

UNITED STATES DEPARTMENT OF DEFENSE

DEFENSE HEALTH BOARD

TASK FORCE ON MENTAL HEALTH DAY

Tacoma, Washington

Tuesday, January 23, 2007

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1 PROCEEDINGS

2 LTG KILEY: Welcome to this session of
3 the DoD Task Force on Mental Health. For those of
4 you that were not here yesterday, this is a
5 congressionally-mandate Task Force asked to look
6 into the current military healthcare system. The
7 overall intent of our meeting here today is to
8 gain insight into that system and ultimately
9 provide Congress with recommendations for areas of
10 improvement, but also to acknowledge areas that
11 are flourishing.

12 Today's open session of the task force
13 is here to receive testimony from the public
14 regarding the military healthcare system. For
15 those of you in the audience who were not here
16 yesterday, I'm going to ask everyone at the table
17 to reintroduce themselves. We'll start with
18 Aaron.

19 (Introductions)

20 GEN KILEY: Thank you. Dr. Burke, do
21 you have any administrative announcements?

22 DR. BURKE: Yes. Thank you, General

1 Kiley. Good afternoon, ladies and gentlemen and
2 welcome. Would you please sign the attendance
3 roster on that table outside, if you have not done
4 so already?

5 We will be transcribing this open
6 session, so please use the microphones when
7 speaking, and clearly state your name. The
8 transcripts will be published on the task force's
9 website on the internet within 90 days of this
10 meeting.

11 We would also like to ask you to be
12 considerate of each other and to allow those who
13 are speaking courtesy and respect. Restrooms are
14 located across the hall and for any administrative
15 needs, please see Ms. Bennett outside the main
16 door or Ms. Farrell for audio/visual needs. Thank
17 you, General Kiley.

18 LTG KILEY: Thank you Dr. Burke. Ms.
19 Ellen Embry, the designated federal official for
20 the task force parent federal advisory committee,
21 the Defense Health Board, had an unavoidable
22 conflict and will not be able to attend this

1 meeting. In her absence, she has appointed
2 Colonel Jeffrey Davies, the Army Surgeon General
3 Executive Officer, as the alternate designated
4 federal official. Colonel Davies, would you like
5 to call this open session of the task force to
6 order?

7 COL DAVIES: Thank you, General Kiley.
8 As the acting federal designated official for the
9 Defense Health Board, a scientific advisory
10 committee to the Secretary of Defense, which
11 serves as a continuing scientific advisory body to
12 the Assistant Secretary of Defense for Health
13 Affairs and the Surgeon Generals of the military
14 departments, I hereby call this meeting to order.

15 LTG KILEY: Dr. MacDermid.

16 DR. MacDERMID: We want to thank you all
17 for being here today. We appreciate you taking
18 time to be here and we appreciate your interest in
19 the work of the task force. This part of the
20 meeting is an open public forum for the purposes
21 of receiving testimony. We are interested in your
22 perspective and experiences. You will find that

1 we are fans of mental health care, and also eager
2 learners. So we're anxious to hear what you have
3 to tell us.

4 We're more than happy to listen to you
5 and we'll answer any questions that you might have
6 that we can. We would ask that you keep your
7 remarks to about 10 minutes so that everyone can
8 be heard. And then, of course, as Dr. Burke said,
9 you use the microphone and clearly state your
10 name. So with that, I will turn it over to you
11 and whoever would like to speak.

12 MS. LEFEVER: Good afternoon.

13 DR. MacDERMID: Good afternoon.

14 MS. LEFEVER: Thank you for the
15 opportunity to speak on behalf of my son, retired
16 Specialist Rory Alexander Dunn. My name is
17 Cynthia Lefever. I am Rory's mom and advocate. I
18 have brought some things. I want a face on what I
19 have to say today. So please look at the before
20 and after. We have a happy ending to our story,
21 but I really want to impress on the task force
22 today that we have struggled for the past two and

1 a half years on our own, basically, to get Rory
2 where he's at today.

3 On May 26th of 2004, on my son's 22nd
4 birthday, he was on escort duty on a mission
5 outside of Fallujah. His Humvee was hit with an
6 IED. Rory's skull was crushed from ear to ear.
7 His frontal skull -- his right eye orbit was
8 destroyed. His eyes were blown out of his head.
9 He was deafened in both ears. He sustained nerve
10 damage and other assorted injuries. Rory's best
11 friend died laying next to him on the med evac to
12 Baghdad CASH Hospital.

13 When Rory arrived there, he was set
14 aside in triage to die on his twenty-second
15 birthday. His wounds were so grievous that the
16 initial triage said, there's nothing we can do for
17 this boy. In the meantime, I'm at home getting
18 the call from his captain and very little
19 information available; I was flown to Landstuhl to
20 await my son. I didn't notice that my travel
21 orders said "imminent death." I would have
22 probably not made it on that flight or made it

1 very well.

2 Rory was taken into surgery. There were
3 only two casualties. Dr. Jeffrey Pasenbarger (?)
4 came to take a look at Rory and said, I will
5 allocate X amount of clotting factor. When it's
6 used up, we have to stop surgery, because we don't
7 know how many service members are going to be
8 coming in shortly. They proceeded to clean out
9 Rory's brain of debris and dirt and blood and
10 shrapnel and the blood of his buddies.

11 Rory was trained very well. He was in
12 the best physical shape of his life, and he was
13 trained so well that with no eyes or hearing and
14 with massive head wounds, he got himself out of
15 the Humvee that day on his own power with his
16 weapon and stood down to secure the perimeter.
17 Now mind you, my son's eyes were hanging out of
18 the socket and he was looking for his buddies and
19 asking for help and it took three men and a medic
20 to get him on the stretcher.

21 Rory made it through the surgery and
22 fortuitously they did not take his left eye, as he

1 later received a corneal transplant, a hearing aid
2 in one ear. Today he is walking, talking,
3 cognitively back 100 percent. That bomb was not
4 able to blast out his sense of humor or his
5 "smart-assedness." He is back, but it was a
6 traumatic brain injury and the overlap of PTSD
7 today has been significant. So you'll see the
8 smiling faces in these pictures and the happy
9 faces. He's resumed hunting and fishing and
10 golfing. He's relearned to shoot left handed, and
11 he is bound and determined to go to college and
12 get a degree and continue to make a difference in
13 the life of other veterans.

14 Now, what we experienced that I'd like
15 to talk to about at Walter Reed is that within
16 days of Rory coming out of his coma, he was in a
17 coma for five weeks; a Colonel arrived in Rory's
18 room in Ward 58 to start med board proceedings.
19 Rory had no forehead, no eyesight and did not even
20 have a hearing aid yet. He was in a wheelchair;
21 he couldn't stand on his own power. I had to
22 physically get in between Rory and the Colonel and

1 say that my son was not going to sign anything
2 that day. And there were repeated efforts for the
3 10 months that we stayed at Walter Reed to
4 discharge my son from the Army.

5 We had to go to the highest level of our
6 government and advocacy; our Senator Patty Murray,
7 our Vice Chief of Staff, Richard Cody, Paul
8 Wolfowitz, to keep my son in the Army. Now, I
9 believe that every soldier with their own story
10 has a right to reclaim their pre- injury identity,
11 and when families are struggling to deal with
12 administrative issues, I think our priorities are
13 just -- they're out of whack.

14 I mean, the mission was to get Rory off
15 the books; it was very clear. I am now currently
16 involved with six different organizations,
17 including the Army's family action plan and the
18 Wounded Warrior's program. Consistently our issue
19 papers have been voted number one at these
20 delegations and have been handed off to top
21 leadership. And yet as I continue working with
22 veteran's organizations and non-profit and

1 continue dialoguing with the Army's family action
2 plan and the Wounded Warrior program, attending
3 TBI summits, I continue to hear these kinds of
4 stories; discharging soldiers before they receive
5 optimum care. The hassles that families endure
6 with the administrative issues, it impacts them,
7 their ability to deal with their loved ones.

8 We should be providing training and
9 education, not only to the soldier and the
10 families, but right down to the receptionist at
11 Walter Reed on how to act and react and deal with
12 traumatic brain injury and PTSD. We need to be
13 preparing our communities and our families with
14 education. And there are a lot of things you can
15 do right now without pilot programs and a fancy
16 database. That's all great. Collect your data.
17 But you have problems right now with soldiers that
18 are missing the window of opportunity to regain
19 their lost capacity and capability.

20 Now, I have a leg up on a lot of parents
21 and spouses because of my background in education
22 and adult education, so I had a pretty good idea

1 what I thought Rory needed, but to have to
2 struggle and go outside the medical center and
3 outside the military to get help, no parent or
4 spouse should have to do that when their loved one
5 has suffered traumatic brain injury or the overlap
6 of PTSD. So I think we need to get our priorities
7 straight here and we should be spending money, not
8 trying to save money. I'm really disturbed that I
9 heard this morning that our case managers, funding
10 has been cut. This is what was a huge issue at
11 both delegations; that we need more and better
12 case management and better education.

13 So, again, we know that our front lines
14 are our young men and women 18 to 23,
15 undereducated, low income, large Hispanic and
16 Black American populations. There's language
17 barriers, there's educational barriers to these
18 families. When a family comes in and needs
19 information about their loved one and they can't
20 dialogue with you, they can't have questions or
21 there's a language barrier, these are things right
22 now that you should be addressing.

1 Now, some of the organizations that
2 we've been dealing with, they are taking action
3 right now. My son, for the first time after two
4 and a half years, opened up about his experiences
5 in Iraq, having to shoot people, finding tortured
6 soldiers, women and children civilians dying at an
7 outside organization. Nobody reached out to us;
8 they tried to get rid of us. And understandably,
9 I have some hard feelings, but I am willing to
10 continue to work on behalf of our veterans and our
11 service members to do a better job. And I will
12 help in any way I can, but let's get real here.

13 We need to do a better job. I have some
14 documentation that I'd like to leave. I will make
15 sure it gets on the website. Lots of other
16 stories to tell you, things that happened to Rory
17 at the Richmond facility for rehabilitation. I am
18 going stop now so that someone else may speak, but
19 there are things you can do right now. One is to
20 stop discharging soldiers before they receive
21 optimum treatment, and allow family members to
22 understand the injury and let's get them educated

1 right down to the receptionist. So thank you very
2 much. I appreciate this.

3 Again, your willingness to listen to
4 what I have to say and I just hope that we're
5 going to start to see some action, because we're
6 the ones out there and I am seeing repeatedly,
7 families experiencing similar things that are not
8 helping their mental health. It's destroying it.
9 Thank you very much.

10 DR. MacDERMID: Thank you very much,
11 ma'am. Hold there for just a sec. Let's see if
12 anybody has any questions.

13 LCDR WERBEL: I do. Ma'am, thank you so
14 much for sharing your story and Rory's story. I
15 wonder if you would be able to go into a couple of
16 specifics even of what you needed that you had to
17 search outside the military system to get. What
18 kind of assistance you were looking for that you
19 got somewhere else, because it wasn't available to
20 you?

