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Agency = US Army Medical corps, Department of Defense Inspector General

WB Story = BEGINNING OF STATEMENT (20070501) BY ARMY MEDICAL WHISTLEBLOWER STEPHEN WHITLOCK SMITH, MD, Lieutenant Colonel, US Army Medical Corps Retired

SUBJECT: Protecting Military Medical Whistle Blowers

I recommend the following changes to Federal Statute in order to protect Military Medical Whistle Blowers:

Recommended amendments to Title 10

TITLE 10 > Subtitle A > PART II > CHAPTER 55 > Sec. 1102. Sec. 1102. - Confidentiality of medical quality assurance records:

Qualified immunity for participants Recommended Amendment

ANY FEDERAL EMPLOYEE WHO KNOWINGLY PLACES OR ALLOWS TO BE MAINTAINED FALSE AND MISLEADING INFORMATION DEROGATORY TO AN INDIVIDUAL HEALTHCARE PROVIDER IN ANY SYSTEM OF RECORDS INCLUDING MEDICAL QUALITY ASSURANCE DOCUMENTS MAY BE FOUND GUILTY OF A MISDEMEANOR AND FINED NOT MORE THAN \$5,000.

Recommended amendments to Privacy Act

THE PRIVACY ACT OF 1974 5 U.S.C. § 552A as Amended

(g) Limitation on Civil Liability.

- Recommended Amendment

ANY FEDERAL EMPLOYEE WHO KNOWINGLY PLACES OR ALLOWS TO BE MAINTAINED FALSE AND MISLEADING INFORMATION DEROGATORY TO AN INDIVIDUAL HEALTHCARE PROVIDER IN ANY SYSTEM OF RECORDS INCLUDING MEDICAL QUALITY ASSURANCE DOCUMENTS MAY BE FOUND GUILTY OF A MISDEMEANOR AND FINED NOT MORE THAN \$5,000.

Under leadership of General Kevin Kiley while he was commander at Landstuhl, Germany, in 1995 and 1996, a cover-up of healthcare deficiencies and retaliation against doctors and nurses who reported these deficiencies occurred. I was General Kiley's Chief of Emergency Medicine who was retaliated against. I had reported several life-threatening problems including ambulance deficiencies and unlawful orders by General Kiley's subordinates not to treat medically unstable civilian patients. My allegations were later confirmed by the Department of Defense Inspector General report of 5 May, 2000. Two of General Kiley's subordinates were ordered to receive written letters of reprimand; however, they escaped punishment.

The current military Surgeons General are competing for the powerful new role as Surgeon General of all US military services. General Kiley is competing with Navy Surgeon General Admiral Donald C. Arthur.

Admiral Arthur has been reported by former Navy surgeon Dr. Eric Gluck as participating in unlawful retaliation against Dr. Gluck for reporting Navy healthcare deficiencies. However, Department of Defense Inspector General has not yet been willing to investigate Dr. Gluck's allegations.

Now that Mr. Robert M. Gates is Defense Secretary, and supervisor of the Department of Defense Inspector General, should not full investigation and disclosure to Members of Congress and the public precede any approval of Surgeons General to the one conjoint surgeon general position?

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Attachments:

Army Times article mentioning General Kiley, 15 FEB 1999

Stars and Stripes follow up article mentioning General Kiley

ARMY TIMES

Extract, Army Times 15 Feb 1999

www.armytimes.com

Newslines-The Army

Fit for duty?

Army says he's mentally ill: doctor, a whistleblower, says it's a case of retribution

By Karen Jowers Times Staff Writer

Lt. Col. Stephen Whitlock is living a nightmare. An Army doctor for 15 years, he faces a hearing Feb. 10 on whether his medical credentials should be revoked. He has been held in confinement for psychiatric evaluation, removed forcibly from contact with top military medical officials and branded as behaving in a 'bizarre' manner. To Smith, 51, it's a case of retribution. He says his troubles started when he blew the whistle on understaffing at an Army hospital in Germany two years ago. To the Army, it's a simple matter of whether Smith is fit for duty. Officials at Madigan Army Medical Center, Fort Lewis, Wash., aren't saying much about the case because it's under investigation. But documents obtained by Army Times point to allegations of inadequate record keeping and concerns that Smith may be experiencing 'paranoid delusions.' Whichever side is right, Smith's story is a case study of how an individual can get tangled up in a web of bureaucratic, legal, and medical confusio!

