

**Testimony of
Jessica Kavanagh
Founder & President, VetLinks
before the Senate Veterans' Affairs Committee**

June 19, 2019

To the Committee on Veterans' Affairs,

I'm writing to you today on behalf of my late husband, MAJ Brian Kavanagh. Brian was commissioned through the Reserve Officer Training Corps as a Second Lieutenant in the Infantry branch of the Army. As a 2nd LT, Brian completed the Ranger School and was assigned to Bravo Company, 1/8 Infantry, 3rd Brigade, 4th Infantry Division. As a Platoon Leader, Brian led in garrison and combat, receiving two Bronze Stars for actions during his first deployment in Iraq. During his time with 1/8 Infantry, he was promoted to 1st Lieutenant and then Captain. CPT Kavanagh transitioned to the Military Intelligence Branch and served as an Intelligence Advisor to the Afghanistan Army where he received another Bronze Star for actions in combat. Brian finished his Active Duty career as the Company Commander for Alpha Company, 308th Military Intelligence Battalion, 902nd Military Intelligence Group where he earned the Meritorious Service Medal for his service to both Alpha Company and the Aberdeen Proving Ground Military Intelligence Detachment. Brian transitioned to the US Army Reserves and was promoted to the rank of Major. He was activated to serve as the Chief of Joint Operations for the Joint Reserve Intelligence Support Element to the United States Africa Command J2 – Intelligence Directorate.

I met Brian in August of 2009 after he started command of Alpha Company at Aberdeen Proving Ground. Roughly two years later we got married in June of 2011. In December of 2011, Brian was diagnosed with PTSD and was placed on medications for depression, anxiety, and sleep problems including a particularly disturbing pattern of nightmares. After Brian's initial diagnosis and treatment for PTSD while on Active Duty, his symptoms steadily worsened. When Brian transitioned from active service into federal government service we sought treatment with a Psychiatrist within the Maryland VA system. We were assigned a

social worker at a local Veteran Center where Brian had regular sessions along with couple's therapy. Despite what we thought were our best efforts to manage Brian's symptoms for PTS, they continued to worsen.

In May of 2014, Brian acknowledged that he needed something more intensive as his symptoms were getting worse. We asked our VA counselor for recommendations, and they were unaware of where to direct Brian for inpatient help. I called the Veterans' crisis hotline, but they said that if he was not suicidal, they were unable to assist. As I researched for an inpatient unit that would be able to help Veterans' with PTS and substance abuse, I found that nothing seemed to exist. Every Google search came back to "VA Health System," except our social worker at the VA was not even able to provide a location. I ended up finding a place in Washington DC, the Psychiatric Institute. It did not seem to be the right fit for Brian, but we were desperate in our efforts to find anything to help his symptoms ease. For two weeks, Brian stayed at this location with 14 women who suffered PTS from sexual assault. Upon discharge, Brian started with a private practice for further therapy hoping different professionals would be able to help. Our family paid out of pocket for this private treatment.

Fast forward to July of 2015, Brian was unable to continue working. He was severely depressed, would lay in bed for days if not weeks, and his symptoms were becoming unmanageable. We saw his primary care doctor at the VA, and with the request to see a mental health professional to discuss further options, we were given a 6 week wait time.

Meantime, I continued my research to find inpatient units that specialized in PTS and substance abuse, specifically for Veterans. Little came to fruition except for a few private locations around the country that all required cash payments.

On September 11th, when we finally had our highly anticipated appointment with the VA social worker, I told her of these private practice locations that might be able to help. She said that she would have no way of getting Brian a referral to any of those facilities, but could get him a consult so that he could go into the Psych Unit at the Baltimore VA. We felt very defeated and left feeling as if we were back at square one.

By this time, I made it my full-time job to start calling Veterans' advocates and anyone who would listen to me to try to get Brian the help he needed. I started calling VA Centers across the United States to see what specific programs they had for PTS and substance abuse disorder. Not ONE VA center returned my call. I spoke with one veteran advocate who let me know about a new program called the Choice program. I called the number they provided me, and they let me know that Brian was not eligible. I called the Baltimore VA multiple times until I finally spoke with someone, and they let me know that the Choice program did not cover inpatient facilities, only doctor's appointments that had a 30 day wait time or had a distance further than 40 miles from the closest VA.

At this point, Brian was still not back to work, and we were both feeling hopeless. I received a phone call mid-September from a woman in Houston who had heard about our struggles from one of the many phone calls I had made. She let me know that there was going to be a VA Congressional Hearing and the former VA Secretary Bob McDonald was going to be there. She was flying in for the hearing and suggested that I go to try to meet him and ask for assistance. So, on October 7th, of 2015, that's exactly what I did. I introduced myself to Bob McDonald and told him our story along with the battles we were facing. He said "give me three days, and I will help you." Sure enough, a couple of days later, the Martinsburg VA called me and said they could get my husband into their program in 2-4 weeks. Needless to say, I called Mr. McDonald's cell phone after this and let him know their status after he promised me he could help immediately. The VA then called me back a couple of hours later that Friday, and on Monday I was able to get Brian enrolled into their program. I will pause to publicly thank Mr. McDonald for taking the time to personally help Brian.