21 MS. LEFEVER: Okay. Well, the first
22 thing, right away, as a I said, within days of

1 Rory coming out of the coma, there were military
2 individuals there starting the med board. I
3 didn't know a med board from, you know. I had no
4 idea what they were talking about. So this is an
5 issue, again, that's come up with the delegation
6 at the Wounded Warrior program and the Army family
7 action plan, educating the individuals, rather
8 than just saying we're the military, sign on the
9 dotted line. We need education, we need to
10 understand that.

11 Also, recently at the Army family action
12 plan, I was able to ask the question, why are we
13 still discharging soldiers before they receive
14 optimum care? I was told that there needed to be
15 a review of the definition of optimum care. I'm
16 sorry, that's just not good enough. We don't have
17 time for dialogue and discussions. We have
18 soldiers that are in beds that are losing that
19 window of opportunity.

20 So I would have liked to understand, at
21 an appropriate time, when my son was out of acute
22 care, when it was clear that he was going to

1 survive, to sit down with appropriate individuals
2 and also to have advocates available for us to
3 help us understand. I didn't know anything about
4 the service organizations. I was being told that
5 if Rory was retired, his benefits would be much
6 better. And I didn't care about his benefits. I
7 cared about his mind, his physical abilities and
8 his ability to resume down the road. If it wasn't
9 for me pestering and badgering and challenging my
10 son to get out of bed, get dressed, put on his
11 socks, brush his teeth, play poker, add up numbers
12 in his head -- I was the one that threw his
13 wheelchair away.

14 Where was his case manager? Where were
15 the social workers? They didn't do their job.
16 They were understaffed, underpaid, untrained, or
17 under trained. I'm a civilian; I'm my son's
18 mother. So we need better case management, we
19 need more case managers, social workers. We need
20 the information up front in an understandable
21 modality that any level of education or culture
22 can understand and have the ability to ask

1 questions.

2 I want the military to reach out to me

3 and to my son. I don't want to have to be the one

4 to go to your library and look up optimum

5 treatment and due process for my son. I want you

6 to be open and honest and give me the information

7 that we need to take care of our loved one. I'm

8 perfectly willing to cooperate and work with the

9 military. I want what's best for my son. And

10 when he hears the Army say that no soldier will be

11 left behind, it will set him off and it makes me

12 angry, because there is no doubt that the mission

13 was to get him off the books. And I wasn't

14 willing to see him go into a VA geriatric system

15 of nursing and maintenance, where they're willing

16 to change his diaper, but I want them to teach him

17 how to get out of the bed and go to the toilet.

18 That's what I want for him and every

19 soldier deserves that, to come back. So we need

20 your attention and information right up front in

21 an open, honest way, and we want you to reach out

22 to us and check on us and make sure we're okay.

1 Doing the same thing right now with the VA. After
2 two years, we finally found out who Rory's case
3 manager is. Now we're working together quite
4 well, but why did it take that long, a year after
5 his discharge, for us to be contacted, for us to
6 understand the difference between VA benefits, the
7 VA healthcare system.

8 I mean, I'm an educated person, really
9 organized. I can decipher information, but if I
10 don't know where it's at, or what my son's rights
11 are, it doesn't do me a lot of good. So those are
12 the things that we want you to do. It's pretty
13 straightforward. I think it's great you're
14 developing research and databases to track
15 information and do a better job down the road, but
16 we need you to get on the ball right now. Again,
17 thank you.

18 LCDR WERBEL: Thank you.

19 DR. MacDERMID: Thank you, ma'am. Also,
20 you don't need to do anything more to get that
21 information distributed to the members of the task
22 than to give it to one of our staff members who

1 are in the back and they'll make sure that that
2 happens.

3 LTG KILEY: Can I ask a question before
4 you leave? Thanks very much for your comments.
5 And having listened to the wounded warrior
6 seminar, you've got some company, unfortunately
7 that I think the military healthcare systems are
8 taking on. But you mentioned a couple of times
9 PTSD. This is the mental health task force.
10 There is a traumatic brain injury task force that
11 stood up, by the way.

12 I guess my question to you is: Could
13 you talk to us a little bit more about the
14 diagnosis of PTSD for Rory and how he's doing with
15 that and what resources you accessed, or what the
16 military or the VA may or may not have done for
17 you in that regard?

18 MS. LEFEVER: I'd be happy to do that.
19 As I said initially, we were told to prepare
20 ourselves that Rory was not going to survive,
21 repeatedly. And then that he was not going to
22 come out of the coma. Then that if he woke up,

1 there would be nothing there. I knew that Rory
2 was there because he was responding slowly as he
3 started emerging, to my voice. And we could see
4 the physiological, you know, the blood pressure,
5 the heart rate, the whole thing. One of the
6 things that the doctors kept telling us was they
7 needed to see purposeful communication. When
8 they're trying to give him a rectal bag and he's
9 doing a (off mike), that's pretty much purposeful
10 communications and he's aware. He's awake and
11 he's aware.

12 Now, I have the highest respect and I am
13 eternally grateful for the exceptional medical
14 care that Rory received on Ward 58, in intensive
15 care, NICU and so on. Those individuals that were
16 dealing with his traumatic brain injury, they were
17 wonderful and they knew what to do. They know how
18 to act, how to react, how to treat him. My
19 problem was that I knew that Rory's brain, like
20 any muscle, would atrophy if he didn't exercise
21 it. It took three weeks to gather his team of
22 doctors to talk about a plan for Rory. To me

1 that's just unacceptable, because that's three
2 weeks he's laying in bed and I'm the one 24/7
3 pestering him and bothering him, giving him tapes,
4 knowing not to over stimulate, but let's do this
5 today, let's try this today. Three weeks is a
6 long time for his physicians and therapists,
7 nurses to get together and let's make a plan. I
8 wanted him in a rehab center as soon as possible.
9 It was my understanding he was going to receive a
10 structured program of occupational therapy,
11 physical therapy, speech therapy and so on and so
12 on. Here's the documentation of what happened to
13 Rory there.

14 Rory was kept in a vail bed. He
15 couldn't get out of the vail bed. He started to
16 self-advocate. I'm a man. I'm not an animal that
17 needs to be kept in a cage. Because they were
18 understaffed and in some cases didn't really care
19 what Rory needed, Rory had to wet the bed. Can
20 you imagine to his dignity now, he's now able to
21 get out of his wheelchair and walk to the
22 bathroom, he knows how to use a urinal, and he had

1 to wet the bed because nobody would come for over
2 14 hours to let him out of his cage.

3 When they finally came and, you know,
4 the story was that he's TBI, he doesn't know what
5 he's talking about. Well, the evidence was there
6 that it happened. His nurse made my son sit naked
7 on a metal chair while she changed his bed. So we
8 get there and I have to turn around and fight to
9 get him the hell out of there and back where he
10 will be treated with dignity and respect and be
11 treated as a man. It was disgusting. There was
12 an investigation. I understand that there was
13 reassignments and reorganization, but not six
14 months ago I talked to families that experienced
15 very similar situations at the Richmond facility.

16 I spoke directly to the new medical
17 director, and he said, I want to apologize to you
18 about what happened to Rory. And I said, well,
19 why don't you apologize to Rory. Here's his phone
20 number; here's his address. Haven't heard from
21 him, nothing. Those are the kinds of things
22 besides the red tape and the bureaucracy. I don't

1 have a traumatic brain injury and it drives me
2 nuts. So Rory, right now, even though he's
3 hunting and fishing and golfing, he is very
4 hypervigilant, he is afraid of new situations,
5 public transportation.

6 He can't drive yet, even though he
7 received a hard contact on his corneal transplant
8 and has peripheral vision, he really doesn't even
9 have the confidence to do it. He's telling us, I
10 really can't afford it, but it's hypervigilance.
11 He's very easily still agitated. I mean, he has
12 come a long way. His language, his ability to
13 deal with stress, it's just been amazing. His
14 sense of humor. The way he deals with situations,
15 he has come so far, but it's not through
16 therapists or the VA or anything else.

17 It's been his family and it's been
18 veteran's organizations that have reached out to
19 him. Those are the kinds of things we
20 experienced. I could go on and on, but let's not.

21 LTG KILEY: Thank you, very much.

22 MS. LEFEVER: Thank you.

1 MR. WILSON: Hello. My name is Mark
2 Wilson. I'm interested, and I don't know if you
3 can help me through the chaplaincy, how do they
4 get involved with mental health aspects? Can you
5 answer that question for me?

6 LTG KILEY: I'm not sure what the
7 question is.

8 MR. WILSON: Well, through the church,
9 through the church and chaplaincy, are they
10 working with people or is it only through mental
11 health?

12 COL ORMAN: Let me try to take a stab at
13 your question and then we may need to clarify it
14 specifically what you're interested in.

15 MR. WILSON: PTSD for instance.

16 COL ORMAN: The chaplaincy -- there's a
17 chaplaincy corps in the Army and all the other
18 services. There's a fair number of chaplains that
19 are assigned down to the battalion level. They
20 very much are partners, if you will, in the mental
21 health system that the Army and the other services
22 have and to some degree there's a fair amount of

1 cross-talk association between the mental health
2 system and the chaplaincy. They generally don't
3 have a lot to do with rehab issues, et cetera.
4 They're more kind of on the front end because
5 they're embedded in our battalions with helping us
6 to identify soldiers, sailors, airmen, Marines
7 that need assistance.

8 MR. WILSON: I would like to put myself
9 out there. Let's say I've gained some knowledge
10 that even other people don't know, let's say. Is
11 there a way for somebody to -- I know President
12 Bush with his faith-based counseling and that he's
13 very interested in that. Is there a way to -- how
14 would I get plugged in to the chaplaincy to maybe
15 further this up the chain?

16 COL ORMAN: Actually, if you'll look up
17 there, sir. If you have access to the web, you
18 can convey whatever it is you would like to get to
19 the chaplaincy and we'd be happy to try to make
20 sure that happens for you.

21 MR. WILSON: All right.

22 COL ORMAN: Would that work for you?

1 MR. WILSON: I think it will.
2 COL ORMAN: Okay.
3 MR. WILSON: Thank you.
4 COL ORMAN: Appreciate it.
5 DR. MacDERMID: Let me just point out
6 too that there isn't a chaplain on the task force
7 because of the specific rules about how the task
8 force was to be constructed and appointed. But
9 members of the task force are making visits to 35
10 installations around the world to talk with
11 military service providers and families, and at
12 every one of those visits we're trying to talk to
13 chaplains about their involvement in the mental
14 health system.

15 MR. ADAMS: Good afternoon. My name is
16 Command Sergeant Major, retired, Thomas Adams. I
17 was the Stryker brigade Sergeant Major 2004 to
18 2005. I'm the only guy in the United States Army
19 that's been in all the Stryker brigades.

