

**TESTIMONY**  
**OF**  
**VINCENT VANATA, MASTER SERGEANT USMC (RET.) AND JONA VANATA**  
**BEFORE THE**  
**COMMITTEE ON VETERANS AFFAIRS**  
**U.S. SENATE**  
**ON**  
**MENTAL HEALTH CARE AND SUICIDE PREVENTION**  
**NOVEMBER 19, 2014**

Chairman Sanders, Ranking Member Burr, and Members of the Committee:

We are honored to have the opportunity to speak to you today regarding mental health care and suicide prevention.

I proudly served in the United States Marines for 22 years, including 8 years overseas and a combat tour in Iraq. My wife Jona also served in the Marines for 4 years and we both have participated in Wounded Warrior Project's (WWP) Project Odyssey program and work as peer mentors with the organization, assisting other veterans and their families who are struggling to receive effective mental health care in rural Wyoming. We understand deeply the challenges of reintegration for those with combat-related mental health issues, both as mentors for many other warriors and families, and from our own difficult journey. Project Odyssey, part of WWP's Combat Stress Recovery Program, brings warriors together with other combat veterans on outdoor rehabilitative retreats that promote healing. For many warriors, such peer-connection is often the first step toward engagement in treatment. The experiences I gained from Project Odyssey helped me work through challenges related to my combat stress and PTSD and improved my mental attitudes and outlook while encouraging me to build new skills, connect with peers, and find support.

**A Warrior's Road to Recovery**  
**Vinny's Perspective**

I've been retired from the Marine Corps for 11 years. When I retired, I had just returned from deployment. I spent 2 weeks "reintegrating" and then joined our family in rural Cody, Wyoming. The closest base to us is located 400 miles away in Cheyenne, Wyoming.

I look back upon my career as a great one. Each day, we Marines woke up and faced the reality that we could be going into harm's way. We viewed the world as an inherently dangerous place and our military was the first line of defense to preserve our way of life. We accepted the dangers associated with live fire training, operating aircraft, tanks, etc. We were able to mitigate those dangers with prudent safety practices, good training, and accepted risk management.

But when we went to combat the inherent dangers increased and the mitigation decreased. I believe that anyone who goes into harm's way and experiences combat comes back a different person. It is not like a video game. People are actually trying to kill you. You don't get to press the reset button. Yet, the unit I was with only lost one man throughout phases one and two of Operation Iraqi Freedom.

Flash forward to 2014, I've lost three fellow warriors to suicide. Two of these men survived combat without any physical wounds, one of them saved lives on the battlefield as a Navy corpsman. Still, no one knows why they took their own lives. There were no signals or warnings. All three were receiving mental health treatment through the VA. As to whether it was satisfactory treatment, I'm not sure. I am not placing blame on the mental health professionals or on the prescribed medications, nor am I placing any blame upon these warriors for taking their own lives. The fact remains they are dead and any one of their deaths may have been preventable.

When I returned to CONUS, we were told to take some time off and decompress. We received no guidance or direction about what decompressing meant. In my case, I took some leave and travelled home to Cody to be with my family. I went from a combat zone to Cody, Wyoming in three days. As I walked down Main Street the next day, with my two children holding my hands, I heard nearby gunshots. I put each child under my arms as I ran for cover. My daughter yelled, "It's okay, it's only the gunfighters" (the gunfighters are a group of actors who put on shows for tourists each day in the downtown area). As I looked around, I saw the people on the street looking at me as if I had done something wrong.

Shortly thereafter, I returned to 29 Palms, CA and processed out of the Marine Corps. I received no counseling, no guidance, nothing to consider about the precautions of returning from combat and transitioning back to civilian life. I had received the required transition assistance program training before my deployment. But even if I had the training after I returned, it still did not give me any critical information on returning to civilian life after a combat deployment. Within 24 hours I was back in Anytown, USA, a retired Marine.