The program itself lasted 90 days. It consisted of all group sessions and classes, no individualized care. Brian seemed to be doing well while he was there, and seemed to enjoy being around other Veterans'. While he was there, he realized that many of his fellow Veterans were not receiving a lot of the benefits that they had earned or were entitled to. Brian started holding classes there showing them with his laptop how to get set up for their benefits until he was told that he was not able to do this being a patient himself. He continued to do so anyhow. Over Thanksgiving, three weeks before his anticipated discharge, Brian was able to come home for the holiday. He had a complete relapse, and he did not do well being home with myself and our two girls (Meryn and Evie), 3 and 1 at the time.

Our family priest had to take him back to Martinsburg early, and I was left with severe angst about his discharge in three weeks. When I spoke with the social worker after the holiday and expressed my concerns, she said there really wasn't anything more they could do, and that he had already almost completed all of the group sessions. We had an emergency family meeting, and his program lead ensured me that we would have a thorough discharge plan to help continue his progress.

On December 21st, Brian was discharged, and we were to start one on one trauma therapy sessions at the local Veteran Center. After starting in January, he was able to see the social worker there once every 3 to 4 weeks. The social worker explained that there were not enough resources, and that was all he could do for Brian. Brian also decided that he could no longer go back to work doing Counter Intelligence and officially resigned from his position. He decided based on what he experienced during his stay at Martinsburg that he wanted to start a Non-Profit and help Veterans find the immediate resources they might need and get them the benefits they may be entitled to. I thought that this was a great idea and stated that this should be for caregivers and the family as well, considering my own difficulties trying to find Brian help.

Brian's struggles continued. Seeing the social worker at the Veteran Center was not productive with the amount of time we were allotted. Through my own private therapist, I found Brian a trauma therapist who was a Vietnam Vet and had previously worked at the VA. We were paying for two sessions a week for Brian and one session a week for myself. And couples therapy when we could afford it. I applied for Caregivers support and was turned down. We were applying for increased disability for Brian and also turned down. Being able to "prove PTS" proved difficult. I reapplied for Caregivers support and was turned down again. I felt like I was fighting a war on the inside of our household and a war on the outside against the VA, all while working a full-time job and caring for our two young daughters.

On June 28th, 2016 Brian ultimately lost his battle to PTS. I received the phone call from the Baltimore police while driving down 95, and it was the worst moment of my entire life. My entire soul was shattered in the matter of an instance. Never once did I feel that it would have ended like this, we were always just going to

continue our fight. While his life did not end with suicide, it was directly related to his PTS and substance abuse disorder.

During my eulogy, I vowed to continue the fight even if it simply meant saving just one family from the hell that we had to experience. The day after his funeral, I sat around with his best friends and told them of his desire to start a Non-Profit, and then and there in my living room VetLinks.org was created. I threw my grief into Vetlinks.org, and we officially became a 501c3 on December 20th, 2016. A Christmas present from Brian.

Vetlinks.org assists with helping the Veteran, the Caregiver, and family members get the immediate resources they might need, specifically for PTS, TBI, and Substance Abuse disorder while also paying for those services. We have partnered with Code of Support who offers Peer Navigators to each Veteran or Caregiver who calls in to walk them through the entire process and finding them their immediate resources they may need. Vetlinks.org then pays for those services so the process is seamless and helps the Veteran and their family not incur any costs to getting the care they deserve.

To date, we have helped almost 30 families in need. One Veteran worked for the VA himself, was suicidal and suffered from PTS and alcoholism. The VA gave him a 6-week lead time, and we were able to get him into a private inpatient unit and pay for the treatment in two days.

I believe that I met Brian for a bigger purpose. But in a perfect world, Vetlinks.org along with the thousands of other non-profits wouldn't have to exist if our government did their job taking care of our Veterans and Caregivers. I don't understand when less than 1% of our nation selflessly serve our military why the rest of the 99% can't take care of these men and women. If we as a country are going to decide to send our men and women to WAR, we have got to do a better job taking care of them when they come home.

As I now close my remarks, I urge you with every fiber of my being to use your positions of influence within our government to allocate significant resources to help our veterans, caregivers, and family members fight against the effects of PTS, TBI, and substance abuse disorder. Without your help, thousands of veterans and

their families will continue to struggle. Please help me honor my late husband – MAJ Brian Kavanagh – and decide to take action – now.