20 PTSD is what I want to talk about today,
21 for all my soldiers, myself, but I'd like to focus
22 it on PTSD. I'm also here with my Ranger buddy

1 and winner of four purple hearts, Creed McCaslin.
2 My doc is also here, Dana Myers. You're sort of
3 getting the total package here today. One, a
4 Sergeant Major who's not afraid to talk about
5 things, especially PTSD, which I do have and have
6 it severe, but I also had the privilege and the
7 honor of taking 4,000 warriors into battle into
8 Fallujah and into Mosul.

9 I lost 45 great warriors and 632
10 injured. Just countless. In two months I've lost
11 496 Iraqis and we just forgot to count any
12 further. I think I have a little bit to offer.
13 What I'd like to -- sort of framework what I have
14 to tell you about.

15 One, some of the things that the Stryker
16 brigade, and for those of you that do not know,
17 the Stryker brigade is technologically advanced
18 unit, the best on the planet. We take our job
19 very seriously; we did what the Army wanted us to
20 do. That was, go into a bad place and make it
21 good. With that said, you come away with a lot of
22 problems. Those problems are what I want to

1 articulate today. I'm honored to have everybody
2 here, and Natalie my good friend. But they're all
3 here, and it's going to be tough to tell you some
4 of these things. Dr. Myers and I have talked,
5 it's going to mean a great deal to me to get some
6 of these off my chest.

7 But I'd like to -- it's going to be --
8 to keep it in 10 minutes, I'll go as quick as I
9 can. There's a lot of thoughts. You didn't want
10 a PowerPoint presentation, which I'm much more
11 comfortable doing, so you're going to have to grin
12 and bear it a little bit.

13 Sort of what we did, what I think we
14 could have done better as a Stryker brigade, and,
15 again, that's the tip of the spear. There was
16 nobody with better training or more training than
17 my unit as we went into combat. Nobody. Then the
18 needed changes that I think this board should
19 take, and I want you to take away, at least from
20 us.

21 First thing I'd like to say is what
22 combat is nowadays. When I took these young

1 warriors, these guys and gals into combat, we were
2 in a city much like our Marine counterparts as
3 they took down Fallujah. A city is absolutely a
4 ruthless area. Around every door, through every
5 hallway and stairwell is trouble. Taking down 300
6 buildings in a day, really, really adds to the
7 psychological pain of our great warriors. I'll
8 come back to that in a minute.

9 I think what we have to do -- at least,
10 I thought I was cutting edge on some things, and
11 I'll explain them here, we have to look at this as
12 leaders as we do a pretty good job with
13 maintenance from the neck down. We do not do a
14 good job maintenance from the neck up. There's
15 all these stereotypes and I tried to break some of
16 those stereotypes. We got through some of them
17 and some of them we did not. You must lead by
18 example.

19 As the Command Sergeant Major, I was
20 fortunate enough and honored enough to be the most
21 trusted guy in that brigade out of the command
22 team, and I was nominated to talk to all my

1 soldiers about PTSD with the brigade surgeon, the
2 corps surgeon at Ft. Lewis. We interacted and we
3 came up with a plan and I'll come back with how
4 successful and things that we did with that and
5 things that I could have done better. But it has
6 to be, not just check the block lead by example.

7 The hardest thing I did in my life was
8 to go down to Kuwait as every one of my great
9 warriors were leaving and talk to each battalion
10 before they got on the plane about what you saw
11 wasn't normal. When you go to a scene and you see
12 12 dead Iraqis, 2 dead children, 3 to 8 dead
13 American soldiers, countless wounded, that's not
14 normal, but it happens every single day to some of
15 our great warriors. Some of the Marine and Army
16 units are seeing this every single day. We kill
17 or capture -- we killed 550 human beings, captured
18 3,050.

19 This is a constant thing and I want the
20 board to realize that there are a lot of units,
21 Marine and Army units that are seeing extensive
22 combat operation, not ever seen since the Vietnam

1 era, and we have to be prepared because when these
2 great warriors come home -- just as an example,
3 737 of my great warriors, the moment they came
4 home, in 90 days they left. I was concerned about
5 their mental health. Yeah, they had a check the
6 block answer the questions. Most of the time we
7 went into the inprocessing, they were asked the
8 question, okay, how many have problems. Okay.
9 You're going to get -- not too many are going to
10 raise there hands there. Not a lot of one- on-one
11 attention.

12 So what I will say, I think I failed
13 miserably as 737 are now into the VA system and
14 God knows where that went, but I failed them
15 miserably and I feel terrible about that.

16 We have a lot of stress on the
17 battlefield today. We need training, additional
18 training. I said I was the best trained unit on
19 the planet. I went to a JRTC and NTC; we had new
20 equipment training, 322 Strykers. I had all
21 Generals from all walks of life come down and tell
22 us how good we are and sprinkle holy water on us;

1 we were the best. The best and the brightest.
2 Yet, we had not one class -- yes, we had goat labs
3 and we killed animals and we did some trauma. But
4 not one professional came and talked to us about
5 what it's going to be like when we lose somebody
6 for real.

7 The leaders, the soldiers, but
8 especially the noncommissioned officers and the
9 officers, not a professional discussion, not one
10 on what it is truly like and I'm telling you it is
11 hard. Forty-five memorials. I'm the type of
12 Sergeant Major, with my Colonel, Colonel Robert
13 Brown and I'm so proud of him, now General Brown,
14 every single time one of my soldiers got into
15 something and went to the hospital, I was there.
16 Probably why I have severe PTSD now, because I
17 gave them a coin and the Colonel gave them a
18 purple heart. You can only imagine the trauma
19 that we did see, but it had to be done.

20 That's sort of the way we -- but I look
21 back at it now and wonder, out of all that great
22 training, why could I have not brought in some of

1 the professionals that are out there and prepare
2 my leadership for the heart- wrenching experience
3 that we will have. One of the things the Colonel
4 and I tried to do is every time somebody died, we
5 went down and we talked to that platoon, that
6 squad, wherever that guy came from, and that was
7 hard. But that's something I think every leader
8 should do.

9 Then we also had what I say the bad
10 shoots. The times that when somebody from a room
11 is shooting at you and your great warriors go to
12 that room and they throw a grenade and then they
13 kill everybody. Then when they open the door,
14 it's women and children and a bad guy. You just
15 can't imagine what that does to the soldiers.
16 We've killed 186 human beings needlessly. But I
17 saw the look on those great warriors' face every
18 time they came back from 186 times, and I was
19 ill-prepared to help those great warriors.

20 What do you say to a guy that just blew
21 away a woman and a kid because the enemy hid in
22 that room with them and they all had to die? It's

1 crushing me now, and I wasn't prepared and I wish
2 I was. The Colonel and I had to stop doing that
3 for obvious reasons. We continued to do it for
4 our warriors, but 186 times, that would have been
5 one every two days. Each one was a different
6 story, but it all ties into the PTSD. Those are
7 the stories. Those are the training that we need
8 to focus on. We kill women, children. They come
9 through a checkpoint and because they have these
10 jalopies or they don't understand what the
11 checkpoints are, we kill them, because we have to.

12 We had 84 suicide beds at my force, 84;
13 1,387 IEDs. I'm not bragging by any stretch of
14 the imagination. What I'm telling you is that's
15 absolute carnage out there. Each one of those has
16 to do with the PTSD. Each one of those down the
17 road is remembered. I remember each one and I
18 talk to Dana about it almost twice a week now, and
19 it's very, very hard, but I think we can do some
20 better training. Or at least I will tell you, the
21 Marines, the Army, we understand the lethality of
22 this combat, but we have to get the help in the

1 same general direction.
2 I talked about the triage. I'll tell
3 you there's just certain that I just -- it's so
4 hard for our soldiers to prepare for and we know
5 that. How do you prepare, as your soldier dies
6 and he -- we put them out there and we say our
7 goodbyes, yet you have to take some equipment from
8 that great soldier. I have to take his
9 holographic site. I have to take his A-CON (?).
10 We weren't prepared. My platoon sergeants would
11 turn into a puddle of emotion, so I did it myself.
12 You can't prepare for some of those
13 things. How can you prepare to take your buddy
14 from the inside of a striker? I told you 1,384
15 IEDs; it's crushing. Mentally crushing. Although
16 we were the best prepared unit, I go back to that
17 again, we need you guys to better prepare us.
18 Spiritually is important, but we have to be ready
19 for the trauma of today's modern battlefield. We
20 have to get rid of the stigma. I brought my
21 Ranger buddy here.
22 We both still host top secret

1 clearances, and although I decided to get out,
2 because this war took a toll -- my son is still on
3 his second tour right now with the 3rd Infantry
4 Division. But still I worry about him because he
5 still didn't get the help he needs yet because
6 he's worried about his security clearance. Again,
7 maintenance from the neck up. One thing we did
8 with my soldiers was we trust them with anti-tank
9 guided weapons, we trust them with bullets, we
10 trust them with hand grenades, stun grenades,
11 thermonuclear weapons, just shy of that.

12 Yet when they come home, that guy who
13 has a problem and might have made the first and
14 smartest choice because he listened to me, hey,
15 team leader, I have a problem. But now he's got
16 to tell his squad leader, his platoon sergeant,
17 the platoon leader and then before you know it,
18 eight people know it and then he's embarrassed and
19 he won't get help. The one thing I did in my
20 unit, and I will tell you as you go around this
21 country and train leaders, you got to tell one
22 guy, we trusted them to be adults and make life

1 and death decisions -- and I was called a maverick
2 as a Sergeant Major for doing this wild stuff.
3 Jeff Mellinger (?) my good friend,
4 General Casey's Sergeant Major, we argued about it
5 all the time. Jeff, we trust them to make life
6 and death decisions, yet the guy has got to tell
7 nine people he's got a problem and he wants to go
8 get help; unacceptable in a Stryker brigade. The
9 first guy you tell, you got privacy and off you
10 went. The second thing we tried to do is put our
11 counselors off post. It didn't really pan out,
12 but we wanted to put them off post. Why? Because
13 the soldiers still think that if they got help and
14 they had Dana and Dana is off post, not on post,
15 the confidentiality is there. It doesn't matter
16 if it is or it isn't. It's what they believe and
17 perception. So whatever we do to make these great
18 warriors come out and get help is truly where we
19 want to get it.
20 I can't stress that enough. I talked to
21 the corps surgeon about that topic a great deal
22 and we moved our counselors, a simple thing. We

1 rented a building, we put them off post. Joe
2 never knew the difference, but it didn't matter, I
3 had more people that I knew needed help. I'll
4 tell you the Colonel and I, nine months into it,
5 we saw a horrible IED. One of those same
6 situations I just told you about. And where we
7 knew we were going to have problems is my great
8 warriors, the ramps came down, all these people
9 dead, hurt, wounded, body parts all around. I was
10 just, "Oh, my gosh". And then I started to look
11 and you see it in their eyes, we were good. Ramps
12 came down everybody came out, okay this person
13 lives, this person dies, all of these triage
14 decisions. The sad thing was we were that good.
15 I told them right then, we looked at each other
16 and said we're going to have some problems. This
17 is not normal. And we certainly did.

