1 ENSURING VETERANS RECEIVE THE CARE THEY DESERVE:
2 ADDRESSING VA MENTAL HEALTH PROGRAM MANAGEMENT
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4 WEDNESDAY, AUGUST 7, 2013
5 United States Senate,
6 Committee on Veterans' Affairs,
7 Washington, D.C.
8 The Committee met, pursuant to notice, at 10:00 a.m.,
9 at the Student University Center, Georgia State University,
10 44 Courtland Street SE, Atlanta, Georgia, Hon. Johnny
11 Isakson, presiding.
12 Present: Senator Isakson.
13 OPENING STATEMENT OF SENATOR ISAKSON
14 Senator Isakson. I want to welcome everyone who is
15 here today for this hearing on our Veterans Administration
16 facilities in Atlanta, and really, Veterans Administration
17 services for health care all over the United States of
18 America. I want to first of all welcome our veterans who
19 are here.
20 None of us would be in this position today if it were
21 not for those who fought and risked their lives on behalf of
22 the American people. And I would not be here today as a
23 member of the Veterans Committee if I were not committed to
24 seeing to it the promises that you were made when you
25 enlisted and when you served are kept by your country, and

1 that includes the health care of your life for the rest of
2 your life and the services that you and your family need.
3 I want to thank Dr. Mark Becker, the President of
4 Georgia State University for his outstanding service to our
5 state and facilitating this meeting today, and my long-time
6 friend and his right arm Tom Lewis who is here today who
7 made a lot of this happen. We are very grateful to Georgia
8 State University for all their hospitality.
9 I want to welcome General Butterworth, the Adjutant
10 General of the Georgia National Guard who will testify in
11 our second panel. But most importantly, with deference to
12 every other important person that is here, I want to
13 introduce Pete Wheeler. Pete, wave.
14 [Applause.]
15 Senator Isakson. I have been in elected office in
16 Georgia since 1936 [sic]. Pete Wheeler has been the
17 Commissioner of Veterans Affairs since the 1940s, 65 years
18 in the State of Georgia serving our veterans. Peter, you
19 are wonderful and we love you very much for what you do.
20 To all our VSOs that are here today, thank you for the
21 service you give to the veterans, and as I said before, to
22 all our veterans, thank you for what you do.
23 We are here today to talk because we had a problem in
24 Atlanta at the Atlanta VA, and it has been in the news and
25 it has been in the newspapers and it has been on TV. We

1 have the IG today, the Inspector General, and his deputy.
2 We have Dr. Petzel, who I want to thank for coming today,
3 who is the head of Veterans Health Care for the United
4 States of America. Mr. Sepich, who is the VISN Director for
5 VISN 7.
6 I want to tell you all up front, we have a lot of
7 acronyms in Government. We have far too many acronyms. If
8 we say too many that you do not understand, just stop us.
9 VISN is the Veterans Integrated Service Network--did I get
10 it right--that serves our veterans and he serves the State
11 of Alabama, the State of Georgia, and the State of South
12 Carolina.
13 I want to welcome Ms. Wiggins who is the new Director
14 of the Atlanta VA and came on board about two months ago, I
15 think, and has done an excellent job trying to deal with
16 some of the problems that we had.
17 We had a tragedy at the Atlanta VA. Through
18 unfortunate circumstances and unfortunately mismanagement,
19 we had some totally unacceptable and inappropriate
20 occurrences take place which contributed to the loss of
21 three American veterans. We have had an IG's report to
22 outline recommendations to the Atlanta VA and to the VA in
23 its totality as to what it needs to do to improve that
24 situation so that it never ever happens again.
25 Those circumstances were difficult and they were

1 troubling and the failure of the VA system in those three
2 cases was, to me, deplorable. From that, we must learn and
3 make sure it does not happen again as we deal with the needs
4 of our veterans in the future.
5 Although he has not testified out loud yet, I want to
6 steal a sentence from Dr. Petzel's testimony, the first
7 sentence of the next to last paragraph where Dr. Petzel
8 says, VA has the opportunity and the responsibility to
9 anticipate the health care needs of returning veterans in
10 America. The opportunity and the responsibility. The
11 serious problems we have had with mental health in our
12 military are the future challenge of the VA Administration
13 and VA hospitals and VA health services in America. And
14 there are lots of contributing factors.
15 In Operation Iraqi Freedom and Enduring Freedom and
16 Operation New Dawn, which is the Libyan operation, we lost a
17 total of 6,729 American service men in uniform in 12 years.
18 In one year, this year, we will lose 8,000 veterans to
19 suicide. It is a rampant problem that is getting bigger and
20 bigger and bigger. Twenty-two per day, 8,000 per year. And
21 not just combat-related. In fact, combat is not necessarily
22 the principal cause. PTSD and TBI can, drug abuse can be,
23 family situations can be, lots of different things. But
24 nonetheless, it is a rampant problem.
25 In a survey of our soldiers by the Iraq and Afghan

1 Organization of America, those veterans, they found 30
2 percent of the respondents to their survey say they
3 considered suicide, and 37 percent said they knew someone
4 who had attempted suicide. That is in our military.
5 The United States Senate in the month of September will
6 begin hearings on a DoD authorization, but the principal
7 focus of that authorization is going to be looking at how
8 sexual abuse is reported in the military, because sexual
9 abuse and military sexual trauma is one of the contributing
10 factors to suicide in America's veterans today.
11 We have got to do a better job. We have got to improve
12 the culture within our system to see to it that we
13 eradicate, to the maximum extent possible, these problems.
14 You are never going to get rid of all of them. That is
15 probably not possible, but your dreams ought to be to get
16 rid of all of them. And when you have a failure and a
17 breakdown in the system that contributes to the loss of life
18 of an American veteran, an American citizen, then it is time
19 to have a call to action.
20 And that is what this is today. My goals are to
21 accomplish two things. First, to go over what has been done
22 at the Atlanta VA to address the IG's findings and see to it
23 what happened at the Atlanta VA never happens again.
24 Secondly, to be ensured that the VA nationwide is learning
25 from our experiences, and I know there have been other

1 problems in other VAs, in Pittsburgh and other facilities.
2 We need to learn from these experiences of what we owe our
3 veterans and how we can better serve them in terms of mental
4 health.
5 But we have a second panel as well. The second panel
6 is going to have the Adjutant General from the Georgia Guard
7 to testify. The Guard is an equal partner in the defense of
8 the United States of America. Every Guardsman--and correct
9 me if I am wrong, General--every Guardsman in the Georgia
10 Army Guard has been deployed in Iraqi Freedom or Enduring
11 Freedom except for the band. Is that correct?
12 Major General Butterworth. Some of the band, too, sir.
13 Senator Isakson. Some of the band has been there, too.
14 The Georgia National Guard is an integral part, as is the
15 National Guard nationwide, of our freedom in this country
16 and the defense of our country, and General Butterworth will
17 testify.
18 We will also have outstanding providers from mental
19 health facilities in the city of Atlanta. Peachford
20 Hospital, WellStar Health Systems, and my dear friend James
21 Shepherd and the Shepherd Spinal Center, which does so much
22 great work for wounded warriors, for veterans, and people
23 with spinal injuries.
24 We will also have the Wounded Warrior group testify.
25 Vondell Brown who is the head of their alumni group will

1 testify and he served the United States of America as well.
2 And the reason they are here is this: This is not just a VA
3 problem. This is an American problem. And the VA has got
4 to be open to the solutions of those in the private sector
5 who deal with these problems.
6 We need a solicitous VA that welcomes the support and
7 the solutions and the recommendations of the private sector
8 that works day by day in the same community dealing with the
9 same types of problems. Suicide has a terrible stigma to it
10 and people do not like to talk about it. Drug abuse is a
11 horrible thing and people do not like to talk about it.
12 Sexual harassment and sexual abuse is a horrible thing and
13 people do not want to talk about it.
14 But 8,000 American veterans will die this year of
15 suicide and contributing factors and co-morbidities will be
16 sexual abuse, drug abuse, or problems of that nature that
17 all go back to mental health. This is an important hearing,
18 not for me as a United States Senator, and quite frankly,
19 not for Dr. Petzel as the head of the Health Department. It
20 is important for the veterans of the United States of
21 America, their survivors, their children, and their future
22 and the future of our country.
23 Dr. Petzel and I are merely tools of the American
24 Government to deliver on the promises the American
25 Government has made to the veterans of the United States of

1 America. And I for one, as a member of the Veterans
2 Committee of the United States Senate, will see to it and
3 ensure that we keep that commitment as long as I have a
4 breath in my body.
5 With that said, I am going to open the testimony from
6 our first panel, and I think Dr. Petzel will be first. Dr.
7 Petzel, welcome.

1 STATEMENT OF ROBERT PETZEL, M.D., UNDER SECRETARY
2 FOR HEALTH, VETERANS HEALTH ADMINISTRATION,
3 DEPARTMENT OF VETERANS AFFAIRS ACCOMPANIED BY
4 CHARLES E. SEPICH, DIRECTOR, VA SOUTHEAST NETWORK,
5 VETERANS INTEGRATED SERVICE NETWORK 7 AND LESLIE
6 WIGGINS, DIRECTOR, ATLANTA VA MEDICAL CENTER
7 Dr. Petzel. Senator Isakson, thank you very much. I
8 want to thank you for the opportunity to discuss with you
9 the mental health care at the Atlanta VA Medical Center. I
10 also want to talk about all of the veteran and veteran
11 service organizations that are here today for their service
12 to our nation.
13 I am accompanied by Mr. Charles Sepich, as you
14 mentioned, the Network Director, Veterans Integrated Service
15 Network 7, and Ms. Leslie Wiggins, the Director of the
16 Atlanta VA Medical Center.
17 VA provides many benefits and services to our nation's
18 veterans. As the nation's largest integrated health care
19 system, VA provides health care to more than 6 million
20 veterans, and as of April 30th, 2013, VA has over 20,000
21 mental health care specialists providing care to the 1.3
22 million veterans requiring specialist mental health care.
23 At the VA central office, we have an excellent mental
24 health care group that provides vigorous support and
25 oversight to our medical centers across the country. VA and

1 the Atlanta VA Medical Center leadership take every veteran
2 death, especially suicide, seriously. Even one veteran
3 suicide is a national tragedy.
4 Each time such a tragedy occurs, we re-examine our
5 interactions with the veteran and our processes in order to
6 understand how we can improve the care we provide. We
7 expressed our regret of the incidents that have occurred at
8 the VA Atlanta Medical Center and to those family members
9 that have been affected.
10 In April 2013, the Office of the Inspector General, the
11 IG, issued two reports concerning inpatient mental health
12 care and contract outpatient mental health care at the
13 Atlanta VA Medical Center. VA concurs with all of the IG
14 findings and recommendations, and remains dedicated to
15 providing the highest quality of care to our veterans.
16 Leadership in VA, VHA, VISN 7, and at the Atlanta VA Medical
17 Center is taking aggressive action to address all
18 deficiencies and ensure the safety of our veteran patients.
19 These aggressive actions include holding our employees
20 accountable.
21 In addition, VA is working to implement President
22 Obama's Executive Order to improve access to mental health
23 services for veterans. Since May 2012, the Atlanta VA
24 Medical Center has hired a total of 66 additional mental
25 health employees, including 50 clinical providers, six

1 administrative personnel, and ten peer specialists.
2 The Atlanta VA MC has strengthened policies and
3 developed a system of improved processes to ensure patient
4 safety on the inpatient ward. They have improved the root
5 cause analysis process to ensure that all information is
6 reviewed and that all follow-up actions are completed in a
7 timely fashion.
8 The Atlanta VA Medical Center has strengthened the
9 mental health program oversight through heightened
10 monitoring and notification of patient incident reporting as
11 well as the inpatient rounding process and the documentation
12 of veteran observations.
13 At the national level, VA is revising its inpatient
14 mental health services to include greater standardization of
15 the guidance for hazardous items, visitation, urine drug
16 screening, and escort services. We expect to have this
17 revised policy in place nationally by September 30th of
18 2013.
19 The Atlanta VA MC is closely monitoring mental health
20 care and management of the mental health contracts. To
21 enhance the facility's ability to track and monitor patients
22 receiving contract care, the Atlanta VA Medical Center has
23 reduced the number of contracts with mental health
24 organizations from 26 to 5. Additionally, we have placed
25 case managers at each location to further monitor the

1 contract services. The facility has also completed a
2 comprehensive review of over 5,000 patients that were, in
3 the past, referred for care.
4 VA and the Atlanta VA Medical Center have implemented
5 new processes to reduce wait times, along with aggressive
6 monitoring. 89 percent of the Atlanta VA Medical Center
7 veterans receive a non-urgent mental health care appointment
8 within 14 days with an average of only seven days, and I
9 would say that this is one of the best access waiting times
10 reports in our system.
11 To further enhance VA's partnership with community
12 providers, all VA MC facilities will host a community mental
13 health summit this summer. The Atlanta VA Medical Center
14 will host its mental health summit on August 16th, 2013.
15 In addition, VA has established national pilot projects
16 with 24 community-based mental health and substance abuse
17 providers. The Atlanta VA MC is operating six such pilots
18 to enhance existing agreements or enter into new agreements
19 with community providers. Enhanced agreements include
20 additional coordination of care and the placement of VA
21 staff in community locations to serve as case managers.
22 It is expected that an increased number of veterans
23 will complete a full course of care with community
24 providers. And I might add that Atlanta is the largest user
25 of community providers in our system. They are really a

1 very good example of VA cooperating with the mental health
2 community.
3 Lastly, the facility has a long-term plan and new
4 initiatives in place to expand mental health services and
5 enhance access in the future. The Atlanta VA MC is offering
6 expanded outpatient mental health services at the new Fort
7 McPherson health care facility and expects to open the
8 Oakwood community-based outpatient clinic in September of
9 2013.
10 Sir, we at VA are confident that these initiatives are
11 on the right track and have already improved the safety and
12 quality of care offered to veterans here in Atlanta. The
13 leadership and over 3,600 dedicated staff at the Atlanta VA
14 Medical Center continue to work with our local VSO
15 representatives to emphasize their commitment to providing
16 the best care and access to mental health services in this
17 country.
18 We appreciate your support. My colleagues and I are
19 prepared to respond to your questions.
20 [The prepared statement of Dr. Petzel follows:]

1 Senator Isakson. Thank you. Dr. Shepherd.

1 STATEMENT OF MICHAEL SHEPHERD, M.D., SENIOR
2 MEDICAL CONSULTANT, OFFICE OF HEALTHCARE
3 INSPECTIONS, OFFICE OF INSPECTOR GENERAL,
4 DEPARTMENT OF VETERANS AFFAIRS ACCOMPANIED BY
5 MURRAY LEIGH, DIRECTOR, HEALTHCARE FINANCIAL
6 ANALYSIS DIVISION, OFFICE OF HEALTHCARE
7 INSPECTIONS, OFFICE OF INSPECTOR GENERAL
8 Dr. Shepherd. Senator Isakson, thank you for the
9 opportunity to testify today on two recent IG reports on
10 issues with contracted mental health care and inpatient
11 mental health care at the Atlanta VA MC. I am accompanied
12 by Murray Leigh, Director of the Office of Healthcare
13 Inspections, Healthcare Financial Analysis Division.
14 Reaction to these two reports echoes the absolute
15 frustration and disappointment our team felt during the
16 course of these two inspections. In the Inspector General's
17 Office, we seek to ascertain and analyze the facts, shed
18 light on truth, good or bad, and make recommendations to VA
19 leaders for improvement.
20 Like Congress, the IG has oversight rather than
21 operational responsibility and we rely on those in positions
22 of operational authority at VA to carry out promised
23 improvements in our prior reporting. In the 2011
24 inspection, we substantiated that several mental health
25 clinics had significantly high numbers of patients on their

1 wait lists over a period of months in fiscal year 2010, and
2 we substantiated that facility managers were aware of the
3 wait lists, but were slow in taking actions to address the
4 condition.
5 Medical Center leadership agreed to fix the problem.
6 During the course of the two recent IG inspections, our team
7 was extremely troubled to find ongoing problems with mental
8 health services. Over the past few years, the Medical
9 Center increased utilization of an existing VISN contract
10 for mental health care at the local community service
11 boards.
12 We found administration of the contract for mental
13 health care was mismanaged. In addition, leadership did not
14 put in place adequate mechanisms or staff to track, monitor,
15 coordinate, and oversee patients referred for contracted
16 mental health care. Although the facility estimated 5,000
17 patients were referred for contracted mental health care, in
18 fact they did not even know who or how many were referred or
19 if they were seen.
20 When we reviewed a sample of patients referred by the
21 facility, we found that at least 21 percent were never seen
22 at the CSB. In the interim, patients did not receive
23 ongoing mental health care at the Medical Center, and sadly,
24 some patients fell through the cracks. One veteran died of
25 an apparent drug overdose, a second committed suicide, a

1 third veteran was incarcerated, and others did not receive
2 care.
3 Equally troubling, on the inpatient unit there was no
4 effective implementation of policies or practices to ensure
5 safety regarding drug screens, visitation, patient
6 observation, and escort of patients off the unit. In
7 addition, we found inaccurate documentation of patient
8 whereabouts for a patient under observation who died while
9 on the inpatient mental health unit as a result of a drug
10 overdose.
11 The findings in these reports are disturbing. We made
12 several recommendations delineated in the two reports and we
13 hope changes implemented by the new leadership will improve
14 access to outpatient mental health care and administration
15 of inpatient mental health care for patients served by the
16 Atlanta VA.
17 The OIG will vigorously follow up with the VA in the
18 coming months to verify the VA's promises to Georgia's
19 veterans to verify that they are kept. Thank you again for
20 the opportunity. We would be happy to answer any questions
21 you may have.
22 [The prepared statement of Dr. Shepherd follows:]

1 Senator Isakson. Thank you, Dr. Shepherd. Dr.
2 Shepherd, I want to ask you the first question. What was
3 the root cause, to coin a phrase, that caused you to do
4 these two reports?
5 Dr. Shepherd. Okay. For both reports, we have in the
6 IG a hotline system where people can call in, either
7 anonymously or non-anonymously. That can be staff, that can
8 be families of veterans, veterans can call in and report
9 concerns. And both of these reports arose from hotline
10 complaints, one from a confidential complainant and one from
11 an anonymous complainant.
12 Senator Isakson. So you responded by doing these two
13 investigations because of reports to your hotline by
14 individuals that were anonymous?
15 Dr. Shepherd. One was anonymous, one was confidential,
16 I believe. And in addition, in the wake of the 2011 report,
17 we had like a high sensitivity to the goings on in the
18 Atlanta VA, also.
19 Senator Isakson. Did the Atlanta VA Medical Center in
20 any way invite you to come do an analysis after the suicides
21 took place?
22 Dr. Shepherd. No.
23 Senator Isakson. And were they cooperative when you
24 came to do the investigation?
25 Dr. Shepherd. Yes.

1 Senator Isakson. Have they followed up on the--there
2 were either specific recommendations. I think three of them
3 are still open, is that correct?
4 Dr. Shepherd. Yes, that is correct. Three are still
5 open. We look forward to their actions to provide
6 sufficient evidence for us to close those recommendations.
7 In addition, we are planning to return to the facility this
8 fall to follow up.
9 Senator Isakson. Okay. For the benefit of those in
10 the hearing today and those listening, the Inspector
11 General's Office provides a tremendous service to the
12 American people and I hope you understand what you just
13 heard. These investigations were prompted by reports to the
14 IG's hotline and they responded and found these
15 deficiencies. Am I correct?
16 Dr. Shepherd. That is correct, and I also want to take
17 a quick moment to extend our gratitude to those who called
18 the hotline, to the whistle blowers who pointed out and
19 brought those problems to our attention and the service they
20 have done for Georgia's veterans.
21 Senator Isakson. Sometimes people feel dealing with
22 the Government is hopeless and it is important to know we
23 have opportunities for them to report grievances, have them
24 investigated, and end up having responses like we are
25 experiencing today. Thank you for what you have done.

1 Dr. Shepherd. You are welcome, sir.
2 Senator Isakson. Dr. Petzel, you did an interview in
3 Washington a month or so ago, and I am sure you have not
4 forgotten it, where you were asked by an Atlanta media
5 reporter the question, Have those responsible for the
6 failings at the Atlanta VA in mental health been held
7 accountable? And your answer was, What do you mean by
8 accountable, if I remember correctly.
9 In your opening statement--I am going to read your
10 statement--you said the following: These actions include
11 holding employees as well as senior management accountable.
12 So obviously, in preparing for your testimony today, you
13 know what that word accountable means.
14 In the context of the findings of this IG's reports and
15 the actions taken by the VA, how did you hold those
16 responsible for what has been recognized as negligence and
17 mismanagement accountable for their actions?
18 Dr. Petzel. Thank you, Senator Isakson. We have done
19 several things. First of all, a number of people have been-
20 -have had both corrective and administrative action taken.
21 Two is that two people involved in this process have
22 resigned from--retired from the VA. And then there are a
23 number of actions which are still in process.
24 I have shared the specifics of what has happened with
25 the Committee and I understand the Committee has shared

1 those specifics with you. I am not able to speak publicly
2 about the specific actions that have been taken, but
3 hopefully, the Committee has that information in hand and
4 you are able to see it.
5 Senator Isakson. I was able to review it last night
6 and I thank you for bringing it and providing it to the
7 Committee, and I thank Chairman Sanders for his cooperation
8 in soliciting that response from you and from the
9 Department.
10 And as I remember--and I am going on memory because I
11 turned those papers back in because they are private and I
12 realized that--that there were three who were reprimanded
13 for either negligence or failure to follow instructions, is
14 that correct?
15 Dr. Petzel. There were three, yes. Three corrective
16 administrative, however you want to call them, actions that
17 were taken.
18 Senator Isakson. And those were agreed to by those who
19 were reprimanded, but there are also a couple still open in
20 the administrative process, is that correct?
21 Dr. Petzel. There are a number of actions that are
22 still in process, that is correct.
23 Senator Isakson. And is the VA committed to pursuing
24 those accountability hearings and those processes?
25 Dr. Petzel. Absolutely, sir, yes.

1 Senator Isakson. Mr. Sepich, have you learned anything
2 from the experience at the Atlanta VA that might help you in
3 South Carolina and Alabama?
4 Mr. Sepich. Thank you, Senator Isakson, for that
5 question. Undoubtedly, I have learned quite a bit, sir. I
6 would tell you some of what I have learned is the importance
7 of communication. We need to be able to communicate. We
8 need to be able to communicate with our veterans and their
9 families. We need to be able to communicate with our VSOs.
10 More importantly, as you have recognized and as the IG
11 recognized, I see it as very positive. Our staff wants to
12 do the right thing. It wants to make sure we are providing
13 the best care. So that communication is predominantly one
14 of the lessons I have learned, and every day we are going to
15 work to improve and enhance that.
16 Senator, I will tell you there are some other things I
17 have learned as well. Alignment. It is the alignment of
18 our staff with the outcomes for our patients. We need to
19 make sure that we have personalized care for every veteran
20 that we treat. And as you know, sir, every veteran may have
21 a different need, so we are looking very hard at that.
22 And the third thing is processes and systems. With the
23 3,600 people at Atlanta, most of them doing a good job every
24 single day, there are processes that continue to need to be
25 looked at and evaluated. Sometimes those processes, we need

1 to improve on those so the outcomes will be better. Those
2 are the primary three things that I have taken away.
3 Senator Isakson. Well, for you and for Dr. Petzel and
4 for Director Wiggins, there is an important message in my
5 response to what you said and I appreciate your remarks. It
6 is important for us to have our people who provide services
7 to our veterans trained to deliver the service they are to
8 deliver. But also, it is important that they be counseled
9 and we have a culture of cooperation and empathy and
10 solicitous attitudes on behalf of our service reps.
11 I think it is inexcusable, and I think one of the
12 testimonies was, 21 percent never receive service of mental
13 health people who were referred. Is that correct?
14 Mr. Sepich. Correct.
15 Senator Isakson. That is inexcusable. I mean, that is
16 absolutely inexcusable. Someone who has a mental health
17 problem and may be at risk for their own life, to think one
18 in five do not get any service at all. Secondly, and I do
19 not want to misquote Sergeant Brown who will testify in the
20 second panel, served our country bravely.
21 He will testify that he hears from many of the wounded
22 warriors that the VA counselors that they meet with to
23 discuss their mental health problems, which in themselves
24 are sensitive, sometimes seem just not to even care. I know
25 from personal experience from friends that I have had that

1 mental health challenges are extremely sensitive and often
2 become insular to the individual and not shared.
3 And if someone is cold or uncaring or not solicitous,
4 you can never solve their problem because they do not open
5 up; they close up. And I would like to hear from Director
6 Wiggins--and I know you have some of your specialists in
7 mental health here--what are you doing to see to it that the
8 culture in the mental health department at the Atlanta VA is
9 such that a veteran who goes there can actually get help
10 because they feel like they are wanted, number one, and
11 secondly, were solicitous enough to get the information from
12 them to recommend a treatment pattern and a regimen that is
13 appropriate?
14 Ms. Wiggins. Thank you, Senator Isakson. I can tell
15 you one of the primary things I do each and every day I
16 enter that building is remind the staff and support systems
17 that I am working with daily that we are here only because
18 of a veteran risked his life for us, and I am constantly
19 identifying opportunities to keep them focused on that very
20 important mission, whether it is making a decision about how
21 to care for a veteran or how to build a new process that
22 leads to better outcomes for veterans.
23 I set the expectation and I model that expectation each
24 and every day I am in that organization. Thank you.
25 Senator Isakson. I talked to a veteran not long ago

1 who has received mental health services from the Atlanta VA,
2 who had a friend who also received services from the Atlanta
3 VA, and he told me that upon first visit, that friend of his
4 was medicated for his problem. Did not have another visit
5 or contact with the Veterans Administration for a year and
6 stayed on the medication.
7 The principal co-morbidity for deaths by suicide or
8 overdose are drug abuse. The drugs that you use in mental
9 health are themselves have side effects and need to be
10 monitored closely. How can a veteran go to the Atlanta VA,
11 have one appointment, be prescribed medications and never
12 visited or contacted again for a year?
13 Ms. Wiggins. Thank you, sir. What I would like to
14 tell you is that some of the systems and processes Dr.
15 Petzel just mentioned that we have put in place will prevent
16 those kind of things from occurring. First of all, every
17 veteran that we see when they first come to the facility
18 receive a comprehensive assessment, and so we find out what
19 is going on. And like you said earlier, they receive
20 sometimes medication immediately for that initial presenting
21 problem.
22 Now they are immediately attached with a clinical
23 social worker who guides that veteran, stays attached to
24 that veteran until they get those follow-up appointments,
25 all of which we expect to happen in 14 days or less. Most

1 of them happen right now around seven days.
2 That veteran, before we leaves our organization,
3 receives the name, phone number, contact information of that
4 liaison and that liaison, each and every one of which I have
5 met with, understand their responsibility in assuming the
6 responsibility of making that next step appointment for that
7 veteran. And they have all been successful in doing that
8 since my arrival on station here, sir.
9 Senator Isakson. And the records should reflect that
10 those policies did not exist prior to your arrival or prior
11 to the report of the three instances in the VA, is that
12 correct?
13 Ms. Wiggins. Yes. During the time that the IG visited
14 our facility, we did not have clinical social workers
15 embedded in those organizations. We have five outpatient
16 organizations and one inpatient organization you will hear
17 from on your second panel, Peachford.
18 At each of those organizations, we have at least one
19 licensed social worker in those organizations whose
20 responsibility is to work with that veteran and that
21 organization to make sure that veteran gets the care that
22 they deserve; that that care then meets the standard that
23 the VA has set so that there is no difference, there is no
24 opportunity for them to fall through the cracks.
25 Senator Isakson. What is the caseload of those social

1 workers?

2 Ms. Wiggins. Right now it varies, but our goal is to
3 keep that at a very working level. Right now, I think, when
4 I met with them maybe a week ago, they average about one per
5 every 150 veterans.

6 Senator Isakson. It is one caseworker per 150
7 veterans?

8 Ms. Wiggins. Right.

9 Senator Isakson. Or per 150 veterans in need of mental
10 health services?

11 Ms. Wiggins. No. For veterans in the contract
12 program. Now, there is a difference, sir, between the
13 licensed social workers in these roles to prevent veterans
14 from falling through cracks. They are not a health care
15 specialist providing specialized treatment and care. They
16 are the special liaison to make sure they monitor veterans
17 as time goes on and make sure they go from one very
18 specialized organization, the VA and their mental health
19 assessment to another specialized provider in the community.

20 So their ratio is different than you would have if you
21 were providing the primary care that veterans need. They
22 are smart enough to know when the veteran's needs changes,
23 when we need to expedite movement from one system to the
24 other, and those kinds of things. So that is what they do.

25 After they connect the veteran to the community

1 organization, they then provide monitoring. Is that veteran
2 coming to his appointments, his or her appointments? Are
3 there things about that veteran changing? Are they not
4 engaged? Are they not communicating with us? Do they need
5 a return visit? Because if their condition changes, if
6 something becomes urgent, they not only have communication
7 opportunities with us, our licensed social workers reach out
8 to them. They do not wait until things get to a point where
9 they are lost in the system.
10 Senator Isakson. And in that particular example of
11 communication between the veteran and the social worker--
12 Ms. Wiggins. That is right.
13 Senator Isakson. --is it not true that had that been
14 in existence prior to your getting there, one of the three
15 tragic instances that happened at the Atlanta VA probably
16 would not have happened.
17 Ms. Wiggins. Well, sir, I can tell you that their
18 existence in those organizations has certainly sealed up a
19 lot of the cracks that may have been in place before,
20 because they take very proactive steps to reach out to these
21 veterans on a daily basis.
22 Senator Isakson. How much do you share with other VA
23 medical facilities your practices and what you are doing?
24 Ms. Wiggins. Every bit of it, sir. Ever since I have
25 arrived, we have had the opportunity to communicate with not

1 only Central Office, with other colleagues in this business.
2 We have regular forums, not only in this VISN, but
3 nationwide, where we get to talk as colleagues about best
4 practices.
5 Senator Isakson. One thing I want to just point--I
6 will be right to you, Dr. Petzel. One thing I would like to
7 point out, and I know the staff behind me knows this, we
8 have been on this issue for some time. About two hours and
9 a half from here is Augusta, Georgia. You have the Charlie
10 Norwood Uptown VA in Augusta, Georgia, where General
11 Schoomaker, before he went to Walter Reed, instituted a
12 seamless transition from DoD Severance to Veterans Health
13 Care, which is recognized nationally as one of the key
14 programs to keep veterans from falling between the cracks.
15 Ms. Wiggins. That is right.
16 Senator Isakson. That has been in existence for three
17 or four years. I am not being critical of you, but I am
18 just saying, I do not think the VA hospitals talk to each
19 other. I do not think there is a conduit for communication.
20 I hope these summits that you are getting ready to conduct
21 will do that. But a lot of the things you have talked about
22 I know are in place at Augusta and were in place before the
23 incidences happened in Atlanta.
24 So I appreciate what you are doing, but it also
25 indicates how much better communication we need within the

1 VA facilities to make the seamless transition the same for
2 our facilities as they are for our soldiers. Dr. Petzel?
3 Dr. Petzel. I was just going to comment, Senator
4 Isakson, it is really my responsibility to see that these
5 best practices are spread and made known throughout the
6 system. And the example that Ms. Wiggins mentioned of the
7 case management is something that we have taken out of the
8 experience at Atlanta, and in terms of contract mental
9 health care have implemented that or begun to implement that
10 at other places where we have similar kinds of contracts.
11 Senator Isakson. Well, I appreciate your taking the
12 responsibility for doing that, because in all the work I
13 have done with the VA and with veterans and with VSOs and
14 with families of loved ones who have been lost, the one
15 thing that keeps coming around is that the organization is
16 more insular than it is exposing itself to the outside, and
17 therefore, it talks to each other without talking to
18 everybody it should talk to.
19 I think communication is a significant problem. And
20 back to--I will get right to you in just one second. Dr.
21 Wiggins, this ratio of one to 150 veterans, in terms of your
22 social workers--is that what you called them?
23 Ms. Wiggins. Yes.
24 Senator Isakson. Are they the ones that do the
25 prescriptive treatments for the worker or are they just the

1 ones that see the worker gets to their appointments and
2 follows their--
3 Ms. Wiggins. They are the ones--you are correct, sir.
4 They are the ones who facilitate the movement of that
5 veteran. That warm hand-off that you just talked about,
6 that is their primary role. They also oversee the care that
7 is done. They do chart reviews. They make sure that the
8 folks that we are sending our veterans to understand the
9 expectations, and they are there as a safety net for our
10 veterans.
11 The veterans can talk to you about they know who these
12 social workers are, that they are interfacing with them.
13 Each of our community providers have given our liaison space
14 right in their organizations. They not only facilitate oral
15 communication, they also have access to our medical records
16 system where reporting back and forth key information that
17 we want to have shared.
18 Senator Isakson. I know mental health and soft tissue
19 issues are a whole lot different than sewing up a wound.
20 And each one is different, which means each veteran's plan
21 really should be individualized when it comes to mental
22 health.
23 Ms. Wiggins. Absolutely.
24 Senator Isakson. One size does not fit all. Are your
25 mental health experts with whom these social workers are

1 working with, in terms of the treatment plan for this
2 veteran, (a) are the plans individualized? And second, does
3 the social worker get the communication to know what the
4 plan is, to work with the veteran to see to it they follow
5 the recommendations?
6 Ms. Wiggins. Absolutely. The first step is that they
7 get what is called an MHAT plan, Mental Health Assessment
8 Treatment. It is an organization that totally exists to
9 really give that veteran a very complex, very thorough
10 overview about his or her needs.
11 And from that assessment, they make a determination
12 about which organization would be best to meet that
13 veteran's needs. They also take into account where that
14 veteran wants to receive their care. That is why it is
15 important for us to have these community relationships
16 throughout the state, so that a veteran can be close to
17 friends or family, and it is their choice basically.
18 So after that MHAT exam, that very comprehensive exam,
19 the social worker who is going to be responsible for that
20 veteran in that next step is oriented to the needs of that
21 veteran, how frequently they need to meet, the other care
22 initiatives that are identified in the individualized
23 treatment plan, so that when that veteran falls off of that
24 plan, they quickly notify the professionals that we need to
25 maybe change something about this veteran's plan. That is

1 the huge difference it makes by having them right on site
2 where they can easily access our veterans.
3 Senator Isakson. Mr. Sepich?
4 Mr. Sepich. Senator, may I go back to that question
5 and that example used at Charlie Norwood?
6 Senator Isakson. Sure.
7 Mr. Sepich. I could not agree with you more about when
8 you talked about the communications and that we need to work
9 and be smart about that. I wanted to let you know and let
10 the Committee know, one of the things we have done is
11 established a mental health council. What that council
12 does, and it is VISN-wide, and as you explained, it
13 encompasses both Georgia as well as Alabama as well as South
14 Carolina, but it does look at access, it does look at
15 recruiting, and it also goes into some of the things Ms.
16 Wiggins talked about.
17 Complete agreement with the seamless transition. I
18 will tell you, sir, that I have some experience with that
19 having--I have been in charge of a poly-trauma unit. I
20 think there are many lessons we can learn from there, and
21 that is one of the things I want to take as my
22 responsibility is to further communicate not only in VISN 7,
23 but as I support Dr. Petzel and our entire organization.
24 Senator Isakson. I appreciate your attention. I
25 appreciate your recognizing the importance of sharing. As

1 an elected member of the Senate, I do not want to encourage
2 trips to Las Vegas and line dancing on behalf of the VA,
3 because that has gotten a lot of attention at the IRS, but I
4 would say communication of best practices and a system to do
5 that can be of immeasurable help, because I ran a company.
6 A lot of times you have workers who do not want to ask
7 to be helped to do something because they think they are
8 supposed to know, when in fact they are new and are not. So
9 I think the better your communication, the better that
10 culture is, the more problems you avoid.
11 Mr. Sepich. Yes, sir, Senator, and I think again the
12 example of our staff wanting to do the right things is a
13 tremendous asset that we are going to maximize.
14 Senator Isakson. Doctor--you are not a doctor, but you
15 should be. Director Wiggins, if one of your specialists
16 prescribes a medication therapy, a pharmaceutical therapy to
17 a veteran being treated for mental health issues, what
18 opportunity does the veteran have to accept or reject that
19 method of treatment?
20 Ms. Wiggins. Every bit of the opportunity. The
21 decision is the veteran's to cooperate with the care that is
22 prescribed or recommended, actually. They sit down with the
23 veteran and part of the comprehensive assessment is to
24 identify what that veteran would like to see happen, what
25 that veteran's goal is for wellness.

1 They really push it, this Atlanta VA, a program called
2 Recovery Model, helping that veteran think about recovery
3 versus being dependent on the mental health system, and that
4 requires the veteran to be engaged, to speak up very clearly
5 about what their end goal is, and then that clinical staff
6 has to put that plan together to help that veteran meet that
7 goal so that he or she can achieve their recovery.
8 So for the veteran, say, my goal is to be a Senator one
9 day, and something about that medication or that treatment
10 plan is going to get in the way of that, then that team has
11 to go back and redesign in a way that that veteran's goals
12 are met along the way of getting well.
13 Senator Isakson. This is a loaded question.
14 Ms. Wiggins. Okay. Thanks for the warning.
15 Senator Isakson. You know, 21 percent of those
16 veterans that visited the VA in Atlanta never got service.
17 Remember that comment?
18 Ms. Wiggins. Yes, I remember that comment.
19 Senator Isakson. Given what has been put in place at
20 the Atlanta VA, do you think that number would be the same a
21 year from now?
22 Ms. Wiggins. Absolutely not. It is not the same
23 today. I can tell you for sure that every veteran seeking
24 care at our organization gets an appointment in no greater
25 than 14 days, most of them within seven. Before they leave

1 that mental health assessment that I talked about that is
2 real important in identifying what the veteran needs, they
3 get their appointment.

4 We call one of our community organizations and they are
5 working with us to make sure that veteran, before they leave
6 there, they are assured that that next step is already
7 outlined, there is someone in place that can set me along my
8 way, and if I have problems, I have a whole host of numbers
9 and folks waiting for that call. And it has been working.
10 I can tell you that.

11 Senator Isakson. Thank you. Dr. Petzel, in your
12 remarks, printed remarks--I am not sure whether you read all
13 of them or not so I will not say that you said them--but in
14 your printed remarks that I received two days ago--and I
15 appreciate you being almost right on time on getting that to
16 me. I was very impressed. It is not done that often, but
17 you did a good job and I thank you for that.

18 You referred to 66 new employees at the Atlanta VA.
19 Was that a by-product of President Obama's Executive Order
20 or was that a problem in trying to beef up the social
21 workers and the people in the mental health department?

22 Dr. Petzel. It was really a two-pronged motivation for
23 that. 66 new employees, 50 of them are clinical, ten of
24 them are new peer counselors, a new profession that we are
25 instituting, and six of them were administrative people.

1 And the hiring really began back as early as April of 2012,
2 continued, and was accelerated after the IG report and we
3 discovered that there was a larger need than initially had
4 been anticipated.
5 The Secretary made available the resources for Atlanta
6 to hire even more people than we had originally planned. So
7 it was two-pronged. It was a response to the IG's report
8 and it was a part of the hiring 1,600 new clinical
9 professionals.
10 Senator Isakson. When the VA has a tragedy in one of
11 their facilities, you have a policy called Root Cause where
12 immediately the vet organization in that hospital or that
13 CBAC is supposed to investigate the incident, what it was
14 and what happened, and see what the contributing factors
15 were. Is that correct?
16 Dr. Petzel. That is correct.
17 Senator Isakson. Was that done in the case of these
18 three instances, of one overdose and two suicides?
19 Dr. Petzel. It was not done well. One of the major
20 criticisms in the IG report was that there was poor follow-
21 up and really poor institution, in fact, of the review
22 policy. So it just was not done well. We openly admit
23 that.
24 Senator Isakson. Well, I am glad that you do and the
25 most embarrassing thing to the United States, as far as my

1 estimation, of all the things that have come out in this was
2 that it took two, one anonymous and one known whistle
3 blower, to notify the IG that something was wrong at the
4 Atlanta VA, when if you did a good root cause analysis, you
5 would have known something was wrong and you should have
6 been calling your own IG to come in and investigate it. Am
7 I right?
8 Dr. Petzel. Correct.
9 Senator Isakson. Okay. And I hope the VISNs and the
10 other VA people will recognize, I appreciate what the IGs
11 do. Their job would be a whole hell of a lot easier if the
12 internal operations were such they got the information
13 timely and we looked not to clean up a mess, but to find out
14 what went wrong and make sure it never happens again.
15 Dr. Petzel. And we appreciate what they do, both with
16 their hotline calls elucidating problems that we are not
17 aware of, and with their comprehensive review process that
18 occurs every three years at a facility. They are very
19 helpful to us, very helpful.
20 Senator Isakson. And I want the audience to know, the
21 IG's job is not to solve the problem. It is to identify the
22 problem and the contributing and mitigating factors, but
23 they do a tremendous job of continuing follow-up, and I am
24 looking forward to getting a follow-up report from the IG
25 when you all close those last three open issues of your

1 eight recommendations. I think that is important for us to
2 know, not just for Atlanta, but for everybody else.
3 Mr. Leigh, I have left you alone. That is sometimes
4 good, it is sometimes bad. You may get the last question.
5 You are in charge of finances, is that right, at the IG?
6 Your expertise is finances?
7 Mr. Leigh. That is my expertise, but I do work for the
8 Office of Healthcare Inspections, so we look at the business
9 side of the medical care. So in the case of this hotline,
10 it was originally about contract mismanagement and it
11 quickly grew into seeing how the clinicians were overwhelmed
12 with the number of patients. So we had extra inspectors
13 come in and we started to expand what we looked at.
14 Senator Isakson. Well, since you are a financial guy,
15 I want to pose a question you may not know the answer to,
16 but I bet you Dr. Petzel will. I think this information is
17 important. You know, the whole United States Government
18 bears responsibility to our veterans, whether it is G.I.
19 Bill and education, whether it is me as a United States
20 Senator, to our military academies or to our bases or to our
21 commissaries, whatever the issue might be.
22 So we are not just inquisitors in Congress or the ones
23 that give people a hard time. We are supposed to be the
24 ones making your job easier. I want to make sure the public
25 knows, and correct me if I am wrong, and Dr. Petzel, you

1 will know for sure.

2 But in this time of austere times where we are doing
3 significant cutting in the budget, sequestration and the
4 like, particularly at DoD--and I know General Butterworth
5 knows exactly what I am talking about--is it not true that
6 there has been no reduction in veterans' health care
7 services and, in fact, they are forward-funded to avoid a
8 Government shutdown deciding to cut off service?

9 Mr. Leigh. That is correct, sir.

10 Senator Isakson. I just wanted everybody to know that
11 as bad as we are sometimes in Congress about not thinking
12 about unintended consequences, when we have gotten in these
13 budget battles and these cuts, we have ensured that
14 veterans' health care (a) is not cut, and (b) is forward-
15 funded. In fact, it is the only unit of the budget in
16 history has ever been funded for two years in advance,
17 rather than just one, and we did that three years ago after
18 the first Government shutdown crisis.

19 Dr. Petzel. That is correct.

20 Senator Isakson. For our VSOs that are in the audience
21 and our military personnel, that is evidence of the
22 commitment your country has to you and now we are going to
23 be committed to seeing to it the quality of service
24 continues to match the quality of funding. Ms. Wiggins?

25 Ms. Wiggins. Yes.

1 Senator Isakson. I missed a question when we were
2 talking about medication, which is a very important
3 question.
4 Ms. Wiggins. Okay.
5 Senator Isakson. Who provides--once of your counselors
6 makes an analysis and prescribes a medication and discusses
7 it with the veteran and the veteran says, I will take it,
8 who provides that prescription, a pharmacist or the VA?
9 Ms. Wiggins. The VA pharmacy.
10 Senator Isakson. What attention is paid to drug
11 interaction?
12 Ms. Wiggins. A great deal of attention is paid. They
13 have mandatory checks of what the veterans are on. They run
14 tests--and I do not want to misspeak, but they do have
15 required reviews of the patient's medication. We have a
16 pharmacy and therapeutic committee that looks at untoward
17 events and some other things.
18 And for the record, if you need more information, I can
19 have those experts talk to you about how they do that. But
20 that is a regular part of the process. And maybe, Dr.
21 Petzel, you can speak more to it.
22 Senator Isakson. Dr. Petzel.
23 Dr. Petzel. I would want to describe two things,
24 Senator. One is that because of the advanced computerized
25 medical record system we have, we have a very sophisticated

1 drug-drug interaction program in that computer which does an
2 excellent job of warning people about the potential
3 conflicts of drugs.
4 But I think more importantly is that we have instituted
5 a program for people that are receiving psychotropic drugs,
6 the things that you would see prescribed for depression,
7 PTSD, et cetera, where we now have a printout which we do
8 distribute to each one of the medical centers that describes
9 what we call outliers in terms of doses and numbers of drugs
10 that they are receiving, and also reflects the people that
11 are prescribing, in other words, looking at outliers in
12 terms of prescribing.
13 Then we send in an individual to do what we call
14 academic detailing, what you might call counseling, to
15 discuss the prescribing habits with individual
16 practitioners. Where we have done this, there has been a
17 dramatic reduction in the number of drugs that someone is
18 taking and a dramatic reduction in the doses of the drugs
19 that people are taking. We believe that this is the future
20 in terms of controlling the prescribing of psychotropic
21 drugs.
22 Senator Isakson. And the electronic system is a great
23 big asset to the VA and there has been testimony to that
24 from the outside.
25 Dr. Petzel. It is a huge asset. Yes, a huge asset.

1 Senator Isakson. I want to go to another subject
2 contributing to the mental health of our veterans and that
3 is the wait times for adjudication of claims in the VA,
4 which are awful. They have been improving a little bit
5 because of the mandated overtime periods and things like
6 that. I know there is an integrated computer system that is
7 supposed to be in by 2015 that is supposed to be the
8 solution, but I also know we have got a million veterans on
9 top of the veterans we serve today who are coming.
10 The wait times are totally unacceptable for service.
11 Now, you mentioned in your remarks, I quote, Over the last
12 few months, the facility has reduced appointment wait times.
13 89.6 percent of Atlanta VA MC veterans receive a non-urgent
14 mental health appointment within 14 days. Are you paying
15 that type of attention to claims other than mental health?
16 Dr. Petzel. That does not refer, sir, to claims. That
17 refers to people that are coming to us--
18 Senator Isakson. Because of service.
19 Dr. Petzel. --for health--
20 Senator Isakson. But a claim is a service, although I
21 understand it is more complicated than that.
22 Dr. Petzel. The Atlanta VA MC actually has done a very
23 good job. There are two aspects to this. One is the work
24 that the Veterans Benefits Administration does, and then our
25 role in this is providing the examination for a claim. So

1 they will file a claim with VBA. It will then result in VBA
2 asking us to do an examination and the Atlanta VA Medical
3 Center does an excellent job.
4 We get--across the nation, we get these medical exams
5 done in less than 30 days across the country, and that
6 applies here as well. There are other parts of adjudicating
7 and getting that claim eventually done that VBA is, I think,
8 doing a very good job of trying to address.
9 One, they are computerizing their record system. You
10 know, it has been a paper-bound system for as long as I have
11 been in the VA, and now it is becoming computerized. And
12 with the overtime, et cetera, they have actually dropped
13 that backlog by 100,000 last month and 100,000 the month
14 before. We will make that goal of getting the backlog and
15 getting the claims done within 120 days. We will make that
16 goal by 2015.
17 Senator Isakson. Well, we are moving in the right
18 direction.
19 Dr. Petzel. We are.
20 Senator Isakson. From what I have heard from you, I
21 want to acknowledge to the audience the fact that in your
22 first response to me, you took responsibility, which I
23 really appreciate. You know, the head of the program is the
24 head of the program, and what happens in the program is a
25 reflection on how good a job you are doing.

1 Dr. Petzel. Correct.

2 Senator Isakson. And part of that is taking
3 responsibility for the job that you have and I appreciate
4 that. Ms. Wiggins, I appreciate the fact that within two
5 weeks or a month of coming to Atlanta, you have made an
6 appointment to come see me and give me more information than
7 I needed to know at the time about what you were doing, and
8 if you will keep up that momentum, then we can address this.

9 Ms. Wiggins. Okay.

10 Senator Isakson. Mr. Sepich, VISN 7 is a very
11 important region for me, Senator Graham, Senator Scott,
12 Senator Shelby, Senator Sessions, Senator Chambliss. Those
13 are our three states and we want to have the best service to
14 our veterans we can possibly have. I have been impressed
15 with your answers and your attention. I hope you will
16 continue to focus on that.

17 And if you will work on that collaboration like we
18 talked about that was done at Charlie Norwood VA, I think we
19 can overcome some problems that we have. I have asked you
20 all to stay for the second panel and I have for a specific
21 reason. I am told you all do not listen very good to the
22 outside and I am told you are not good at asking for help
23 from the outside.

24 You are going to hear from a lot of people who want to
25 tell you what their problems are and want to offer you help

1 that deal with the same terrible traumas that you have to
2 deal with every day in the private sector and it is very
3 important.
4 I want to thank the IG for coming today. I want to
5 acknowledge to the audience that I was given one voluntarily
6 submitted testimony from an organization, the Institute for
7 Veterans Health. It will be submitted for the record.
8 [The testimony of the Institute for Veterans Health
9 follows:]
10 / COMMITTEE INSERT

1 Senator Isakson. If anybody else has information they
2 want to submit to the Committee, the brains of this
3 organization is not me, it is behind me. So if you have
4 something you would like to submit today, if you will bring
5 it forward at the end of the second panel, we will be happy
6 to include it for the record.
7 And while I am pointing over my--I guess they are still
8 there--we are so blessed in the Congress of the United
9 States to have the type of staff that allow us to serve 10.5
10 million people and over 750,000 veterans in our state, and I
11 have a tremendous staff. Senator Burr's staff from North
12 Carolina, is the ranking member, is here. Senator Sanders
13 from Vermont who has been great in facilitating this hearing
14 today, has provided staff and I appreciate what they are
15 doing.
16 And they spent yesterday in Atlanta and they will spend
17 a day with the VA in Atlanta seeing on the ground that what
18 we are hearing is, in fact, what is happening, because we
19 are a trust but verify Committee. Do not just make us a
20 promise that you cannot keep and do not tell us you have
21 done something you ain't done, because we are going to make
22 sure that our veterans get the very best service possible.
23 Does anybody have a closing comment they want to make?
24 Dr. Petzel. If I could, Senator, I would just like to,
25 first of all, thank you for the opportunity to get the

1 issues out in front of the public as it relates to Atlanta.
2 But I do want to add my recognition to what Chuck Sepich and
3 Leslie Wiggins have done in terms of moving forward. I
4 really do believe they have--these are leadership issues,
5 these are fundamentally leadership issues.
6 And I think we have the right people in place in terms
7 of leadership to move this Medical Center and move this
8 network forward. I just want to recognize the good work I
9 think they have already done in a short period of time.
10 Senator Isakson. I appreciate you doing it and I am
11 going to let you leave with a homework assignment. When you
12 shared with me your accountability letters and reprimands of
13 the personnel at the VA in Atlanta, there are two that are
14 still open to administrative hearing, if I am not mistaken.
15 Dr. Petzel. Correct.
16 Senator Isakson. I hope you will provide me with a
17 final adjudication of those cases when they occur and
18 whenever they occur because accountability for the actions
19 those people took is absolutely something we owe not just to
20 the veterans' memory, but to the loved ones and the family
21 members of that veteran.
22 Dr. Petzel. You have my promise, we will.
23 Senator Isakson. I thank you. We will take two
24 minutes to switch panels and then we will go right into our
25 second panel, so everybody just stay put.

1 You all are a lot easier than the Senate. We do not
2 shut up for anybody. Did all our first panel stay?
3 Dr. Petzel. Over here.
4 Senator Isakson. Thank you for staying. Let me break
5 before I introduce our second panel. We have some
6 distinguished--I am sorry? We have some--can you hear now?
7 We have some distinguished guests in the room. I apologize.
8 Mike Glenn, Representative Mike Glenn from the Georgia
9 Legislature. Hold your applause a minute, but I do want you
10 to applaud. John Yates. John is the oldest living veteran.
11 He and I served together back in the 1980s and he has done a
12 wonderful job for years and years and years in the Georgia
13 Legislature.
14 And I dear friend of mine, Alex Hill, was my fraternity
15 brother in college. His son, Hunter Hill, is a State
16 Senator and a captain who served two tours in Afghanistan.
17 So give them a round of applause.
18 [Applause.]
19 Senator Isakson. Mike's daughter is serving on active
20 duty with the United States Army today. Is that correct,
21 Mike?
22 Representative Glenn. That is correct, sir.
23 Senator Isakson. Thank you for your--and you made a
24 great speech on the floor of the Senate when she deployed,
25 if I remember correctly. Caught it on TV.

1 We are really fortunate to have a great second panel
2 and I think you are going to learn an awful lot, and I think
3 our members from the VA and the IG's Office are going to
4 learn a lot, too. First is Major General Jim Butterworth,
5 who is the Adjutant General of the Georgia National Guard,
6 and as one who was a Guardsman back a long time ago, I am
7 very proud of the job he has done at the Georgia Guard.
8 And I think when you hear his testimony, you will
9 understand how important the Guard is and the burden that
10 the Guard shares with the Veterans Administration in dealing
11 with soldiers with PTSD, TBI, sexual harassment, drug
12 problems, and all those types of things. Your testimony is
13 tremendous. I cannot wait for everybody to hear it.
14 Vondell Brown has already been quoted by me two or
15 three times and I told him he had to repeat all the quotes
16 because I might have gotten them wrong, but he is with the
17 Wounded Warrior Project, which is a tremendous project and
18 service to our veterans. Vondell, we are delighted to have
19 you here today.
20 Susan Johnson, the Director of Brain Injury Services at
21 Shepherd Spinal Center is here. And where is James? There
22 is James Shepherd, part of the Shepherd family that provided
23 our state with one of the great resources that it has in
24 terms of the Shepherd Spinal Center, that provides
25 tremendous services to veterans.

1 In fact, Mike Reynolds is one I just mentioned at this
2 hearing, who is a man I met at Shepherd Spinal Center who
3 was profoundly injured in Afghanistan and misdiagnosed on
4 the field, and his delay in getting treatment caused him
5 severe problems, if I remember, and Shepherd embraced his
6 problems and voluntarily helped him come back to a
7 reasonable state given his state of life. And thanks for
8 what Shepherd Spinal Center does.
9 Peachford is here today. Peachford Hospital is a
10 direct provider to the Atlanta VA. You heard Dr. Petzel
11 refer to Peachford. The Director, Rebecca Hayes, is here,
12 the Director of Nursing and Clinical Services, and we
13 appreciate you being here. Peachford is a phenomenal
14 facility and I have known people who have gotten tremendous
15 help at Peachford. You do a great job.
16 And Dr. Ryan Breshears, the Director of Psychological
17 Services for WellStar Medical Group, which is my hometown
18 medical group in Marietta, Georgia, and do a significant
19 amount of work in suicide prevention and have worked a lot,
20 I think, with veterans research on some of the problems we
21 have talked about today, and your testimony will be welcome
22 as well.
23 So we will start, up to five minutes, if you can hold
24 it to around five minutes, but I do not give generals
25 orders, so you take whatever time you need. General

1 Butterworth, why do you not be first?

1 STATEMENT OF MAJOR GENERAL JIM BUTTERWORTH,
2 ADJUTANT GENERAL, GEORGIA NATIONAL GUARD
3 Major General Butterworth. Thank you, sir. Good
4 morning. Certainly appreciate the opportunity to be here
5 and look forward to the conversation, and I commend you on
6 the vision for having this discussion.
7 Senator Isakson, thank you for inviting the Georgia
8 National Guard to testify as part of this hearing to ensure
9 our veterans are receiving the mental health care they
10 deserve. Unfortunately, suicide is a real and ongoing
11 tragedy within our military family. Over the last decade,
12 within the ranks of the Georgia National Guard alone, we
13 have had 18 suicides. Since January 2012 throughout the
14 entire National Guard, there have been 207 suicides. Of
15 those, four were Georgia National Guard members.
16 Within the last month, we have had one suicide attempt
17 and six other Guard members who have reported suicidal
18 ideations. Most cases of suicide, attempted suicide, and
19 suicidal ideation within the Georgia National Guard appear
20 to have been related to finances or personal relationship
21 issues, which you alluded to earlier.
22 The Georgia National Guard is working to mitigate
23 suicide by focusing on prevention and intervention. Both
24 Army and Air National Guard suicide prevention programs have
25 a focus on resilience, training provided by the active

1 component, Army and Air Force.

2 Although the Army and Air Force resilience programs
3 differ slightly in application, both teach life skills to
4 increase mental strength of our service members. These
5 programs consist of a positive psychological model program
6 based on five pillars: physical, social, emotional, family,
7 and spiritual. Resilience training is conducted annually
8 through unit training sessions and online, web-based
9 training.

10 Our suicide intervention programs focus on both peer
11 and leader involvement in ensuring the well-being of our
12 team. Our intervention programs consist of methods and
13 training to teach our service members to identify and
14 intervene with someone who is having thoughts of suicide.

15 Behavioral health is a basic component of force
16 sustainment for the Georgia National Guard. Psychological
17 and emotional health could preclude a Guardsman from
18 deploying and threatens homeland defense capabilities. In
19 other words, this is a readiness issue.

20 Members of the military and their families are part of
21 a unique mission. They speak their own language and they
22 have an increased likelihood of experiencing certain
23 behavioral health conditions such as PTSD and TBI, as you
24 have already alluded to.

25 Untreated, behavioral health can increase destructive,

1 high risk behaviors including suicide. The Georgia National
2 Guard cannot provide behavioral health treatment to service
3 members or their families beyond assessment, brief
4 counseling, intervention, and referral. Therefore, our goal
5 is to identify service members at risk for suicide and other
6 behavioral health disorders and then refer them for
7 treatment, whether that is to the Department of Veterans
8 Affairs or to the community health care professionals. Both
9 of those things you have alluded to as well.
10 To address the growing behavioral health needs of our
11 citizens in Georgia--and, Senator, I would submit that this
12 is one of the core benefits that the National Guard can do
13 as a state-based organization. The Georgia National Guard
14 has proactively developed comprehensive case management
15 programs with state and community partners.
16 I would like to take a moment to highlight three of
17 these efforts. The first effort, which is already
18 implemented, are mobile crisis teams which are a
19 collaboration within the Georgia Department of Behavioral
20 Health and Developmental Disabilities. We have worked on
21 this program in concert with the Governor and they respond
22 to at-risk service members.
23 These teams provide assessments, referrals to
24 providers, and follow up contact post-crisis within 24
25 hours. I would respectfully submit, not 14 days.

1 Additionally, we have two new innovative programs that
2 are scheduled to begin this fall. The Behavioral Health
3 Clinical Case Management Program is a contracted program
4 that provides a full range of behavioral health care
5 services provided by licensed clinicians to assist service
6 members through the full continuum of care, which most
7 notably includes follow-up with service members and
8 providers to monitor treatment progress and then re-evaluate
9 the service members so that they can return to duty.
10 Georgia National Guard has also collaborated within the
11 Georgia Department of Behavioral Health and Developmental
12 Disabilities, Emory University, the Military Family Research
13 Institute at Purdue University, the National Guard Bureau of
14 Psychological Health Program, and the Center for Deployment
15 Psychology to create the Star Behavioral Health Providers.
16 Star Behavioral Health Providers is a registry for
17 service members, families, military providers, and
18 administrators to locate civilian behavioral health
19 professionals with specialized training in understanding and
20 treatment military service members and their families.
21 The suicide prevention, intervention, and behavioral
22 health programs that I have just mentioned outline and
23 address our Guard members that currently serve. But when
24 National Guard members leave our ranks, there are often
25 limited resources available to support them. The Department

1 of Veterans Affairs is the primary agency to assist our
2 service members medically as they leave the organization.
3 The first challenge of every service member, especially
4 National Guard members and Reservists, is eligibility of VA
5 medical benefits. Traditionally, National Guard members,
6 generally--those are more directly referred to as part-
7 timers--generally do not meet basic eligibility criteria to
8 receive VA treatment. If a National Guard member does meet
9 the criteria, their injuries or medical conditions must be
10 service-related in order for the VA to provide treatment.
11 Upon eligibility verification, our currently serving
12 and former Guard members can be referred to the VA for
13 treatment. You have already heard today many of the
14 challenges that service members face at the VA.
15 To minimize or mitigate service issues between our
16 Guard members and the VA, we have been working to
17 incorporate programs, as I have alluded to, such as the
18 Behavioral Health Clinical Case Management Program
19 explained. These contracted case managers will assist with
20 the referrals of service members and help them navigate the
21 VA and the administrative process.
22 As the close of Operation Enduring Freedom is upon us,
23 so too is the challenge of funding programs such as these
24 that we have mentioned. Many of our Guard member and family
25 services that we enjoy today did not exist a decade ago. As

1 our National Guard was mobilized for operations Iraqi
2 Freedom and Enduring Freedom, along too came funding to
3 support the health and well-being of our Guard members and
4 their families.
5 In the near future, and I refer directly to the OCO
6 funds that Congress is deliberating on, with drawdown and
7 reduction of overall forces, funding to provide behavioral
8 health assistance to our service members may be in jeopardy.
9 In closing, sir, as President Calvin Coolidge once
10 said, the nation which forgets its defenders will soon
11 itself be forgotten. Understanding that, the Georgia
12 National Guard is grateful to this Committee and you,
13 Senator Isakson, for its continued support of our Guard
14 members and their families. Your support is evidenced here
15 today by the invitation for me to be here to represent the
16 Georgia National Guard on this critically important issue.
17 I thank you very much for the opportunity to be here today.
18 [The prepared statement of Major General Butterworth
19 follows:]

1 Senator Isakson. Thank you, General.

2 Major General Butterworth. Yes, sir, thank you.

3 Senator Isakson. Mr. Brown.

1 STATEMENT OF VONDELL BROWN, ALUMNI MANAGER,
2 WOUNDED WARRIOR PROJECT
3 Mr. Brown. Chairman Isakson and members of the
4 Committee, thank you for inviting me to testify today on
5 this important work with this Committee in doing to help
6 veterans from Iraq and Afghanistan who are struggling with
7 the psychological wounds of war.
8 I am a career Army veteran and a wounded warrior who
9 has been treated at VA facilities, to include the Atlanta
10 VA. Now as the Atlanta Alumni Manager for the Wounded
11 Warrior Project, I am honored to work daily with wound
12 warriors, many of whom have been patients at the Atlanta VA.
13 I have struggled with PTSD as well as residuals of
14 traumatic brain injury from several IED blasts in Iraq. As
15 a Warrior Transition Battalion First Sergeant at Fort
16 Stewart, Georgia, and in my current work with the Wounded
17 Warrior Project, I have seen families and lives ripped apart
18 and ended when mental health care has been inaccessible or
19 not appropriate.
20 As I explained in my full statement, sir, I am one of
21 many warriors who suffered along with psychological wounds
22 and for too long did not ask for help. But the rising
23 suicide rate certainly suggests a need for real focus on
24 those who deploy to Afghanistan and Iraq and who are not
25 seeking help today.

1 I see this as a bigger challenge for the VA which they
2 cannot handle alone. Mr. Chairman, Wounded Warrior Project
3 agrees with you that the community partners should make a
4 real difference. Veterans who do seek VA care for war-
5 related mental health problems have benefitted from this
6 Committee's oversight and legislative work.
7 For example, your focus on unreasonable waiting times
8 for needed mental health care led the VA to increase is
9 mental health staffing. Nevertheless, my team mates at
10 Wounded Warrior Project and I still see gaps in VA's efforts
11 to provide mental health care, gaps that are also evidenced
12 at the Atlanta VA. I do want to acknowledge Director
13 Wiggins' efforts to improve mental health care in Atlanta,
14 but believe that there is still a long way to go.
15 What I often hear from warriors is it is difficult to
16 get appointments when they need them, then handed from one
17 mental health provider to another, difficulty in developing
18 rapport with providers, and of being offered medication to
19 ease symptoms rather than getting talk therapy that might
20 help resolve deeper problems.
21 There is group therapy, but it often takes a long time
22 and individual therapy before a warrior with PTSD is really
23 ready for such a therapy as group. So medication seems
24 often the only thing being provided, and as I explained in
25 my full statement, sir, I have personally witnessed the

1 tragedy of one of my own soldier's struggles with PTSD and
2 misusing medication that took his own life.
3 My full statement also offers a few examples of some
4 problems that I think still need attention at the Atlanta
5 VA. What I would like to really emphasize, though, from my
6 personal experience, is that providing effective mental
7 health care requires building a relationship of trust
8 between the provider and the patient. Too often that is not
9 what our warriors experience at the Atlanta VA.
10 To illustrate, one veteran reported that within a
11 three-and-a-half year period, he was seen at VA by three
12 different psychologists as well as different psychiatrists
13 and social workers. He told me that having to re-tell the
14 difficult war zone experience to a total stranger each time
15 actually worsened his symptoms.
16 It does not only take time, but some expression of
17 caring to win a warrior's trust. This is particularly true
18 for those with PTSD. Rudeness, insensitivity, and
19 disrespect, whether from a clerk or a clinician, will not
20 build trust. Let me give you an example.
21 A veteran with PTSD who was seen for the first time
22 just less than a month ago by a mental health provider at
23 the Atlanta VA said he felt that the provider just wanted to
24 get rid of him. The warrior told me that the provider never
25 introduced himself, did not try to build any kind of

1 relationship, and when the warrior broke down during the
2 meeting, he was not even offered tissue or showed no
3 empathy. The veteran left feeling more depressed and broken
4 than before.
5 Understandably, this kind of experience will cause a
6 veteran to lose hope and confidence in the mental health
7 care. Yet, it is altogether different from the empathetic
8 care I personally received as a poly-trauma patient in
9 Washington, D.C. less than a year ago.
10 With warriors still waiting too long between
11 appointments and seldom getting individual therapy, I would
12 like to think that the Atlanta VA still needs additional
13 mental health staff, but the goal cannot just be to get a
14 certain staffing number. The goal has to be to provide
15 timely, effective mental health care. To be effective, care
16 has to mean more than simply providing medication to a
17 warrior struggling with PTSD.
18 I think it has to start with establishing a
19 relationship between trust with the provider and the
20 warrior. That cannot be accomplished where there is
21 frequent turn-over or no continuity. I think clinicians
22 also have to have experience with PTSD, have to understand
23 military culture and combat experience, have to communicate
24 empathetically or have to be given the opportunity to
25 exercise good clinical judgment.

1 But effective mental health care is not only about
2 clinicians. It is also about instilling a culture of good
3 customer service and accountability throughout the entire
4 facility. Without that, no institution can thrive or
5 provide good care.
6 I understand the VA leaders here and in Washington have
7 been working to make improvements, but I think there are
8 much more to be done here in Atlanta and nationally to close
9 the gaps in VA's mental health system. I do know that
10 Wounded Warrior Project is eager to work with the Committee
11 and with VA to help in that important work. I would be
12 happy to answer any questions you may have, sir.
13 [Applause.]
14 [The prepared statement of Mr. Brown follows:]

1 Senator Isakson. