deploy more soldiers.

The inspector general did find the brigade sent 36 soldiers "who were rendered nondeployable" by a "medical no-go" and recommended a more rigorous reporting system to ensure that unfit soldiers are not sent to war.

The inspector general's report also suggested limiting the use of "no-go" to describe soldiers with "potential deployability constraints" that a commander must consider. "The term 'medical no-go' is unclear and, as witnessed by recent public media interest, can easily be misunderstood," it reported.

Graham said the Army has "very good, competent commanders that I think are doing a tremendous job, and they work closely with the medical care providers. And I'll tell you, I don't think there is any evil here. These are America's sons and daughters, and we don't put people in command who don't take that responsibility quite seriously."

Still, after the inspector general's report, Graham ordered brigade commanders not to send no-go soldiers until he had reviewed their cases and signed off on them personally. Another brigade is due to deploy from Fort Carson in the coming weeks, the first test of Graham's new policy.

And he acknowledges the hardships that come with multiple deployments.

"This is hard, this is hard," Graham said. "War is hard. And there is no doubt you can see the Army is working hard to get back to 12-month deployments from 15 months because we know this is tough on our soldiers and families too. It is very hard."

"They just need the numbers"

For Michelle Graham, the wife of Sgt. Tim Graham, a mechanic serving in Iraq, the level of desperation in the Army is no more apparent than in her husband's case.

Graham — no relation to Maj. Gen. Graham — has a permanent profile for severe sleep apnea.

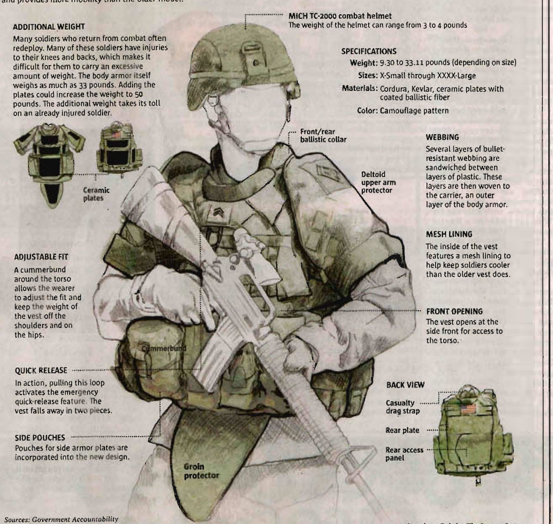
"With his profile, he was not supposed to go. He stops breathing," Michelle Graham said. "He has a machine that goes over his face to help him breathe at night. If his machine breaks down, they have to send it back to the States to fix it. He does have a backup, but how long is that going to last?"

She said she does not sleep at night because she worries about her husband. The Army recently changed its regulations, deciding soldiers on sleep machines could deploy safely.

"Tim has a profile that says he's not supposed to go, but his first sergeant and his commander said, 'You're going anyway.' It's numbers, that's all it is. They don't care who goes out there; they don't care what's wrong with them. They just need the numbers. It's really frustrating."

Vested interest in protection

The Interceptor Multi-Threat Body Armor (IBA) is the Army's latest flak vest. The IBA is made up of two modular componets: the outer tactical vest and the small-arms protective inserts, or ceramic plates. The vest, which is unisex, is made to stop 7mm to 9mm rounds. The IBA is lighter and provides more mobility than the older model.


MICH TC-2000 combat helmet
The weight of the helmet can range from 3 to 4 pounds
ADDITIONAL WEIGHT
Many soldiers who return from combat often redeploy. Many of these soldiers have injuries to their knees and backs, which makes it difficult for them to carry an excessive amount of weight. The body armor itself weighs as much as 33 pounds. Adding the plates could increase the weight to 50 pounds. The additional weight takes its toll on an already injured soldier.
Ceramic plates
SPECIFICATIONS
Weight: 9.30 to 33.11 pounds (depending on size)
Sizes: X-Small through XXXX-Large
Materials: Cordura, Kevlar, ceramic plates with coated ballistic fiber
Color: Camouflage pattern
Front/rear ballistic collar
Deltoid upper arm protector
WEBBING
Several layers of bullet-resistant webbing are sandwiched between layers of plastic. These layers are then woven to the carrier, an outer layer of the body armor.
MESH LINING
The inside of the vest features a mesh lining to help keep soldiers cooler than the older vest does.
ADJUSTABLE FIT
A cummerbund around the torso allows the wearer to adjust the fit and keep the weight of the vest off the shoulders and on the hips.
Cummerbund
FRONT OPENING
The vest opens at the side front for access to the torso.
QUICK RELEASE
In action, pulling this loop activates the emergency quick-release feature. The vest falls away in two pieces.
BACK VIEW
Casualty drag strap
Rear plate
Rear access panel
SIDE POUCHES
Pouches for side armor plates are incorporated into the new design.
Groin protector

Sources: Government Accountability Office, U.S. Army

Severiano Galván, The Denver Post

Cleared to go, through the pain

By Erin Emery and David Olinger
The Denver Post

Sgt. Joseph Smith's wife, Michelle, said the Army promised three things when he was deployed while recovering from foot surgery: He'd carry no heavy weapon, he'd get all the rehabilitation he needed, and he'd be assigned a light-duty job that wouldn't require body armor or much walking.

"None of them were kept," she said. He carries an M-16 rifle and broke two of his post-surgical boots from excessive walking, and when he asked for a truck to escort an interpreter to the gate, "the staff sergeant tells him, 'You can carry him for all I care,' " she said.

Other soldiers, many of whom would only tell their stories anonymously out of concern that it would damage their Army careers, said they had similar experiences.

Their accounts were confirmed through medical records, additional interviews or the observations of reporters who met them near Fort Carson.

One soldier who limped around an Iraqi base with a cane said he "could barely walk. The pain was so bad, I couldn't sleep at night." He was recovering from knee surgery and said he was forbidden to carry more than 5 pounds when Fort Carson deployed him, but a sergeant promised physical therapy in Iraq.

When they arrived, he asked the same sergeant where to get the promised therapy. "His exact words: 'Dude, I don't f---ing know. I have no idea,' " the soldier said. "Nobody's saying, 'We need to get him out, put him in a safer place; if we start getting mortar rounds, this guy's not going to be able to run.' "

A sniper who left his medication behind when he deployed to Iraq "had really bad back pain, hardly could walk," his wife said. "His documents specifically said no body armor, can't operate machinery. The PA (physician's assistant) said, 'We're losing too many soldiers, so we're going to send you anyway.' "

Waiver outweighs doctor's note

Another soldier who asked not to be named provided these medical records: On Nov. 7, five weeks out of surgery to repair a shoulder injury, a doctor wrote, "He will be nondeployable for a minimum of 6 months. ... He is currently in a sling and participating in physical therapy. He is unable to carry or fire his weapon, he is unable to carry his ruck or IBAS (body armor), he is unable to wear his chemical gear, he is unable to construct a fighting position, he is unable to perform 3- (to) 5-second rushes."

Twelve days later, the soldier received a waiver from his commander, saying he would deploy. In Kuwait he reinjured his shoulder. He returned to Fort Carson, permanently injured, and has been discharged.

A soldier who wasn't supposed to stand for more than 15 minutes said that before he deployed, he received 75 spinal injections to deaden the nerves to his feet.

"When I get those shots, I'm basically inebriated for 48 to 72 hours. I can't do anything," he said. "They told me I would get the shots in (Iraq). I have not gotten them."

He said he went to a clinic in Iraq to ask for morphine, but there was none left. Other soldiers had taken it.

Spec. Joseph Leon depended on morphine in Iraq to get through each day. He declined to be interviewed, but his wife, Beverly, answered questions about his medical condition.

She said hernia surgery from a previous tour in Iraq caused the nerve damage to his groin. He was taking four to six morphine pills a day, and "he would be real sleepy and seem out of it when he took the pills," she said. "He sleeps a lot, and once they wear off he's wide awake for hours and can't sleep, so they also prescribed him with sleeping pills."

In Iraq, "he couldn't do anything. He had to have other people from his company carry his stuff for him," she said.

His medical profile stated "that he was not able to deploy, but they took him anyway, and I don't know why," she said. "I really couldn't believe they took him considering that he couldn't do much at all. Anybody could see he was in so much pain the day he deployed."

Col. Elspeth Ritchie, a medical director in the Army medical command, said soldiers on morphine should not be sent to combat.

"I couldn't think of any reason to deploy a soldier on morphine," she said. "If they're in that much pain, that's not going to be a good environment."

> "We have been having issues with reaching deployable strength and thus have been taking along some borderline soldiers who we would otherwise have left behind for continued treatment."
>
> E-mail from Capt. Scot Tebo, surgeon for Fort Carson's 3rd Brigade, written to Maj. Thomas Schymanski

THE SERIES » Today. Facing the unprecedented demands of simultaneous wars fought by volunteers, the Army has sent wounded and drug dependent soldiers back into battle, sometimes overruling the recommendations of physicians. **Tuesday.** Defense Department spending for narcotics, antidepressants, sleeping pills and other drugs has soared, but some soldiers complain that they are simply being medicated to return to war while the causes of their injuries go untreated. **Wednesday.** The number of suicides committed by soldiers has reached its highest recorded level, and the multiple deployments troops face is increasingly identified as a cause.