18 We talked about the privacy. As I got
19 out of the Army and I'll tell you just a tad bit
20 personal, I got out, it was just time, 28 and a
21 half years. Had two brigades. I was the man. I
22 needed to get out. I told my great warriors,

1 listen, you call military OneSource. That was the
2 best thing we ever did. Got a tad bit
3 complicated, but there was your card, and
4 everybody when they left Kuwait, I said, Listen,
5 you call that number. I'll be the first one.

6 So whoever, in your teaching, is the
7 most respected -- it doesn't have to be the
8 Command Sergeant Major, it could be the Colonel,
9 the chaplain, the brigade surgeon, it doesn't
10 matter, but somebody, the most respected has got
11 to get out there with them, who was out there
12 fighting with them and tell them it's okay. And
13 when they knew that I was going to counseling and
14 I did go and call them and told everybody in the
15 brigade, I'm not a walking time bomb, I just have
16 some issues, because I didn't like all this stuff
17 that was going on. And it's okay for you not to
18 like that stuff, because in our line of work,
19 Marines, Army guys, there's a lot of bravado and
20 you've got to break that down too.

21 There's no bravado in killing people.
22 Nobody but a murderer truly likes to hurt people,

1 and that still bothers me to this day. But we've
2 got to do our best to make a connection. It's
3 going to be very difficult. One minute you're
4 going to go in and hunt down bad guys and kill
5 them dead and then the next minute you're home and
6 get over it. You're going to go home to mama.

7 Another thing I would ask, I don't think
8 we did it well, was there's no joint counseling.
9 Now, I'm suffering very much, got a lot of issues
10 and pending a divorce. Never thought it would
11 ever happen to me. But to achieve rock star
12 status in the Army, especially for our leaders,
13 you give up everything to include your family.
14 Then if you come home as a leader and you're
15 messed up, you're just in a separate little world
16 and there's not a lot of camaraderie at the top.
17 So I will tell you another thing in our training
18 of our leaders, don't forget about battalion
19 commanders and DCOs. General Hamm, some great
20 Generals that I worked with cried every memorial
21 and he was there.

22 Believe me, he puts it away in his kit

1 bag just like I did. Maybe since he's the
2 commander of 1st ID, he's got it all together, but
3 I don't. All 632 of my great warriors, all 87 of
4 them that lost huge body parts, that's still in my
5 head and that bothers me and I wish we could have
6 done better to prepare me, if there is a way to
7 prepare for such an awful job. As I say that,
8 that is our job and we have to continue to
9 educate. We go to JRTC, we go to NTC, we learn
10 how to kill, but we have to learn how to deal with
11 it. There's professionals -- a PBS video I just
12 gave to Dana came out. I could only watch it once
13 and it sent me into a tailspin. But what I did
14 get out of it was there was a professional who
15 knew what it was like to kill other human beings,
16 to see this carnage, he came in, professional
17 talks.

18 I think this should be mandatory for
19 every unit that's getting ready to go to war.
20 Again, I was very concerned on the 737, I had
21 4,000, we surged to 11,000; 737 immediately was
22 getting out in 90 days and that's normal. So I

1 tell you guys, we've got to have something quick.
2 And when you go to inprocessing, don't let anyone
3 kid you, I owned one of those three brigades at
4 Ft. Lewis and it was a check the block mentality,
5 because the boys and the gals want to get out of
6 there, people want to get out of there, there's no
7 privacy. When you go to somebody, how many are
8 having nightmares? Okay, no hands. Good to go.
9 Get your check and out you go. That doesn't work.
10 And it's not going to work for these great guys
11 and gals that are coming back.
12 I can't over emphasize enough. I just
13 came back on a civilian tour and because of my
14 PTSD had to end it, because the Stryker guys,
15 which was my first brigade, came down, did great,
16 got extended as you well know lost five guys in
17 two weeks and it all came back. Here I am
18 teaching classes on torture, which I have seen
19 firsthand, and I'm teaching the Iraqis about
20 ethics, which is like teaching a dog foosball.
21 But it all tied in and it just sent me over the
22 edge.

1 As a Sergeant Major I am very, very
2 concerned with PTSD, not because I have it. I
3 never submitted a claim. Why? One, I'm an idiot.
4 Two, I was too proud. That's another thing that
5 concerns me. Those 737 -- and I'll end here in a
6 minute. That 737 people didn't really get the
7 great counseling and out of that how many have
8 PTSD? On average at least 10 percent. And what
9 did I do to prepare them? Didn't teach them
10 anything about the VA, didn't even hand them a
11 card. I didn't feel good about that.

12 I'd also like to just throw out, can we
13 do counseling with families? It really stinks
14 that I lost my wife. She couldn't hang with the
15 program I guess, I don't know. But I know a lot
16 of it was due to my coming back -- and I was
17 different. I was different, I had gone through
18 three counselors. I know I'm different and it's
19 never going to be the same again. But I wish I
20 had the opportunity to just do something together
21 that was taken care of by the Army with my spouse
22 so she knows, oh, he's just an idiot, don't worry.

1 He's just going to do that for a while. And maybe
2 we could have gotten through it. I don't know.
3 So free counseling to families. The guy
4 that gets out is the guy that gets lost in the
5 sauce. We have to focus some of your efforts -- I
6 don't have all the answers. I'm giving you a
7 whole bunch of problems and a couple solutions,
8 but we've got to focus there. And I can't stress
9 enough too, rank. There's no rank in PTSD. I
10 thought I was the best command Sergeant Major in
11 the United States Army. And right now I'm not who
12 I used to be. But I'll get through it. I'm
13 strong and I'll get through it and I've got proper
14 help. But what about Private Adams who got out,
15 one of those 737, he's not so strong. And then he
16 goes against the VA and that's a huge issue. I
17 don't know. I worry about the guys that aren't as
18 strong as me. Because I'm having problems, I know
19 he must be having problems.
20 I really think we're the best fighting
21 force on the planet. I had to come here today and
22 tell you some of these things. I appreciate your

1 time and I appreciate both my doc, Dana, and
2 Natalie and Creed for coming with me today. It
3 was very, very difficult and I got through it.
4 Thank God. But guys, we really -- we really need
5 to make PTSD, not only a leader issue, we need to
6 educate more. I'm willing to write a book right
7 now. I'll help write a book, we need combat
8 veterans right now, Marine Corps, Army, we need to
9 put the facts together now and put out some
10 pamphlets and literature and educate.

11 We're the best force, but we don't pay
12 attention to PTSD. And yet we're talking 10
13 percent of this great force is going to come back
14 and have all sorts of problems. I think we should
15 head it off at the pass. Thank you very much for
16 your time. I'll answer any questions.

17 COL ORMAN: First of all, thank you for
18 your testimony and for your service. We're
19 actually looking for people such as yourself who
20 are willing to stand up and talk about your
21 experience, very much like what you just did. So
22 I was wondering if you had a card or some way to

1 get in touch with you. Part of educating people
2 is very much what you said, which is breaking
3 through this business of stigma and whether or not
4 leaders can suffer from the same thing troops can.

5 MR. ADAMS: Absolutely. I was hoping
6 General Dubek would be here today. But, yes, I
7 will do whatever it takes. I'll volunteer my
8 time; I'll help write whatever needs to be written
9 in the business of training our great force to do
10 better. So yes, sir, I'll leave my name, number
11 and I'll be part of --

12 COL ORMAN: Could you leave it with Ms.
13 Farrell over there?

14 MR. ADAMS: Absolutely.

15 COL ORMAN: Thank you so much.

16 LTG KILEY: Sergeant Major, if I could
17 ask you a question. I was at the Mosul hospital
18 in March of '05, I think, when your brigade was
19 there and they just finished a flash TCP and
20 gotten into a gun fight with some guys going
21 through on a pickup truck, and your troops had
22 done an outstanding job and they all did okay,

1 including one guy that -- I had never seen this
2 before, but the AK-47 round went through the sapper
3 plate but stopped, and he was not injured. I met
4 your Colonel. I'm not sure if I met you on that
5 visit. I was there for a short period of time.
6 One of your troops got an eye injury. I've told
7 this story a thousand times. He got a fragment
8 right in his eye, and they were getting ready to
9 load him up and put him on a med evac right there
10 at Mosul and the timing was such that I got back
11 to Walter Reed and he -- this was a Wednesday
12 afternoon and he was at Walter Reed Thursday
13 evening -- he did fine, by the way.

14 But my question, having said that was my
15 contact with your Stryker brigade and talking to
16 one of your platoon Sergeants and then for a
17 couple seconds saying hi to Colonel Brown, I
18 started talking about your brigade as an example
19 of a brigade that we would like to try something
20 different than what you articulated, which is
21 okay. You've got 250 guys in a company sitting in
22 a room. All you guys that are having mental

1 health issues raise your hand and go over and get
2 in that short line and talk to one of these
3 psychiatrists. Nobody does that. So with General
4 Dubek and General Maxter (?) over there at Ft.
5 Lewis, they stood a pilot that they now call the
6 SWAPP where everybody went in. And I used to say
7 this, If Colonel Brown and the Sergeant Major go
8 in for a 20-minute counseling session regardless
9 of what they checked off, every other soldier
10 would go in behind them. You've given me some
11 good ideas about things like moving some
12 counseling off post so at least there's a
13 perception that there's more privacy and less
14 concern about careers and security.

15 Did you have any experience, either from
16 observation, when one of your battalions went
17 through that about the process of every soldier
18 regardless of what they answered -- if they had a
19 back ache they went and saw an orthopedic surgeon
20 and then they went and saw the mental health guy.
21 If they had a mental health issue, they went and
22 saw the mental health person. If they checked off

1 everything, I'm good to hook, good to go, ready to
2 go home on leave; they went and saw the mental
3 health person. Do you have comment on that as a
4 strategy for the larger force?

5 MR. ADAMS: Yes, sir. The very first --
6 the hardest part about that, as we started and I
7 was DTCs with the corps surgeon was the 20 minutes
8 apiece. Now the 20 minutes apiece times 4,000
9 human beings with four counselors, I mean, we did
10 the math and it was all right, three and a half
11 months we'll get this thing accomplished. General
12 Dubek, after us, did put a time frame on it. So
13 we needed to surge with more counselors. So we
14 made a lot of mistakes. A lot of good intentions.
15 But with four counselors and 20 minutes apiece
16 with Adams and Brown, who did go through that
17 process, it just was endless. The only problem
18 was so many people waited so long, because as you
19 know in the Army they're going to bring them down
20 by platoons, by companies, they (off mike) okay,
21 Adams come on up. The point I wanted to get out
22 of there just based on sheer time.