I did what was expected and eventually found a job in law enforcement as a peace officer. When I took the required psychiatric evaluation for employment I was able to pass, but the doctor commented that I was "guarded." He stated this was not atypical for a person who had recently been in combat. As time went on I was exposed to scenes in civilian law enforcement not very different from the military or combat. I witnessed traumatic car wrecks where people were

mained, saw dead bodies. The hypervigilance, distrust, and violence that surrounded me exacerbated all the feelings I had since returning from my deployment. In 2004, at the urging of my wife, I sought treatment from the Veterans Administration to explore the issues I was experiencing. Quite frankly, I thought I was fine – it was everyone else who had issues.

The nearest VA hospital to us is 120 miles away. However, there is a contracted civilian community based outpatient clinic (CBOC) 22 miles away. The social worker I met with at the CBOC told me that I was her first post 9/11 veteran and she was unsure how to proceed. The primary care provider I was assigned told me I probably had PTSD and prescribed anti-depressants, but they triggered nightmares and sleepless episodes. No formal intake or assessment was ever completed. After a while I stopped attending sessions and sought care from a private medical provider.

In 2007, I went through some very stressful experiences which led me back to the VA to seek treatment. I periodically attended counseling sessions until I reached a point where I felt I could cope again, then stopped. In 2011, I again went through a very stressful event, looking back, it was a crisis point. So, I sought out treatment and found the same social worker at the CBOC who I had seen years before. By that time, she had received training in PTSD and post 9/11 veterans. She referred me to a psychiatrist who I felt had a solid grasp on PTSD treatment. Both professionals were right on target with a course of treatment. Since then, I have attended regular weekly counseling sessions and periodic appointments with a psychiatrist in Sheridan, WY via teleconference, because that's 120 miles away. When that doctor retired, I began teleconferencing sessions with a provider in Casper, WY (210 miles away). I've never met either doctor in person.

It seems as though the doctors at the CBOC have become more familiar with post 9/11 veterans and have worked with the VA to provide acceptable medical care. However, the VA care at the hospitals in Sheridan, WY and Cheyenne, WY has been disappointing. While considering inpatient treatment for PTSD in Sheridan, I visited the facility and was taken aback by the scene – akin to “One Flew over the Cuckoo’s Nest.” I refused to enter the treatment facility. I understand a new facility has been completed, but I haven’t yet been able to visit it.

At the VA, one has to advocate for oneself to receive treatment. There is a lack of patient management from the beginning of a consultation. For example, I had an adverse reaction to a medication and was unable to contact my doctor. I could not drive to the emergency room at the VA 120 miles away, and I was afraid of stopping the medication and going cold turkey. After reading about it online, I made the decision to stop the medication. When I was contacted five days later, the doctor’s nurse told me the doctor was going to prescribe a drug to counteract the negative side effects I was experiencing, but that medication interacted with something else I was taking. When I saw my doctor a month later he tried to prescribe the same medication which initially gave me the adverse reaction. He hadn’t even read my chart prior to seeing me. While I

hold no ill will against the doctor, I wonder if an overburdened system is at fault for requiring the doctor to see too many patients, without enough time to carefully review individual cases.

In 2012, I reached out to WWP at the urging of the mother of a soldier I know. She told me WWP was in tune with post 9/11 veterans and I should give it a try. I contacted WWP, and seamlessly was brought aboard as an alumnus. In the summer of 2012, I attended a Project Odyssey retreat in Telluride, Colorado. There, I was able to connect with 15 other warriors, and for the first time, realized I was not alone. Interacting with these warriors, who were experiencing the same feelings as I was, was such a breath of relief – something which no drug could ever provide. Since then I have been active with WWP and have attended many different events. These events have provided me with opportunities to forge lifelong friendships with other veterans I would have never met otherwise. It's through these events and friendships that I've been able to regain a sense of honor and empowerment.

Through this journey, my wife and I have felt we needed to give back to our community. We knew that there were other veterans in our community who would benefit from the same interaction I had with my fellow brother and sister veterans. My wife and I became peer mentors through the training offered by WWP. Since then we have been able to touch the lives of veterans and spouses alike.

