

John Millan

Statement of John Millan
Before the
Senate Committee on Veterans' Affairs

April 4, 2012

Thank you Senator Murray, for this experience and opportunity.

I would like to use this time to shed light on a topic that seems to be overlooked, but is equally as important as the work you and your committee are doing to vet the VA health care system. I'd like to discuss how the Washington Army National Guard's medical command facilitates Soldiers who are going through the Medical Evaluation and Physical Evaluation Boards. My experience, I pray, is an isolated incident.

My name is John Millan, and I am a Washington Army National Guard Soldier. I've been so for about 17 years. I volunteered to deploy in 2003, and served in Iraq during Operation Iraqi Freedom II in 2004-2005.

Like so many other service members, I returned home to nightmares, intrusive thoughts, anxiety and a plethora of other PTSD related symptoms. At the urging of my father, Harry Millan, who is seated behind me and who is also a combat Veteran of the first Gulf War, I checked into the Deployment Health Clinic at the Seattle VA. This was in 2005. I've been receiving treatment at the VA since. My providers, Dr. Bradford Felker and Dr. Autumn Paulson have been a tremendous support; compassionate, sincere and vested are a few adjectives that come to mind to describe these two providers.

Despite my struggles with PTSD and until my brush with suicide, I had been attending drill weekends and annual training, fully aware of the impact this participation would have on my family and I. The annual ratings I received from my superiors were nothing short of stellar. The confidence from my command was constantly echelons higher than my pay grade. And the respect from my subordinates was unwavering. The facade I portrayed was of a Soldier who was of strong and sound mental health. I hid the truth from my command for reasons only a Soldier could understand.

I reached out for help in the spring of 2010. I was told I did not meet the medical retention requirements per Army Regulation 40-501. This news, on the onset, was a shock and disappointment to me, but very much welcomed by my wife. What followed this news has been two years of wondering and misinformation. It has been two years of uncertainty, struggle and confusion. Had I known that the Washington Army National Guard did not have an established and supportive process for facilitating Soldiers with mental health concerns through the Medical Evaluation Board, or that I would be left wondering about the fate of my career, I can only assume that I would not have divulged this ailment that continued to compound upon itself, as I selfishly continued to serve. And with this assumption in mind, I can only assume that when I was having severe thoughts of suicide during the summer of 2011, instead of shutting down my

iPad to head home after spending time looking at pictures of my wife Missy and son Max, I would have followed through with my plan of ending my life. My immediate chain-of-command was and has been more than supportive. I cannot say the same about the Washington Army National Guard's medical command. This command's dismissive, uninformed and lack of foresight during this entire process, has created anxiety, panic and stress that nearly lead to my end.

I am not surprised with the number of suicides our armed forces have witnessed in recent years. Honestly, I'm more surprised the numbers aren't higher. I do not make this claim because I have some sort of doomsday outlook on life; I make it based off of my personal experience and first-hand account of hearing an individual, a Soldier and officer who is assigned to support and help Soldiers who are in need of help, minimize my concerns of my mental health. This officer, who is assigned to the Washington Army National Guard's Medical Command, and who claims to work for Madigan Army Medical Center's Medical Evaluation Board tried to convince me to "just be happy with the treatment and compensation you're receiving from the VA". He told me that he was willing to sign the paper work needed to have me discharged immediately. He said it is unlikely I have PTSD, and more likely I have an adjustment disorder and that the Army does not medically retire Soldiers with an adjustment disorder. After he finished telling me how the VA hands out the PTSD diagnosis like candy, he told me that "PTSD does not last for more than five years", and that it is was in my best interest to take the benefits the VA has already provided me. He concluded by saying the VA will stop my benefits when they see that the Army has diagnosed me with an adjustment disorder rather than PTSD, potentially leaving me with no benefits for my family or I. I said to this provider that I'm fully eligible for a medical retirement and this is the route I'd like to peruse. His reply ... "it's your gamble". So, when I say I'm not surprised with the amount of suicides within the Army, it is based off this experience.

My struggle with how the Washington Army National Guard facilitates Soldiers entering or going through the Medical Evaluation Board process extends beyond mindless bantering from an ignorant provider. It extends into the workings of my family and career. Unlike the Active Army, the Washington Army National Guard does not formally educate the Soldier on this complex and convoluted process. Unlike the Active Army, the Washington Army National Guard does not provide the Soldier with an advocate. And, sadly, unlike the Active Army, the Washington Army National Guard does not include the most important member of my treatment team, my wife Missy. There is an unmentioned and implied expectation that Soldiers in my situation are content with the unknown.

The other part of this misfortune focuses on the treatment; not the level of care, but the place of care. From my understanding and according to a notice I recently received, when a National Guard or Reserve component Soldier enters into the Medical Evaluation Board process, their medical packets are sent to Florida. This is where the medical command told me my packet was sent. This medical command could not provide me with a contact person or phone number. This medical command could not tell me if or when my packet was received, and or if other information was needed. Nor could this medical command tell me what was to happen next.

National Guard Soldiers, regardless of their home of record, regardless if they have a major military medical facility thirty minutes from their home, are at the mercy of medical

professionals in Florida and Georgia. In my case, I'm required to travel over three-thousand miles away to attend a board that Madigan Army Medical Center can and does facilitate. This logistical ineptness prevents, from a practicality stand-point, my wife from being with me when I'll need her the most.

Senator Murray, I conclude my testimony by saying that I fully understand and recognize the influx of wounded and injured Service members entering our military medical system. I fully understand and recognize that my experience may be an isolated experience. What I do not understand is why a combat disabled Veteran from the Washington Army National Guard, is not afforded the same opportunity, advocacy and support as the Active Army Soldier he fought next to while in Iraq? How can Interstate Five, the freeway that separates Camp Murray from Joint Base Lewis-McCord, also be the divide that determines going through a complex and discombobulated process here at home and near family, or being sent thousands of miles away, without the support of family, and without the guidance and support the Washington Army National Guard, where I have proudly served for nearly 17 years. Thank you for this opportunity.