1 It's a good concept. We need to: A, get
2 enough counselors. B, speed the process up a
3 little bit, probably put it in a much more private
4 setting. So we just need to work. It does work
5 and we identified, myself included, a lot of
6 people that needed help. And at that time we went
7 right through military OneSource or they had the
8 ability to go through the people that were on
9 post. But it still needs some refining. I'd love
10 to talk to you offline so other people can chat,
11 but a lot of great ideas that we still need to do.

12 And General Dubek, the reason I keep
13 using him, he's the father of transformation.
14 I've known since he's been my brigade commander.
15 He does things -- when I used to call him and say
16 I'm worried about this, I'm worried about my
17 soldiers and PTSD, and this is what I want. He
18 makes things happen. So he can take ideas and
19 make an entire post do it. So we are still a
20 great institution in a post to lead the way on
21 mental health and I just want to continue to be a
22 part of it.

1 LTG KILEY: Thank you very much,
2 Sergeant Major.

3 MS. PELKIE: Thank you for giving me the
4 opportunity to speak. My name is Stephanie
5 Pelkie. I'm a former Captain in the United States
6 Army. This testimony is on behalf of my husband,
7 Captain Michael John Pelkie, who is no longer
8 alive. I just want to apologize in advance for
9 having to read most of my testimony, because I do
10 get quite emotional about it.

11 Although my husband was a brave veteran
12 of Operation Iraqi Freedom, he did not die in
13 battle, at least not in Iraq. He died in a battle
14 of his heart and mind. He passed in our home at
15 Fort Sill, Oklahoma, from a gunshot wound to the
16 chest. Michael was diagnosed with post-traumatic
17 stress disorder only one week before his death.
18 The Department of Defense, which has ruled
19 Michael's death as suicide, has failed to connect
20 the dots and acknowledge this very serious
21 disorder. Had I not experienced the harsh
22 reality of post-traumatic stress disorder in my

1 marriage and my experiences with Michael, I might
2 have believed that he was just tired of living.

3 But I knew my husband and he was my best
4 friend. When I met Michael, we were both officers
5 in a field artillery battalion in Idar-Oberstein,
6 Germany. Michael was working as the assistant
7 operations officer for the unit. He was
8 responsible and hard working. He loved life and
9 having fun. And when I say that "he loved life,"
10 I mean that he loved life. He was smart and
11 everybody liked him. He was known for his
12 animated stories, his sense of humor. He was a
13 wonderful person. He received his commission as
14 the field artillery 2nd Lieutenant from the
15 University of Connecticut in 1999 and was the
16 first in his family to graduate from college.
17 Being a soldier was Michael's childhood dream. We
18 were married in November 2001 and as fellow
19 officers in the Army, our journey as a military
20 family began.

21 Michael deployed for Iraq with the 1st
22 Armored Division in March 2003, three weeks after

1 our son was born. He left a happy and proud
2 father. Michael returned in late July 2003, and
3 it seemed upon his return that our family was
4 complete. We had made it through our first real
5 world deployment. Aside from his lack of appetite
6 and a brief adjustment period, he seemed happy to
7 be home. He noted several concerns on his DoD
8 post-deployment health assessment form to include
9 frequent diarrhea, indigestion, ringing in the
10 ears, feeling tired after sleeping, headaches, and
11 strange rashes. He also noted on this form that
12 he felt he was in great danger of being killed
13 when in Iraq and witnessed the killings and dead
14 coalitions and civilians during this time.
15 However, the most worrisome notation on his form
16 was the thought and constant worry of feeling
17 hopeless and depressed. He also noted that he was
18 constantly on guard and easily startled after
19 returning from his deployment. A few days after
20 returning to Germany, he reported to his primary
21 care physician on July 28th, 2003, as part of a
22 post-deployment health assessment.

1 He expressed concerns to his primary
2 care physician that he was worried about having
3 serious conflicts with close friends and of
4 course, me, his wife. The physician referred him
5 to see a counselor, however the mental health
6 staff on the Baumholder post, which was the
7 closest medical facility to us, only had one
8 psychiatrist on staff. That was five months into
9 the conflict. That is inexcusable. Michael was
10 unable to get an appointment before we moved from
11 our post in Germany to Fort Sill, Oklahoma only
12 five days later.

13 There was no time for therapy and
14 doctor's visits as we were packing our home and
15 taking care of our then six-month-old son. It was
16 time to settle back into family life and our son
17 became the primary focus aside from our work.
18 Everything seemed normal for a while. Michael was
19 in the officer's advanced course for field
20 artillery and I was a chemical officer for a
21 brigade. We settled into our home and about six
22 month later the severe symptoms of PTSD started to

1 surface, only I did not know enough about PTSD to
2 connect the dots.

3 When my husband returned from Iraq,
4 there were no debriefings for family members,
5 service members, or required evaluations from Army
6 mental health in Germany. As a soldier and a
7 wife, I never received one single briefing on
8 post-traumatic stress disorder. I couldn't even
9 identify those issues with my own soldiers. If
10 only the military community had reached out to the
11 family members in some manner to prepare them and
12 make them aware of the symptoms of PTSD, my
13 family's tragedy could have been averted.

14 I believe that it is crucial that
15 spouses be informed about the symptoms and make a
16 point of telling them that PTSD can occur long
17 after what psychiatrists call an adjustment
18 period. I think many people don't realize that.
19 Spouses are sometimes the only ones who will
20 encourage a soldier to seek help. Most soldiers I
21 know will not willingly seek help at any military
22 mental health facility for fear of repercussions

1 from commanders and even jibes from fellow
2 soldiers. My husband worked around many
3 high-ranking officers and was most likely
4 embarrassed about seeking help. I want to
5 reiterate that he was also very, very frightened
6 to lose his military clearance. He was working in
7 research and development at the time and had hopes
8 of advancing in acquisitions.

9 There were several instances in which I
10 found a fully-loaded 9mm pistol under my husband's
11 pillow or under the side of his bed. We had
12 numerous arguments about the safety of our son and
13 having a weapon in our home. Michael was adamant
14 about keeping his pistol as he was convinced that
15 someone would try to break into our home. I found
16 the pistol under our mattress or in a nightstand
17 and I could not seem to get through to him that
18 having this weapon was not a necessary part of
19 civilian life. These episodes alone started to
20 cause marital tension.

21 Then finally about two months after
22 arguing over the issues of the weapon, Michael

1 finally agreed to put his pistols away, and in my
2 mind the situation was resolved as I trusted my
3 husband. As a soldier myself, I could understand
4 that having a weapon after being in war might be
5 somewhat habitual for him. However, other
6 symptoms started to arise, including
7 forgetfulness. Michael would forget simple
8 things. He would forget to mail bills, pick up
9 prescriptions and even skip physical training in
10 the morning because he was so tired. This became
11 a great problem for him. How could a Captain in
12 the United States Army forget to mail bills and
13 miss appointments?

14 He was not like this before his
15 deployment. One of our greatest tests PTSD posed
16 to our marriage was that Michael began to suffer
17 from erectile dysfunction, which would cause him
18 to break into tears, and I became more and more of
19 a mother to Michael and not a wife. I had to
20 remind him -- not only was I worried about
21 succeeding and keeping a competent image in my own
22 unit, but I was having to remind my 29-year-old

1 husband to get up in the morning, to brush his
2 teeth, to report to physical training. I had to
3 pick him up from physical training, make sure he
4 got to work on time, take my son to school, to day
5 care. I had to make sure that he mailed his
6 bills, filled out his travel documentation, and he
7 became more childlike over the next couple of
8 months.

9 No one in his chain of command
10 questioned him as to why he was not reporting for
11 physical training, why he was not functioning well
12 in his job. We asked for help and counseling and
13 we were referred to the mental health facility.
14 The mental health facility at Fort Sill, Oklahoma
15 was severely understaffed. We were directed to
16 wait 30 to 60 days for an appointment, and my
17 husband was begging for help. And they told him,
18 I'm sorry, Captain, you've got to wait. We don't
19 have enough people. So he knew it was time. At
20 that point I think he was desperate.

21 He wanted to get help because he felt
22 like we were going to lose our marriage and that

1 was very important to the both of us.
2 I had to reassure my husband every day
3 that I wasn't going to leave him. He couldn't
4 interact with my son, who was only 20 months old
5 at the time. My son, if he would run by or bang
6 something, my husband would get extremely
7 irritated with him and walk out of the room. He
8 stopped socializing with us as a family and that
9 was out of character for him. Yet, when I went to
10 a Colonel in the United States Army and asked him,
11 I don't care what happens to my husband, I don't
12 care if I lose my career or if he loses his
13 career, I don't care what people think of us
14 anymore, I need my husband to get help. He said,
15 Okay. We'll find you an appointment off post.
16 My husband received a PTSD diagnosis one
17 week before he shot himself in our living room.
18 When he took that diagnosis to his primary care
19 physician who had seen him three months -- for
20 three months, three doctor's appointments each
21 week for chest pains, EKGs, erectile dysfunction,
22 anxiety, night sweats, you name it, he had it.

1 Nightmares, hypervigilance, they sent us off post,
2 he got the off post diagnosis and one week later
3 he took that to his primary care physician, the
4 primary care physician said, okay, well, I guess
5 we can put you on some medicine and still didn't
6 connect the dots. Did not accept that as a valid
7 diagnosis, and even after my husband perished from
8 post-traumatic stress disorder, the Army has not
9 documented post-traumatic stress disorder on his
10 medical records, nor have I received any
11 documentation of a final psychological autopsy
12 after requesting it for two years.

13 And I deserve at least that. My son
14 deserves at least that to have the post-traumatic
15 stress disorder documented on his father's medical
16 records. After he was diagnosed to someone that
17 TRICARE sent him to. I'm angry and I apologize
18 for being emotional. Michael was seeking help for
19 all of the symptoms that I've discussed. He was
20 put on high blood pressure medication. He also
21 complained of chest pains and was seen on three
22 occasions in the month preceding his death. He

1 sought a prescription for Viagra, they gave him
2 Viagra, blood pressure medication, which any idiot
3 can tell you that those two in combination, for
4 somebody that's having high blood pressure and
5 heart problems, that that is not a good
6 combination.

7 If any of the primary care physicians
8 who saw Michael had taken a thorough medical
9 history and taken a count of all of the symptoms
10 he had or is experiencing, rather than simply
11 focusing on a specific physical complaint, like a
12 chest pain or high blood pressure, it surely would
13 have at least led the clinician to refer Michael
14 for a mental health evaluation. So I want to know
15 where the checks and balance system is with the
16 primary care physicians. Most of these guys are
17 not going to go to the mental health facility, we
18 already know that. That's been reiterated several
19 times with several of the testimonies. They're
20 going to go with other complaints.

21 And I disagree with the comments that
22 were made yesterday that post-traumatic stress

1 disorder does not show physical symptoms, that
2 it's merely an invisible disorder. It masks
3 itself as many things. And I'm sure that some of
4 the psychiatrists on the panel can tell you that.
5 There needs to be a checks and balance system with
6 the primary care providers so that there are red
7 flags that they will send these guys to see mental
8 health officials.

9 They should also be alert to the
10 possibility that such problems may lie below the
11 surface of the physical complaints. I can't help
12 but think that an effective program to help alert
13 the primary care physicians to the symptoms of
14 PTSD could have saved my husband's life. I think
15 that's the one area that my husband missed out on
16 is he was going to a primary care physician. He
17 was going because he had all of these physical
18 problems and he couldn't explain them, better yet,
19 he just didn't want to go to the mental health
20 facility so he kept going to the primary care
21 physicians.

22 Something's got to be done. They're all

1 going there. I've heard numerous accounts. Of
2 course I still have friends in the military and
3 they're all going for physical complaints.
4 They're getting divorced because of erectile
5 dysfunction and marital problems and it's going to
6 keep happening and it's something that can be
7 fixed. It's something simple. I mean, in
8 retrospect I can point out the symptoms and tell
9 you what person probably has PTSD and what person
10 is just having physical complaints. You have a
11 combat veteran that's going in with a combination
12 of high blood pressure, chest pains, nightmares, I
13 mean, what more do you need? What more do you
14 need to send them to mental health?

15 As I said before, he saw an off-post
16 practitioner and the dots -- the two entities are
17 not communicating. Off post is a wonderful idea.
18 I think they're more willing to go off post. But
19 then after you do that, you've got to bridge the
20 two together. You've got to acknowledge the
21 diagnosis and you have to help them. You can't
22 say, Yeah, it was an off-post provider, but you're

1 going to have to see an Army psychiatrist before
2 we really get you some help, because there aren't
3 enough of them.

4 He met with the therapist on Monday.
5 Tuesday we celebrated our third wedding
6 anniversary; it was a happy time for both of us.
7 I felt hope and relief with the recent positive
8 events, but Michael must have felt something else.
9 My parents were visiting, I was at a church
10 function and my father returned from playing golf
11 to find Michael in our living room. His pain was
12 finally over. Michael had lost his battle with
13 post-traumatic stress disorder just as some
14 soldiers perish from bullet wounds or other trauma
15 of war, Michael perished from the psychological
16 wounds of this war.

17 I have so many things that I want to say
18 and so many ideas that I have to work with the
19 families and I'd like to talk with some of you
20 offline, if you have a chance. Like I said
21 before, I get pretty emotional about it, and I can
22 only say that the bottom line, I think all of

1 these pilot programs are great, but in the little
2 bit of research that I've done in a year, and, no,
3 I didn't go to medical school and I'm not the
4 smartest person in the world, but I've looked on
5 the internet, I've been to non- profit
6 organizations, sponsoring the peer-counseling
7 model where soldiers sit around talk to each other
8 with Vietnam veterans, with each other. They open
9 up to each other.

10 What is that going to cost the Army to
11 sit a bunch of soldiers in the room with a
12 moderator? You can do that now. It can be done
13 quickly. You put some punch in the room, some
14 cookies, sit the soldiers around and let them talk
15 and it will save lives, I promise you. Thank you.

16 DR. MacDERMID: First of all, thank you
17 very much for your testimony and we're very sorry
18 for your loss. I'd be happy to give you my card
19 and we can correspond electronically, because we
20 would like to hear specific suggestions. I have a
21 question about a very small part of what you
22 mentioned and that is with regard to briefings for

1 family members.

2 One of the things that I know that Army
3 community service struggles with and other family
4 centers struggle with and we struggle with is:
5 What are the best ways to reach out to family
6 members to make things available? So, for
7 example, in your case, do you think it was the
8 situation that briefings were not held, or do you
9 think it's possible that they were held and you
10 never found out about them? Is it possible that
11 they did something but it wasn't accessible to you
12 because of your work schedule or because of your
13 child care needs? You know we're trying to
14 understand the system that way. Can you offer us
15 any enlightenment about that small part of your
16 testimony?

17 MS. PELKIE: I think all of those are
18 possibilities. I'm not saying absolutely that
19 none were held. But I think that, as a
20 dual-military family, I didn't have as much access
21 to that. And I will bring up that dual-military
22 families do need to be focused on. You're giving

1 100 percent of your family and you have no time --
2 I was working 12-hour days, my husband was working
3 -- you know, we had no time to attend a meeting,
4 much less take care of all the problems that we
5 had with our soldiers that were falling apart as
6 well.

7 And from what I've seen in my work and
8 my travels to the different posts, I've been asked
9 to several different posts to speak to the
10 spouses, and I think that it will take personal
11 experiences from people such as your wife that
12 have experienced hardships in their marriages and
13 giving reasons for why they couldn't cope. What
14 were the symptoms? I'm sorry, but, you know, as
15 embarrassing as it is, I will get up and tell the
16 world that my husband had erectile dysfunction.
17 If it will help somebody else identify with the
18 symptoms and the hardships that it causes in a
19 marriage.

20 Those are things that need to be talked
21 about, but everybody is Mickey Mousing around
22 those things and they just want to say, okay, who

1 here has nightmares? Oh, I have nightmares.
2 Those are not -- those are problems, but you have
3 -- you know, the divorce rate has skyrocketed
4 among officers alone. Like you said, it crosses
5 all lines, and I believe that having people with
6 experience, spouses that can get up and talk about
7 the problems that they've had. Again, I'll hit on
8 the peer-counseling method that a bunch of wives
9 could sit in the room and talk about all the
10 problems they've had and it's a relief. It
11 relieves tension, it helps them identify with
12 other people and it could save marriages, it could
13 save lives. It's simple, and it can be done now.

14 DR. MacDERMID: Thank you very much,
15 ma'am. If you come and see me after, we'll make
16 sure you find a way to (off mike) your material.

17 MS. TACKETT: I'd like to just share
18 that Stephanie came from Texas last night to be
19 here today. So you can see that she's made a
20 tremendous effort to reach out to the task force
21 and that's (off mike) and I would to understand we
22 appreciate it. Thank you, Stephanie.

1 LTG KILEY: Before you get started. I'd
2 like to point out we've have three superb
3 witnesses, but that's taken us an hour and twenty
4 minutes to get through that. So I'm going to ask
5 you really make it a little bit briefer, about the
6 ten-minute mark if you can, please. Thank you.

7 MR. OUELLETTE: General Kiley, Colonel
8 Davies, members of the task force. My name is
9 Gary Ouellette; I'm currently the suicide
10 prevention training and program manager for Ft.
11 Lewis suicide prevention program. One of only two
12 such positions in the Army that has a full-time
13 civilian employee supporting both the military and
14 civilian workforce on installations with suicide
15 prevention, intervention and postvention training,
16 education and support services. I've centered my
17 testimony on suicide prevention efforts post-wide.

18 Yesterday I heard at open session
19 initiatives and programs in place and soon to be
20 in place from ASER to virtual reality to MRI scans
21 to predict PTSD. Measures totaling in the
22 millions of dollars, I'm sure. Colonel Gahm's

1 program, which he smiled at 500,000. All of these
2 dollars are well spent, if we can help in the
3 reduction of mental health suffering in soldiers
4 that has come about from our war on terrorism that
5 we face on a daily basis. And I think all of us
6 will agree that our soldiers, sailors, airmen,
7 Marines and DoD personnel that serve in harm's way
8 helping the fight for the freedom and democracy
9 deserve nothing but the best from us.

10 But all of these programs seem to center
11 their efforts on screening and recognizing and
12 treating individuals who are undergoing mental
13 health trauma and issues. But with as few as 25
14 to 30 percent coming forward, how many fear asking
15 for help and remain hidden from the rest of us
16 alone, trapped in their own thoughts, suffering
17 with thoughts of suicide on a daily basis. I have
18 not heard from any program that takes this into
19 effect, to train the rest of us that surrounds
20 these individuals on a daily basis.

21 I've learned from a conference on mental
22 health recovery here in Washington State that

1 there's 10 components to recovery as outlined by
2 SAMSA and the National Mental Health Information
3 Center. Self- direction, empowerment, peer
4 support, responsibility, respect, to name a few.
5 But all of these involve people living and working
6 with the person that's in crisis. In my suicide
7 prevention training and intervention training with
8 soldiers and civilians, I teach and train how they
9 are critical, how those people are critical in the
10 mental health recovery process of those
11 individuals in crisis.

12 How suicide prevention is everyone's
13 business, whether they know it or not. Everyone
14 can do something supportive, but it takes training
15 and education to inform them on what they can do.
16 I get invited into units to discuss the full
17 spectrum of suicide prevention, not just after the
18 fact when a gesture or an attempt is made, or in
19 worse case scenario a death occurs and postvention
20 is needed. The majority of the time is spent in
21 prevention efforts, making people aware of all the
22 things that can be done before an incident

1 happens. I know Ft. Lewis is only one of two
2 places that has someone do that full time. Ft.
3 Riley is the other place, but that man there has a
4 two- year temporary position that expires in
5 February.

6 Here at Ft. Lewis, our strong leadership
7 from General Dubek and Mr. Bill Crane and Mr.
8 Harvey, and former NWR director, Ron Schmidt, and
9 ACS family director Billy Stewart has supported
10 and received approval to move the position that
11 I'm in from a two-year temp to a four- year term.
12 We're moving forward, hopefully to make it a
13 permanent position. The support for this position
14 post- wide is overwhelmingly positive. I hear
15 from behavioral health, the chaplaincy, safety
16 office, IG, JAG, civilian personnel and the ASAP,
17 Army Substance and Abuse Program to mention a few.

18 As a former Sergeant Major myself with
19 the chaplains' office with over 32 years of
20 service, I'm a TRADOC certified instructor with 10
21 years of specialized training in prevention and
22 intervention skills with suicide, to include being

1 a master trainer in the ASIST program, I support a
2 total comprehensive program here at Ft. Lewis for
3 us to work as one team, one fight and one life.
4 We call our suicide prevention program, Dare to
5 Care. When Walter Morales at DA had me speak to
6 the Army component last year at the DoD conference
7 on suicide prevention, I found out that the
8 overwhelming majority of people doing suicide
9 prevention on installations are doing it as an
10 additional duty. When asked, where do you spend
11 most of your time? I hear their efforts are spent
12 in after the fact. After the suicide gesture or
13 attempt happens. Hardly anyone was spending time
14 in the prevention phase of support and education.
15 The need to have a true subject-matter
16 expert in the area of soldier advocacy is
17 imperative for the creation of a suicide-safer
18 community for all. A position where one can focus
19 and learn all there is to gathering of the new
20 technologies that are emerging from the American
21 Association of Suicidologist Conference, where I
22 hear from experts like Tom Joyner and his theory

1 on who's at risk and why people die; to Dr. David
2 Jones on his assessment forms where he has
3 counselors solicit reasons for living and reasons
4 for dying, very similar to what's taught in the
5 ASIST program for lay leaders and caregivers, to
6 Dr. Frank Campbell with his work providing
7 immediate postvention support in the families of
8 grieving family members who have lost someone to
9 suicide.