My wife and another spouse started a local support group called Wives of Warriors (WOW). My wife has also reached out to the spouses of Vietnam-era veterans and started another support group for those women. As for myself, I have been able to talk with many veterans individually. Having been in their shoes, I can help them by providing information about resources available to them, connecting them with local assistance, and most times, just listening.

Another milestone was the ability of my wife and me to attend a Couples Project Odyssey in Truckee, California. The interaction with other couples experiencing similar and unique circumstances opened our eyes to the problems we all were experiencing. We were also able to bond with some of those couples and continue our parallel journeys together. This year we were honored to have become couple peer mentors and attended our first Project Odyssey as couple peer mentors. Our experience was one of the most fulfilling opportunities we've had since becoming affiliated with WWP.

While working with veterans as a peer mentor I've observed and heard various stories regarding others' experiences. Some veterans feel a distrust towards the VA due to their past, negative experiences seeking care, conversations with others, and media reports. Some feel like they are lumped into a category, rather than being treated as an individual. Many veterans have indicated that some doctors are quick to push medications instead of exploring other options or alternative treatments. These veterans fear the long term or negative effects of medication, that the medications won't work, or that the VA providers won't treat them if they refuse to take the recommended medications.

Some veterans have had successes with the VA treatment. For example, a 26 year-old former Marine I know returned from Iraq and bounced from job to job. He became dependent on alcohol and pain medication, and was incarcerated in Montana and Wyoming numerous times. Finally, he was facing a felony charge. He regressed to a point where he felt his life was meaningless and began to ponder suicide. He formulated a plan to end his life. Had he not spoken to his father, a former Marine, he would have become a statistic and a memory to his friends and families. He was admitted into a VA hospital, treated for chemical dependency, PTSD, and later placed in a halfway home. After going to a community college, he now attends the University of Wyoming as an engineering student with a 4.0 GPA. His felony was expunged and he enjoys the freedoms he enlisted to defend. His story was a success only because he had the courage to admit he was contemplating suicide, after being turned away from treatment at the VA emergency room once before. I spoke with his father last week, who questioned why the VA had initially turned his son away. If this father was not there for his son, had he not pressed his son about what happened at the emergency room, he would not have taken him back to the VA hospital and encouraged him to tell the truth about what he was going to do to himself.

From my perspective, it seems the VA was not prepared to deal with the numbers of returning veterans. This, coupled with the unique nature of these wars and the advancements of battlefield medicine, brought so many veterans home in need of medical care, both physical and mental.

One of the biggest challenges facing the VA and many veterans' service organizations today is how to reach post 9/11 veterans in rural communities. Veterans living in rural areas face unique obstacles getting engaged with the VA. Distance is a huge factor for many veterans. Many times, driving to a VA involves driving long distances, sometimes in treacherous weather conditions. Often, those rural areas have no public transportation as an alternative. Just getting to a DAV van can be a hundred mile drive. An alternative to trying to get veterans to engage with the VA could be the VA trying to engage with the veteran. That might involve VA personnel or State Veteran Service Officers going out to meet with the veteran to speak with them about the services offered, such as the Caregiver Program does in our area. I realize the VA has mobile vet centers, but effectively getting the word out about their deployment in an area is challenging, at best.

Me and my wife's experiences as peer mentors and the profound impact it's had on our lives and on those with whom we've worked illustrate how important it is in assisting veterans and their families. Whether we're just engaging them and helping them see that they are not alone, or encouraging them to seek treatment, it's a proven method in assisting veterans and their family members in healing from the wounds of war.

## **The Toll of Combat- Related Mental Health Challenges on the Family Jona's Perspective**

When Vinny returned from his deployment, we expected the same husband and father to walk in the door and resume where we left off. Right away we could tell that he was not the same, he seemed closed off, emotionless, and apathetic. He seemed as if he could not engage with us like he did prior to leaving. Though we were all making an effort to aid with the reintegration, it would take years before we made any strides in truly understanding the effect combat has on the entire family.

My children were 12 and 13 when their father returned from deployment. We were not prepared, in any way for what to expect. We had no tools to deal with the PTSD or the TBI from which he was suffering. We went to family counseling in our area, which turned out to be a disaster and only made things worse. The counselor did not recognize the effects of PTSD on a family and really didn't know how to assist us. The stress especially took a toll on our daughter, who we took to 6 different local counselors. We were even advised to have her institutionalized. She was finally diagnosed with secondary PTSD when she was 16. This came as a huge blow for us, but it also helped us begin to truly understand PTSD and the effect it has on family members. I was diagnosed a year later. Prior to my diagnosis, I was on 7 medications for anxiety, depression, sleeping issues – I felt like I had been in combat! Looking back, if we had still lived on a military base, not been so isolated, or had been surrounded by other military families, we likely would have been able to identify the symptoms more quickly and not have suffered so much pain. After the diagnosis we all began to learn tools to help each other heal.

Our family did not ask to be broken; we did not ask to suffer the pains of war that immersed us. In a rural setting it is difficult to find mental health professionals who know how to identify PTSD or secondary PTSD. There was no counseling available for families through the VA at that time. I am thankful for the child psychiatrist we found, who took the time to listen, but it took us several very challenging years to find a provider, and they were located 90 miles away and in another state.

For the first 6 years post-deployment, I was mourning the death of my husband. It seemed like the man who came back to us was not the man who had left us in January 2003. He was physically and emotionally changed and all my children and I desired was the husband and father we once knew. I learned the hard way, suffered in silence, and suffered alone in desperation. I was a member of a support group, Families on the Frontline, that I helped form when my husband deployed. In the beginning, I was the only member who had a spouse deployed; the others were parents, grandparents, sisters, etc. of service members. We supported those deployed and the families left behind. Over the years, during the meetings, I would ask other members, "How is your son/daughter doing?" The response was always, "Oh s/he's just fine, sleeping well, ready to go back, etc." I felt alone, like my veteran was the only one having issues. Their service members were living in other states or had returned to their home base and were telling their families that everything was fine. I realize now that this is the survival attitude

most veterans and family members take on. If we can just get through this hour, this day, this week maybe things will get better, maybe we will be able to handle these injuries. We are taught as military families to always adapt and overcome. However, a few years later, these other families finally began to reveal the issues their loved ones were experiencing.

Once our children graduated college and left home, my husband and I were alone in the house and still trying to overcome the physical and mental wounds of war and the challenges they presented. I have to be honest, in pure desperation, I have been – as we say in the military – in the dark places. I considered taking my own life. The emotional pain and the desperation that we would never find any help was overwhelming. The thought of never having a stable family or marriage again was daunting. I am a Marine, I know how to be tough and be a hard charger, never surrender. One of the main reasons I was able to carry on was the fact I had a constant stream of family members and veterans coming to us, seeking help. We were in so much pain ourselves, but what kept me going was that I was helping other veterans. This engagement, being needed, kept us moving forward.

We know several veterans in our area who have sought out mental health care and felt like the social worker providing the services just did not understand the military culture and the culture of war. For two of the veterans I am concerned about, it has been over 8 years since their first experience at the CBOC – they never returned for care. I know they are in pain, their families are suffering, and they are self-medicating with alcohol.

I have heard this often – from my family and from those with whom I work as a peer mentor – the long wait for a returned phone call from a doctor or nurse, the follow through with referrals, waiting for a prescription at a local pharmacy when the VA fails to mail a medication – these are all exacerbating the anxiety, the anguish, and the other symptoms of PTSD or mental health issue. When there are constant walls they run into, they feel like they are groveling for their benefits. After so many failures it's hard to encourage them to return for mental health care.

We have had it ingrained in us: “Hurry up and Wait.” “Hurry up and wait” doesn't work when you have a fellow veteran who is suicidal, who shows up at the VA hospital, but due to pride, does not say the magic words: “I am suicidal.” Because those magic words aren't spoken, he is turned away, brought to a homeless shelter for some reason, but because there is no bed available, he is turned away again. Why does it have to be at a crisis point, why does it have to be at the point of the veteran being so close, so desperate that he no longer wants to suffer and only then will he be considered for care?

In all wars terrain is very important. If we are fighting in a jungle we train in jungle warfare, if we are fighting in the desert, we do the same. The battle that families face in rural areas continues on, we have very few weapons or resources, so we use what we have, survival instincts

in an environment that does not have the resources needed for us to effectively heal. Unfortunately many veterans and their families have fallen and lost the battle, families are being by divorce and suicide.

I have engaged with hundreds of warriors through WWP events. I know for a fact that engagement and peer support has saved lives! I have met over 30 warriors who have confided in me that at one point they were at the point they were going to take their lives. One stopped because he was afraid his children were coming home from school and he didn't want them to find him. Another had a plan to take his life when his wife and daughter went to the commissary. He had a complete plan laid out, but then a fellow veteran called, engaged him, and assured him the VA would help. Another had the gun and was ready, but then his dog laid his head on his lap and he changed his mind.

We have found such healing, power, strength, and sense of acceptance from meeting with our fellow veterans and family members through WWP. We know what works, we have seen huge transformations and strides, not just with veterans but with the whole family. I know VA has adopted a peer support model in some places, but unfortunately I am not aware that it has been implemented in Wyoming. While I am encouraged VA is adapting their services to meet the mental health needs of this generation, for those of us in rural areas, we are still waiting for a comprehensive approach to engaging veterans and their families in mental health care. Every veteran is unique and mental health care has to engage them where they are, whether that is through traditional counseling, or through peer support, outdoor retreats, or other modalities.

## **Vincent Vanata**

Master Sergeant Vincent Vanata is a veteran of the U. S. Marine Corps. Having served almost 22 years on active duty, he retired honorably after returning from Iraq in 2003 where he participated in the invasion and liberation. Upon completion of his unit's deployment he returned to the United States, retired, and relocated to Cody, WY. Shortly thereafter, Vincent pursued a civilian law enforcement career in Cody. After being home for a few months his family recognized he was not the same and he sought out counselling with the Veterans Administration. His primary care provider thought he might have had PTSD. Since he felt he was not gaining any healing from his treatment he discontinued his participation in counseling. Vincent continued his transition into civilian life and moved forward with his law enforcement career. In 2011, Vincent had reached a defining point in his life which forced him once again to seek treatment from the VA and eventually chose to retire from law enforcement that same year. Shortly thereafter, he was diagnosed with severe PTSD and later joined the WWP as an alumni member. Also, he was later diagnosed with a mild traumatic brain injury (TBI).

Since then Vincent is learning to manage his PTSD triggers, and reactions to triggering events. Combined with his counseling, WWP has enabled Vincent to interact with other veterans who share similar experiences. He, along with his wife Jona, have become peer mentors with WWP and strive to help other veterans with their transitions and their relationships with their families. Vincent and Jona live in Cody, Wyoming. Their adult children, Michael and Gianna, live in Laramie, Wyoming and Bozeman, Montana respectively.

## **Jona Vanata**

Jona is a veteran of the U.S. Marine Corps having served from 1985 to 1989. During her service she met and married her husband Vincent while they were stationed in California. She and her husband spent the next 17 years together while he served on active duty. During that time Jona was the anchor the family depended upon during Vincent's deployments and time away from home. In 2002 Jona and the kids moved from 29 Palms, Ca to Cody, WY in anticipation of Vincent's retirement which was set for April 2003. However, due to the military operations in the Middle East her husband's retirement was put on hold. In February 2003, while her husband was deployed, she and other community members started a troop and family support program for those who were deployed and for those family members who had no support system in northwest Wyoming. They named their group Families on the Frontlines Fellowship. Families on the Frontlines is now a 501c(3) and is still in operation and supporting our service members worldwide, and their families.

Jona is involved in WWP as a peer mentor for individual veterans and has become involved, with her husband, as couple peer mentors. Also, she is her husband's caregiver. She volunteers her time to assist local veterans and their families with a variety of veteran specific issues by finding the resources and organizations to assist these veterans and families. Jona and Vincent have been married for 28 years this month and have two adult children.