n that can threaten both a military career and a future civilian one, as well. A former Army investigator describes Smith's case as a classic example of what can happen to whistleblowers. 'They pay a heavy price,' he said. 'They get so angry, so frustrated, so depressed. They think it's the whole Army against them. And they're right,' said Jeff Lynch, who retired in 1991 as a Colonel in the Medical Service Corps. In his last two assignments, he worked as an inspector general. He has seen medical officers thrown into psychiatric wards and face hearings to remove their credentials, he said. Although he hasn't investigated Smith's case, he has reviewed it. 'I don't think that they would know Smith was on the planet if he weren't a whistleblower,'

Lynch said. He describes Smith as 'courageous and tenacious.'

From medical chief to patient

Smith's story is a long and complicated one, beginning when he was chief of emergency medical services at Landstuhl Regional Medical Center in Germany from July 1993 through early 1996. The joint Army-Air Force medical facility is the only military hospital in central Europe, with doctors and patients from all services. In February 1996 he alleged hospital officials were purposely understaffing the emergency room, putting patients and staff at risk, despite his repeated requests for more assistance. That's when Smith's world began to fall apart. Eight days after filing a formal complaint with the hospital inspector general, Smith was medically evacuated for a psychiatric evaluation. Sent to Madigan, he spent three weeks in a locked psychiatric ward. Then, he was allowed to slowly return to medical practice, but at Madigan, not Landstuhl. However, he has not been allowed to return full time to his specialty, emergency medicine. Still concerned about his original complaint, !

Smith pressed on, this time with the Army inspector general. That complaint, lodged in October 1996 is still being investigated, Army officials say. Meanwhile, Army officials ordered an investigation by European Regional Medical

Command officials, too. And when those investigators began interviewing people in the case last fall, reprisals began, Smith contends. On Nov. 9, 1998, Smith was ordered to stop seeing patients and told to move out of his office at Madigan. He refused to leave his office, but with his medical privileges temporarily suspended, he has ceased seeing patients. 'This is a cover-up of events that transpired to hurt patients,' Smith said. 'They're trying to get me out of here.'

'Paranoid' or not

Such statements play into the Army's case that Smith has 'paranoid delusions.' But Smith's psychiatrist disagrees.

'There's no reason to believe he can't function fully as a physician,' said Dr. Deborah Hickey, a retired Army colonel and Smith's psychiatrist since early 1996. 'He's very logical in his thinking and very bright.' Hickey, who was chief of psychiatry at Madigan for two years before she retired in 1996, shoots holes in the Army's charges, which include allegations that Smith's record keeping was incomplete, that he did not sufficiently document his actions and treatments on patients' records. Those allegations seem to be an overreaction,' Hickey said. 'The information was there, but not in the format they wanted. 'In his case, they found his records to be lacking in the format desired and have used that to steamroll him without due process or the opportunity to bring them up to standards,' Hickey said.

THE ARMY'S SIDE

Cynthia Vaughan, spokeswoman for the Army Medical Command, said the Army has little to say right now, since the investigations aren't complete. 'Some investigations are still ongoing, but in the parts of the investigations that have been completed, there has been no evidence of wrongdoing' by the Army, she said.

Brig. Gen. Kevin C. Kiley, commander of Landstuhl Regional Medical Center during the time of Smith's complaint, declined to be interviewed. He is now an assistant surgeon general. Madigan's credentials committee began reviewing Smith's case in October, based on allegations that he had not kept his patients' records up to date, Smith said. He contends he keeps his records in his computer and has been lax in transferring them to the printed form. 'And I did get depressed and slowed down,' he said. 'Intimidation works.' Hospital officials also expressed concern last fall about Smith's psychiatric condition. On Nov. 20, 1998, Lt. Col. Frederic Johnstone, Chairman of !

the Madigan Provider Health Program, wrote to Smith's psychiatrist, Hickey, asking if there had been an 'acute change' in Smith's mental status. 'I am concerned that he may be currently experiencing paranoid delusion,' Johnstone wrote. 'I am concerned that his underlying psychiatric condition may be more severe than we suspected. We have had multiple reports of fairly bizarre behavior.'

Hickey didn't respond. 'I felt the whole thing was totally irregular,' she said. 'They haven't gone by any procedure I've seen in reviewing the competency of a health care provider.' Hickey said 'there has been no set policy or procedure for dealing with Dr. Smith. All of the allegations have come from those who are not

professionals in the area of mental health.' Smith said there have been other incidents that show he is the victim of reprisal. He filed a complaint alleging he was harassed Sept. 1, during a visit to Madigan by Dr. Sue Bailey, assistant secretary of defense for health affairs. He said he spoke to Bailey, an ex-medical school classmate, for about 3 minutes. Shortly afterward, a Madigan official confronted him angrily. 'There were witnesses that he ordered my arrest after seeing me talk to Dr. Bailey,' A security officer approached him, took him to another room, and said that he had been accused of carrying a gun, Smith said. He then forced Smith to return to!

his duty area. Smith alleges that the security officer forced him to walk to the escalator, holding his arm behind his back. 'He pushed me down the escalator,'

Smith said. 'It's clearly not something the security person did on his own.' But Sharon Ayala, spokeswoman for Madigan Army Medical Center, dismissed those claims. 'He was not arrested, not handcuffed, detained, nothing,' she said. 'He was just escorted from the Command suite. We were ready to move (Dr Bailey) from one briefing room to the next, and Dr. Smith was not part of the group. He was not invited.'

'NO CONNECTION'

Ayala said there's 'no truth' to Smith's allegations that the review of his credentials is connected to any complaints he has filed. 'Madigan is committed to upholding the regulations against reprisal,' Ayala said. Smith admits he has had a history of depression, dating back to the time he was 18 years old. The Army admitted him into its medical scholarship program with full knowledge of his medical history. His depression grew worse at Landstuhl, he said, as a result of the grueling hours and poor working conditions. Although he and others repeatedly asked for assistance, it was denied, he said. Other medical professionals who worked in the emergency room at Landstuhl support that contention. 'We were very much understaffed and were very proactive about saying what we needed,' said one military nurse. 'We had three doctors and Steve (Smith) to work a 24-hour-a-day schedule. 'At the end, we felt no one would pay attention until we killed somebody...Anything we tried to do!

to fix the problem, was stopped,' the nurse said. 'Steve would do anything for us. He did his best, but in the end, it broke him. It was awful to see what they did to him. 'I've never seen anything like it,' she said. In late 1995, Smith's supervisors were replaced, she said, and the emergency room was put 'on track. But why did they allow the situation to continue for two years?' The answer to that question remains elusive, subject to the Army's ongoing investigation. The answer to what will become of Smith, however, should come sooner-perhaps directly after his Feb. 10 board appearance.

(PHOTOGRAPH CAPTION:

'Dr. Stephen W. Smith blew the whistle on understaffing at an Army hospital. Now

The Army wants to revoke his medical credentials.')

August 2000 Stars and Stripes

(August 14, 2000)

Army Whistleblower Survives Bureaucratic Nightmare

By Ed Offley

Stars and Stripes Washington Bureau Chief

"I'm happy to be back," said Army Dr. Stephen Whitlock Smith. "It's fun to be taking care of patients again."

The 52-year-old lieutenant colonel was not talking about a return from vacation or temporary duty when interviewed by phone late last week from his office at Madigan Army Medical Center near Fort Lewis, Wash.

Smith was referring to his return to normalcy after seven years of hell as an Army whistleblower.

His ordeal began when Smith was transferred to the Army's Landstuhl Regional Medical Center in Germany in mid-1993 to direct the hospital's emergency department. Smith said upon that arrival at Landstuhl he found an emergency room suffering from acute staff shortages, aging equipment and inadequate supplies to the extent that he and other doctors there feared for the safety of patients and medical staff alike.

But his attempts to fix a bad situation backfired. Instead of support, Smith says he drew the wrath of his direct superiors.

Since 1996, Smith has been engaged in a protracted struggle with the Army Medical Command leadership over what he says were illegal reprisals taken against him after he formally complained about the situation at Landstuhl. These include a forcible transfer from Germany to Madigan; incarceration in a locked psychiatric ward without a medical hearing for three weeks; illegal manipulation of his medical records, and punitive restriction of his medical privileges.

In turn, Smith fought back, demanding and receiving a Defense Department Inspector General probe of Landstuhl. His case attracted the interest and concern of several powerful members of Congress. He filed administrative and criminal complaints against those he believes have illegally retaliated against him for the Landstuhl incident.

And after several years of administrative limbo, Smith is claiming moral victory.

Fearing an Army attempt to sabotage his medical credentials, Smith also won approval of a civilian medical license from the state of Washington under a "whistleblower category" where state officials conducted an independent review without waiting for a formal Army recommendation.

And recently the Army-while not admitting error of wrongdoing against him-reissued "full unrestricted" internal medicine credentials to Smith and invited him to return to full-time duty at Madigan Army Medical Center, where he manages the acute care facility in its Adult Primary Care Clinic.

"As far as I know I'm a normal Army doctor," Smith explained. "I have a fully restored status and am fully deployable with no restrictions on assignments."

But there is still a hint of bitterness in his voice when Smith recounts the events of the past half-decade.

A Hospital in Crisis

Smith's ordeal began in his first year at Landstuhl during 1993-94, when the medical center began taking on broad new responsibilities with the deactivation of major Army units as the Pentagon slashed the troop level in Europe by 200,000 personnel. Smith and his staff realized that at their current manning they were ill-prepared to handle the potential emergency demand. "It was the scariest professional experience that any of us had ever thought we'd be involved in," Smith later said.

Smith said that he and his emergency room staff pleaded for more physicians and supplies. ER personnel

were working up to 60 hours a week for prolonged periods. At one point, a psychiatric nurse was assigned to the ER to monitor symptoms of suicidal behavior among staff members as a result of work-related stress.

After two years of fruitless requests, Smith in desperation filed an official complaint with the local Army inspector general-outside of his direct chain of command-accusing his Army superiors of failing to correct the problems.

When Smith reported to Landstuhl in July 1993, it was his third stint as the head of an emergency room facility. He had held the same job at a civilian hospital in Rhode Island and then, after receiving his commission, had been chief at an Army hospital in Denver.

Smith and his family initially were excited about moving to Germany.

"We enjoyed it for the day trips and weekend tours," Smith recalled. "It's the very best part of Europe to go touring from because everything is so close, whether France or the Bavarian Alps or the rest of Germany."

But the demands of work quickly began to crowd out family life, Smith said.

Two years after the end of Operation Desert Storm, Landstuhl was designated as the trauma center for all U.S. military forces in Europe, including troops deployed outside Europe to crisis areas such as Somalia, Bosnia and Kosovo. It is open 24 hours a day, seven days a week.

Under Army policies, Smith's emergency room was supposed to have at least seven full-time certified ER physicians. But during the summer of his arrival at Landstuhl, the number dropped to four when departing physicians were not replaced.

The situation was unchanged 10 months later when, in May 1994, Lt. Col. David Gillingham arrived at Landstuhl as the new chief of ambulatory care and Smith's immediate superior.

Brief Rapport

"I thought we would get along fine," said Smith, who was assigned to be Gillingham's sponsor to help with his processing and moving needs. "I picked him up at the airport and introduced him to the community."

The cordiality lasted only one week.

Smith said Gillingham rejected his request for additional ER staffing even after being told the physicians were being forced to work 50-60 hours per week. Smith himself was forced to work 60-70 hours a week to cover both ER shifts and his administrative duties.

At a meeting to discuss the ER staffing shortage, Gillingham's reaction stunned and angered Smith.

"Gillingham presided over the meeting and ordered me 'to work the ER doctors into the ground,'" Smith recalled. He quoted Gillingham as saying of the young doctors, "They are cannon fodder and have to pay back [for] their training." The stress took a toll on everyone working in the emergency room, including Smith.

Smith, who has battled clinical depression for most of his life, said at one point he was hospitalized for nervous exhaustion. "I don't dispute the fact that I became depressed as a result of the situation," he said.

In July of that year, the number of available ER physicians fell from four to three after a junior physician suffered a nervous breakdown, Smith said. Landstuhl officials temporarily eased the situation by rotating other doctors into the ER for several months.

Smith's senior non-commissioned officer at Landstuhl, now-retired Sgt. 1st Class Stanley Gaines, said in an interview last year that hospital commanders refused to take steps to find qualified physicians for the emergency room. He also said they attempted to pressure doctors to minimize medical care to non-military patients.

"We didn't have the amount of staff to adequately take care of our patients," said Gaines, who now lives in Tyler, Texas. "I don't know the real reason, but we weren't getting supported and people didn't care."

By mid-1994, Landstuhl was treating more than 23,000 emergency cases a year-an average of 63 per day-but receiving administrative credit for less than half that number, Smith said.

Smith accused his supervisor Gillingham, who also ran the hospital's family clinic, of diverting budget money and staffing positions from the emergency room by falsely claiming that more than 11,000 of the ER cases had actually been treated at the family clinic. Smith said this enabled Gillingham to obtain money and staffing support his facility otherwise would not have received.

That winter, Smith tried repeatedly to obtain support from his commanders to prevent another ER staffing crisis in the summer months when many physicians on temporary assignment to Landstuhl normally returned to their home bases. Smith said he was promised in February 1995 that the number of certified ER physicians would be kept at a minimum of five-still two below the Army minimum of seven.

Confronting His Superiors

In May and June 1995, two events occurred at Landstuhl that set Smith on a course of confrontation with his senior officers.

On May 8, Smith reported that the beeper system for contacting on-call ER doctors had failed the day before at a time the emergency room experienced several major trauma cases.

"We couldn't call in the specialists we needed to save lives," Smith said. "In the spring, Germany is a beautiful place, and the specialists are going to be out...depending on their beepers if there is an emergency."

Smith requested an immediate replacement of the system. His bosses did not respond.

Less than a month later, while on duty as an ER physician, Gillingham treated a 17-year-old civilian, the son of an Army contract employee, who had suffered a head injury, Smith said.

Smith and Gaines say Gillingham sent the boy home with a written diagnosis of abrasions even though the youth had sustained prolonged loss of consciousness, had a severe headache and had no memory of the event-symptoms of a serious injury.

The next day, the youth was rushed back to Smith's emergency room in a coma.

Smith says the emergency room beeper system failed again and the on-call neurosurgeon could not be located. In desperation, staff members rushed the unconscious youth to another medical facility about 50 miles away for emergency brain surgery.

The teen-ager suffered permanent brain damage as a result of the incident, according to the Hilton Head Island, S.C., Packet, his hometown newspaper.

Malpractice Claim

According to a 1999 account in the newspaper, the boy's family filed a \$7.5 million claim against the Army, alleging malpractice. The Army judge advocate general's office ruled that the hospital had not acted improperly. The Army has final review of claims filed against the service's overseas facilities.

After the office of Sen. Strom Thurmond, R-S.C., intervened, the family was offered a settlement, a spokeswoman for Thurmond said. Details of the settlement were not released and Thurmond's office declined comment last week.

Back in Germany, things continued to get worse for Smith and his emergency room staff. In September 1995, NATO carried out a fierce air campaign in Bosnia that paved the way for the deployment of 40,000 U.S. and NATO troops into the former Yugoslavia province. Landstuhl was earmarked to handle any seriously injured peacekeepers. In a memo to Col. Kevin Kiley, then commander of Landstuhl, Smith said U.S. casualties would overwhelm his emergency room.

The dispute between Smith and his staff on one side, and higher-ups at Landstuhl on the other, continued to simmer. On Feb. 12, 1996, Smith formally submitted his complaint to the local inspector general at Landstuhl accusing Kiley of tolerating violations of standards established by the Joint Commission on Accreditation of Healthcare Organizations. The independent commission evaluates both civilian and military hospitals for correct standards of practice and administration.

Smith's complaint charged that Landstuhl officials were endangering patients by purposely understaffing the emergency room and that his requests for additional doctors were repeatedly ignored.

Two hours later, Kiley stripped Smith of his medical credentials and ordered his immediate transfer to Madigan. Smith said different officials at Landstuhl told him different things. At first, he believed he would remain at Madigan for a brief medical checkup before returning to Germany. Other Landstuhl officials indicated Kiley had ordered a permanent transfer.

"The paperwork was pretty confusing, as well," Smith said.

One assistant to Smith said the transfer was a reprisal.

"It was done very viciously," said Gaines, the senior sergeant in Smith's emergency room. "He [Smith] wasn't being supported by his superiors and made some calls they didn't like, so they struck out at him instead of solving the problem."

Smith packed his bags.

Incarcerated at Madigan

Twelve days after the confrontation with Kiley, Smith arrived for duty at Madigan on Feb. 24, 1996, expecting to be temporarily assigned to the hospital staff.

To his shock, Smith was locked up in the hospital psychiatric wing.

"They handed me the pajamas that patients wear who are not allowed out, and they told me I had to hand over all of my possessions except for my uniform," Smith recounted. "I was stunned."

In a subsequent complaint to the Pentagon inspector general, Smith produced records from his trip from Germany to Madigan that show he stopped at Army Medical Command offices in Washington, D.C., to meet with officials on routine business. He said there was no indication on his travel orders that he was to be placed under medical supervision or restraint.

Smith was released from the Madigan psychiatric unit after three weeks, and was surprised when Madigan's officials invited him to join the ER staff there. He had his medical credentials restored in full after several weeks. "It was as if the whole episode had not even happened," Smith said.

Smith said the incarceration violated numerous Army regulations because there was neither a formal hearing nor any written orders committing him to the secure ward. He believes Kiley made a telephone call to Madigan officials that led to his incarceration.

Madigan officials have declined comment on any specifics of Smith's complaints, including the hospitalization, insisting that no patients are locked up without due process.

More Reprisals

But when Smith continued in the following months to press for Army and Pentagon investigations into Landstuhl, he said, Madigan officials began engaging in reprisals against him.

Smith said that in 1997 his medical credentials were restricted—he was allowed only to perform routine procedures under direct supervision of another doctor—after officials learned that the independent newspaper Army Times was investigating his case. And in September 1998, during a visit to Madigan by Dr. Sue Bailey, assistant secretary of defense for health affairs, Smith said he was forcibly detained by a security guard and dragged from the area when he approached Bailey, an acquaintance from medical school.

Smith filed a criminal complaint with the Fort Lewis criminal investigative detachment as a result of the dragging incident. Several weeks later, he said, Brig. Gen. Mack Hill, then-commander of Madigan Army Medical Center, again restricted his medical practice rights. Hill, like other Army officials, declined to comment when contacted by a reporter last December.

Smith remained in limbo for more than a year until a credentials committee at Madigan last February voted to restore his credentials. Smith said he refused to accept the decision for five months, however, while attempting to have what he says are false and erroneous materials removed from his personnel file.

A Partial Vindication

The Army, citing the privileged nature of most of the material involved, including Smith's own medical records, has declined to comment on the case since it first became public knowledge last year.

An investigation into Smith's original complaint filed with the local Army inspector general at Landstuhl and a review of working conditions there by the Army's European Medical Command found no evidence to support his allegations, officials said.

But a subsequent review during 1998-99 by Col. Joseph Smith, an Army Medical Command headquarters inspector, did confirm Smith's allegations of poor leadership by his immediate superiors that led to "a variety of problems" in the Landstuhl emergency room, a Pentagon report later stated.

"The inspecting officer concluded that two supervisory physicians [Gillingham and a second Army officer, according to Smith] were responsible for these problems and recommended that they be issued letters of reprimand," the DoD Inspector General report noted. The Army, however, declined to take that action, arguing that the evidence "does not support" such punishment, even though the European Regional Medical Command admitted that serious problems had indeed existed in the Landstuhl emergency department.

Such victories were small comfort to Smith. The stresses of his ordeal placed tremendous pressure on his

family life, he said. At one point last year, Smith took his family therapist's suggestion and temporarily moved out of his home.

Deeply in debt from legal expenses, Smith said the only temporary housing he could afford was a tent staked at a campsite at North Fort Lewis, where he lived for six months until he could afford an apartment.

When Hill retired as Madigan commander last month, relief appeared in the form of Col. Tony Carter, who is serving as interim commander until October.

Smith said he was relieved when Carter approached him and offered him the chance to return to his duties full-time without fear of further reprisals.

"He claimed not to have seen my credentials records and claimed not to care about my credentials records," said Smith, referring to the inaccurate materials he is still attempting to have removed.

Mike Gaffney, a prominent Washington, D.C., attorney who has worked with Smith since 1997 and has been involved with several other major military whistleblower cases in the past decade, said Smith's ordeal reflects a "fairly serious" breakdown in military discipline.

"The restoration of his credentials constitutes a victory over those who sought to retaliate against him for his whistle-blowing," Gaffney said Aug. 9.

Return to Duty

On July 11, Smith agreed to Carter's invitation, formally accepted his medical privileges and returned to Madigan nine days later.

Carter, the interim Madigan commander, said in a brief interview that the incident has been "quite an experience" for Smith, the hospital staff and the Army, but added that he is glad that Smith has returned to full-time medical duty.

"The process seems to be going well and he seems happy," Carter said.

Smith has requested early retirement from the Army so that he can resume his medical career in the private sector, but is resigned to the possibility that it will be denied.

"I have three more years on active duty before I reach 20 years," Smith said this week. "Maybe they will leave me alone for three years."

Two of the three Army officials Smith accuses of improper actions at Landstuhl remain on active duty, including Kiley, the former Landstuhl commander. He is a two-star general serving as commanding general and commandant of the U.S. Army Medical Department Center and School at Fort Sam Houston, Texas.

Gillingham, Smith's direct superior at Landstuhl, recently finished a one-year tour at the U.S. Army War College in Carlisle, Pa. He could not be reached for comment.

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END OF STATEMENT 20070501 1300 HOURS PACIFIC TIME

My name and biosketch (summary) may be posted on VAWBC: = Yes

General Agreement = VAWBC shall remain completely Non-Partisan. While members have their own political outlooks, views, activities, and parties of choice, our focus must remain on the issues concerning VA whistleblowers. Therefore, inappropriate personal views will not be expressed or voiced during activities carried out by VAWBC (Congressional meetings, Press Conferences, Group Meetings & Forums, etc.).

Members shall refrain from using the VAWBC umbrella to further their own cases. While each individual member has his or her congressional relationship and activities related to his or her case, issue, activity; a member cannot pursue his or her personal case/activity/issue with the Congress, by using the VAWBC name or on behalf of VAWBC. One designated person shall review and approve official contacts with the media that are solely regarding VAWBC matters. While we may issue 'Action Alerts,' 'Fax Campaigns,' 'Petitions' for a certain cause/event/issue and ask members to sign, call, and/or contact a target congressional office or target media outlet, all networking and communication with Congress, other organizations, the media, and other members will be carried out centrally, through VAWBC officers or spokespersons).

VAWBC will set macro-level objectives and create mission statements. These objectives are dynamic and may expand and evolve, but changes to policy and goals will be implemented only after all members have been notified and after there is general discussion and agreement on new or expanded objectives.

VAWBC will currently include only whistleblowers from Veterans Administration agencies dealing directly or indirectly with patient care; those from these agencies who have come forward on issues that deal with government waste, fraud, abuse, and criminal activities that have or could have a negative impact on patient safety. Those who have come forward on issues mentioned above after they have left the agency in question or after they have retired will be considered. Auxillary memberships will be considered for any United States Veteran or veterans organizations.

Since VAWBC is focused on the particular issues mentioned above, and as its name suggests, at this time VAWBC is unable to accept and represent other types of federal government whistleblowers. Our first goal is legislative action and it must be the priority. While VAWBC will try to help its members by providing contact information for press, legal entities, and other government watchdog organizations on issues related to each individual's case, this is not VAWBC's primary purpose. A more formalized organization may occur as needed. As this coalition expands, members become familiar with each other, and others volunteer to take on some of these tasks and spend the necessary time fulfilling some of this work, VAWBC will create several positions for these individuals and their positions will be listed. VAWBC will keep contact information of its members confidential.

If a member decides to share his or her contact information with others, VAWBC will not be responsible for any resulting consequences. VAWBC will forward any press or congressional request for a specific member directly to him/her, and let the member decide what to do with that request.

By accepting below, I signify my agreement with the foregoing common rules/objectives set forth in this VAWBC-General Agreement. I agree to respect and honor all provisions of this general agreement. I acknowledge that by becoming a member of this coalition and by participating in any of its activities, I do so

in a completely voluntary manner on my part, and that either I or VAWBC may withdraw from this mutual agreement and coalition with each other at any time, for any reason without recourse or liability on either party.

Agreement_Accepted = Yes

Xsubmit = Submit Query

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[IP: [207.200.116.68](#)]