10 They're on the crime scene that night
11 helping; bringing resources for the American
12 Foundation of Suicide Prevention, publicizing the
13 National Prevention Lifeline phone number for
14 help. There are so many things that I go out and
15 bring that back and give it to others, because I
16 have a job. As a full-time person, I'm so
17 fortunate to have that job to be able to do that,
18 but there are so few of those jobs in the Army.
19 I've learned -- sir, you're the Marine wizard?
20 Yes, sir. I've heard you speak before and you
21 told the story of the bolt cutters of how the Army
22 says it's a sign of strength to come forward and

1 say that you're falling apart.

2 Well, we know that you said that's a
3 bunch of crock. And you told what intelligence
4 really is. So I share that story of what weakness
5 is and what intelligence is, and there is help out
6 there for people. If they just believe. I think
7 only a full-time dedicated and proactive suicide
8 prevention coordinator can accomplish this
9 mission. Not someone already carrying a full load
10 and responsibility from a primary job. Walter
11 Morales, the program director for Suicide
12 Prevention at DA level, this morning when I asked
13 him if I could use his name in this testimony
14 today, I quote him saying, "Sure, Gary. Perhaps
15 your testimony will open the doors to needed
16 resources so we can hire folks like you at every
17 installation to manage the program in
18 collaboration with the community health promotion
19 council".

20 So I end my testimony, sir, with a
21 request for this task force to look into the
22 possibility of bringing positions of full-time

1 support on suicide prevention to our forces,
2 changing the cultural attitude and thought process
3 on mental health to one of acceptance and support,
4 healing the body just like other medical support
5 does. No more or less. I know it can be done and
6 our fighting heroes deserve a dedicated full-time
7 advocate working for them, supporting them,
8 teaching others that mental health works and when
9 given a chance, life usually prevails.

10 The world of mental health can use a new
11 face, a new vision, a new perspective, a new
12 language so we can heal and get better together.
13 Suicide prevention and mental health is about life
14 support. It's all about life protection, life
15 preservation and life promotion. It's all about
16 life. And through the promotion and creation of a
17 permanent program manager at each installation, we
18 can knit together a unified team of support for
19 all the programs that are out there needed for our
20 soldiers to keep them strong and ready. Clear and
21 open is what the signal corps tells us. And I say
22 Army strong to all of us. Thank you, sir, for

1 allowing me to speak.

2 LTG KILEY: Thank you.

3 MS. TABRUM: Actually, I'm a Vietnam
4 wife and I feel like all these stories that I'm
5 hearing today brings back all the many, many years
6 of all the things that I went through. My name is
7 Joan Tabrum. I lost my husband on September 4th,
8 2001, in the VA hospital in American Lake from
9 suicide. I was married for 41 years. My husband
10 was a Vietnam veteran and retired as an airline
11 pilot. He suffered from depression, which I
12 believe was PTSD. He suffered in Vietnam and
13 still earned a DFC.

14 He could not get help in the military in
15 the '60s due to the stigma that would have forced
16 him out of the military. He gave 11 years of
17 service and then was hired by the airlines. He
18 continued his career as a pilot and used his
19 expertise as he was trained in the military as an
20 accident investigator.

21 He went to safety school at USC in 1963.

22 After a major crash in the airline, he ended up

1 again with depression and PTSD and the airlines
2 did not have a program to help these pilots get
3 through another traumatic crash. It took four
4 years to recover. He went through an extensive
5 medical evaluation and received a clean bill of
6 health and his wings back. He went back to flying
7 and retired. We enjoyed our retirement and
8 traveled extensively. There was another airline
9 crash, which threw him into another bout of
10 depression, PTSD. I found him with a gun in our
11 bedroom closet and realized that I needed to get
12 him help.

13 I thought maybe I could go to the VA and
14 I could get him in the hospital there and he could
15 meet more Vietnam vets and he could share his
16 stories and recover from this terrible illness.
17 He was admitted to the VA hospital at American
18 Lake where he was on a suicide watch. However,
19 when he was admitted, he was not put in different
20 clothes. His belt was not removed or the cord to
21 his electric razor was not taken, his shoelaces
22 were still on. They never changed his clothing in

1 the four days he was there. He was never seen by
2 a doctor.

3 After two days, someone took him off the
4 suicide watch and put him in a room where he was
5 not checked for over two hours. He moved the
6 lockers, pushing them -- they had to make noise
7 and yet no one could hear him up on the second
8 floor, and he found a way to but the lockers
9 together so he could hang himself. His Navy
10 friends said, another Vietnam casualty. What is
11 going to happen to our young men and women of
12 Desert Storm and Iraq? As I sit here listening, I
13 am very worried that we are not going to have the
14 facilities to take care of these people. It
15 happened to me a long time ago, and yet here are
16 these women.

17 And there's a young gal here that I met
18 last fall, and I want to give her my suicide pin,
19 and I think she just left, but I'm going to find
20 her and give it to her. I decided not to let my
21 husband's death be in vain, so I facilitate a
22 suicide support group and that's how I met Gary.

1 I am off now to facilitate another group of people
2 who have lost someone to suicide. I thank you for
3 your time. I hope you will make a difference
4 because depression and all these disorders are
5 terrible and we have survived, those of us in this
6 room, but there are many of us who haven't. Thank
7 you.

8 LTG KILEY: Thank you.

9 MS. TACKETT: Hi. My name is Julie
10 Tackett. I'm national secretary for Veterans and
11 Military Families for Progress. I live in
12 Seattle, Washington, and I'll get into that a
13 little bit more.

14 I want to start out my testimony by
15 saying until I met my husband in 1999 and married
16 him in 2001, I was a civilian. No military in my
17 family, no military friends, well educated,
18 politically active Seattlite who really just had
19 no idea what it means to serve this country and
20 what it means to love someone who serves this
21 country.

22 I want to start testimony and say to

1 everyone who is wearing a uniform, to everyone who
2 has worn a uniform, to anyone who's loved someone
3 who has worn a uniform, here is one civilian that
4 gets it. I want you to know I love you all and
5 thank you so much for your service to this
6 country. That has to be said and it doesn't get
7 said enough. So I'd like to not forget that and
8 say that up front. Thank you.

9 Before I get into the things that I've
10 heard and some of the solutions that I think I and
11 people that I know and people in our organization
12 can offer, I think it's important to share my path
13 from civilian to a veteran's and military families
14 advocate. As I mentioned when I started, I met a
15 gentleman who had joined the Army at 18 and was
16 truly a company guy. Got out after 13 years, went
17 into civilian law enforcement, met and married me
18 in Seattle.

19 One day he comes home and says, "You
20 know, I really miss the Army, that's my comfort
21 zone. There's a reserve unit in Seattle, can I
22 join?" I'm like, "Oh, sure. What's the worse

1 that can happen? Go play." Two months later,
2 with three weeks notice he's activated and gone.
3 Now, a blessing for me, I had quite a pity party
4 going on. As a civilian, my first reaction was,
5 why don't you just give the Army your two-week
6 notice and quit. This is the civilian mentality.
7 Empirically I knew that was not likely or
8 possible, but that was my -- that's a civilian
9 reaction. When your job starts to not be so
10 great, that's what you do.

11 So I'm sharing that because you can see
12 what my learning curve was, from assumptions I was
13 making about life and the military and what I
14 ultimately learned.

15 Thank goodness for us and our marriage.
16 His assignment was in Washington, D.C. He was
17 personal security for a top-level DoD, and I'll
18 say no more. That led me to becoming a Red Cross
19 volunteer at Walter Reed with the med evac team.
20 Those wives like Stephanie and moms and whatnot
21 that show up at the doors at Walter Reed the night
22 of the med evac have the Red Cross there waiting

1 with arms and saying, I'm not a psychiatrist, I'm
2 nobody special, I'm a wife and this is a walk you
3 are not going to have to make alone tonight.

4 I would interface with the doctors while
5 the med evac'd soldier was being cleaned up and
6 hooked up and whatnot, until the family could be
7 walked up to ICU and face their new reality. So
8 the stories that you're hearing, I have walked
9 beside families, dozens and hundreds of families
10 as they make those long, long steps to medical
11 care and ultimately through the VA. And many of
12 them -- this was '03 to '05, early days. Many of
13 them I'm still in touch with and part of what I
14 know is because of my ongoing sharing and support
15 of those people. For that work I received the
16 Commander's Award for Public Service, another
17 thing, who knew the Army gave medals to civilians.
18 So the learning curve was phenomenal for me.

19 I went on to become involved in veterans
20 and military families issues. Veterans and
21 Military Families for Progress is a 501(c)4. We
22 are political. We can endorse and work for

1 political candidates who we believe are going to
2 be more responsive to the needs and issues of
3 veterans and their families. I mean, it's one
4 thing to testify and say we think you should fully
5 fund the VA. It's another to say, and if you
6 don't, we will find somebody to run against you in
7 your congressional district and back them. It's a
8 new activist tool kit for veterans and military
9 families.

10 What we offer to you is we know you want
11 to make this right, we know that there are policy
12 changes that could be made. Sometimes you need
13 some political will to back you up. Sometimes you
14 need some funding to pay for the things you would
15 like to do. I wanted to just share our
16 organization and its goals with you to let you
17 know we're educating the general civilian, we're
18 giving people who want to channel some of the
19 energies -- and you can feel the emotion and
20 energy in this room. If you'd like to channel
21 that into productive activities that will help
22 provide funding and policy changes that will

1 address some of these issues, I invite you to see
2 me after, because we're organizing and we're
3 giving you the tools and attitude and support of
4 the citizens of the United States that you may
5 need to get the money and political will behind
6 what I know you want to do.

7 As I share my story, I've really gotten
8 into -- my role as a national secretary has me
9 networking with a lot of people and I wanted to
10 thank Dana Myers. You know, I run in a lot of
11 circles, and I had not heard of this hearing until
12 I got an e-mail three times removed from Dana.
13 And I think you could do a little better job
14 advertising these hearings. That's just a
15 constructive comment. If you could find a way to
16 reach out a little more, there is more public
17 testimony that I believe would be helpful for you
18 to hear in your work.

19 As I mentioned, now I'm kind of moving
20 around the military community in this sort of
21 activist way, and one of the things I'd like to
22 suggest to anybody in this room. If you'd like

1 your civilian friends to get a better idea of what
2 it means to serve, one of the nicest things that I
3 have found help is encourage them to adopt a
4 military pen pal. There's a lot of big issues in
5 this room that can't be fixed very fast, but you
6 know what? You can reach out and make a
7 difference to just one. It's something that will
8 help your civilian friends see military matters in
9 a whole different way.

10 When you've got skin in the game, even
11 if it's just a pen pal, and you're making your
12 difference in communicating with one deployed
13 soldier, it's going to help your civilian friends
14 understand a little better.

15 That leads me to my military pen pal,
16 Rusty Bell. That's what I did. I was a civilian.
17 I was frustrated. What can I do? I'm going to
18 make a difference to just one. Very fine young
19 man. He was serving his third tour in Iraq. He
20 went over with his National Guard unit from
21 Arkansas. Loved the Army so much, went active
22 duty, was a Chinook helicopter mechanic, loved to

1 fly, was going to put in his packet. He was on
2 his third tour. And although he was a cheerful
3 young man, I could sense some things in the
4 e-mails, like I'm just tired, I want to go home, I
5 haven't seen my family, I miss my horse, but, oh,
6 well, they're paying me. I'll go do my job, got
7 to get water. Bye. August 2005 I get an e-mail
8 that Rusty Bell had committed suicide at Camp
9 Taji, and actually the first e-mail was he was
10 killed and then it slowly became the story was
11 out.

12 I participated -- because of the nature,
13 the friendly nature and the frequency, a couple
14 times a week, of our e-mails, I was interviewed by
15 CID for his psychological autopsy, which is kind
16 of odd, because that's my husband's MOS, so it was
17 sort of a surreal moment for me. It was mentioned
18 in the report, or the way it was going, is that it
19 was family stress. His marriage was falling
20 apart, he's not even 21 years old and he's on his
21 third tour in Iraq. It's not unusual for a young
22 person to have their marriage fall apart when

1 they're never home.

2 This leads to some of the things that I
3 think this group could effect. I heard a little
4 bit about trauma and resilience yesterday and how
5 if a person has a previous trauma that they are
6 less resilient to the PTSD effects. And I'll just
7 refer back to that testimony because it's
8 complicated, but I was very impressed.

9 These are the things that I'd like the
10 commission to consider. Things like multiple
11 deployments, forced extensions, my civilian
12 attitude of bait and switch, deployment lengths
13 and whatnot. These create real stresses and
14 traumas for families. These are systemic policy
15 decisions that the Pentagon or whoever is making
16 that is putting soldiers into a trauma already.
17 And then when they experience the actual trauma of
18 war, you have in essence, already broken down
19 their resilience. So I'd just like to throw that
20 idea out for consideration. Are there things that
21 we are doing to our soldiers that already lower
22 their resistance to PTSD and the effects of that

1 disease?

2 A couple of things -- and we like to
3 focus on solutions. There is chatter about a bill
4 on Capitol Hill that would provide training for
5 first responders, police officers, firemen and
6 -women, doctors, ER doctors, nurses, when they're
7 interacting with veterans with PTSD a lot of times
8 just knowing they have PTSD or are a combat vet,
9 understanding about PTSD will help them respond
10 differently and hopefully better to the veteran as
11 they are coming back into our communities.

12 That leads me to my last sort of
13 specific idea that I think as a group you should
14 consider. I have in my hands the testimony of Dr.
15 Gerald Cross. He's the acting principal deputy
16 under the secretary for health, Department of
17 Veterans Affairs. This was his testimony on
18 September 29th, before the subcommittee on health,
19 House committee on veterans' affairs. I'm going
20 to read, like, five sentences, don't worry,
21 because it was long. This is his testimony on
22 PTSD and TBI, and I will provide a copy to you

1 when I'm finished with it.
2 "VA has created a polytrauma system of
3 care which includes four polytrauma rehabilitation
4 centers to meet the needs of seriously injured
5 veterans returning from operations in Iraq,
6 Afghanistan and elsewhere. The changing face of
7 warfare has necessitated adaptations in our
8 approaches to care for those brave men and women
9 returning home from combat. We accept the
10 challenge of adapting VA's existing integrated
11 system to provide this care."

12 Well and good. We've got a problem.
13 Things are different; we're going to change to
14 meet the need. Going down.

15 "The two conditions" -- and they're
16 talking about TBI and PTSD, "also manifest
17 themselves differently although there are some
18 overlaps". Please pay attention to this
19 particular point. "Those who experience TBI may
20 behave impulsively because of damage that removes
21 many of the brains checks on the regulation of
22 behavior. Without the limits provided by these

1 higher brain functions, these individuals may
2 overreact to seemingly innocent or neutral
3 stimuli. As with TBI" -- now he's going to talk a
4 little bit about PTSD, "individuals with PTSD may
5 also be hyperresponsive to experiences related to
6 trauma. The defining symptoms of PTSD can be
7 clustered into three groups" -- and I won't get
8 into it, "reexperiencing, avoidance or emotional
9 numbing, and increased arousal such as difficulty
10 sleeping, irritability and outbursts of anger."

11 This is pretty well known by anybody who
12 knows things about PTSD. But this is where my
13 concern comes in. I hold in my hand the 2006
14 federal benefits for veterans and dependents put
15 out by the VA. On page one, and this is
16 assumption, I had no idea. It's well known in the
17 veterans' world, but I'm telling you citizens
18 don't know this and they're about to learn. On
19 page one under General Eligibility, "Eligibility
20 for most VA benefits is based upon discharge from
21 active military service under other than
22 dishonorable conditions. Dishonorable or bad

1 conduct discharges issued by general court martial
2 may bar VA benefits. Veterans in prison and
3 parolees must contact a VA regional office to
4 determine eligibility. VA benefits will not be
5 provided to any veteran or dependent wanted for an
6 outstanding felony warrant."

7 I was under the impression that when you
8 served your country and you left with an honorable
9 discharge, you could receive medical treatment
10 from the VA for life. And then I kind of started
11 putting all this together and I called my husband
12 and said, wait a minute. We're not going to take
13 care of people if they, like, 10 years down the
14 road get in some fight with their neighbor and now
15 I have an assault charge. I mean, you're telling
16 me the VA can say you're not an honorable veteran
17 anymore; we aren't going to treat you? And he
18 said, that's exactly right. I'm hoping one of you
19 will prove me wrong.

20 But my concern is listening to the
21 clinical description of TBI and PTSD as being
22 people who are incapable in some situations of

1 controlling their emotions or reactions, and then
2 in turn saying, if you end up in the legal system
3 with a felony conviction, we're not going to take
4 care of you at the VA. I'm concerned about that.
5 If somebody wants to set me straight, I'd be
6 delighted afterwards.

7 In closing, I'd like to mention people
8 who are still active duty that are exhibiting
9 signs of PTSD or stress that are not getting the
10 help they need that are self-medicating and then
11 ultimately are caught doing what we all know is
12 against the rules, whatever that might be and get
13 a bad conduct discharge. They are not going to be
14 receiving treatment from the VA either. As an
15 American citizen, I find this unacceptable. I pay
16 taxes, my friends pay taxes.

17 For every 100 people in the United
18 States, only one serves in our military. Probably
19 another five get it, because they love someone who
20 serves in the military. The rest of the American
21 citizens are going to be informed and made aware
22 and made to care and then we are going to make

1 sure that you have the political will and the
2 money that you need to take care of people who
3 serve us and the people who love them. I have
4 information I can share afterwards. Our
5 organization has members nationwide and I'm going
6 to encourage everyone to find you and share their
7 stories, as appropriate, and I invite you to see
8 me offline if you have any questions, if there are
9 people in the audience who would like to join us
10 in our efforts. Thank you for your time and I'll
11 close there.

12 LTG KILEY: Thank you very much. We're
13 out of time. If you, sir, would like to make a
14 very short statement, but I think we're required
15 to get out of this room pretty soon.

16 DR. ZEISS: Could I just say quickly,
17 I'd love to talk to afterwards. And we can, in
18 fact, not care for people while they're in prison,
19 but we continue to have a commitment to those and
20 I'll talk to you in detail about that afterwards.

21 LTG KILEY: Yeah. There's some details
22 about the discharge.

1 MR. DITTEMORE: I appreciate it very
2 much, sir. My name is Lynn Dittimore. I did turn
3 in a prepared testimony about my buddy, Chuck. I
4 don't know if you made copies and have read it
5 already. I will not dwell on that other than that
6 he was a Vietnam veteran 30 years later. So
7 obviously you folks have a big problem, but I also
8 want to say, us folks have a big problem. It's a
9 society problem.

10 I am a member of Vietnam Veterans
11 Against the War, which means I'm upset about 1,000
12 people getting killed, our service people
13 overseas, 5,000 teenagers committed suicide last
14 year as I can recall. Mental health is a huge
15 problem in this country. I think our Congress is
16 now talking about physical health treatment. I
17 think if people with mental problems walk down the
18 street and you could see physically something
19 wrong with them, we might do something, but the
20 stigma to me is a big problem. I gave a military
21 man a hitchhike -- a ride, I pick up hitchhikers,
22 about 10 years ago. I don't know if he was Gulf

1 War I or Vietnam. I think he was a younger guy
2 and I was talking to him a little bit about this.
3 Maybe you could go to church. And he said, "You
4 know I can't, because I killed somebody." So the
5 stigma is terrible.

6 My background is I worked with divorced
7 people for 10 years, but I won't get into that.
8 The one concern -- just to make the point, to me
9 the key is being able to talk to tell your story.
10 The demon is inside; it has to get outside for you
11 to get healthy. It brings me to a concern about
12 the virtual reality thing. I was here yesterday,
13 I was very impressed with that, and if it works,
14 marvelous. It's cheap, it's online and it's got
15 an acronym, so it's got to be good. But my fear
16 is -- and especially because I heard the one guy
17 that tried it then he had a mental breakdown for
18 two hours and then they got him back on track.
19 Maybe for conditioning, getting guys ready, guys
20 and girls, pardon me.

21 But to me, I know we're in a
22 touchy-feely area, but if I've got a broken arm,

1 hitting it five more times to make it stronger
2 don't work for me. So I ask you to consider that.
3 My chapter is considering starting a counseling
4 session for PTSD. I think -- I know there's ego
5 thing, it's all -- you know, do it all yourself,
6 but I think if you can plant some seeds and do
7 some training with the community, I'm sure there's
8 going to be churches, community organizations who
9 want to help, because as I say, I know it's our
10 problem. Thank you very much and I'm glad you're
11 giving it your attention.

12 LTG KILEY: Thank you very much. Thank
13 you. I'd like to thank everyone who has attended
14 today and actually you've given us a lot to
15 consider. If there's any additional testimony
16 that anyone would like to provide to us, we've got
17 the website up there, please feel free to submit
18 that. With that, this closes the open -- or ends
19 the open session. Thank you all very much.

20 (Whereupon, the PROCEEDINGS were
21 adjourned.)

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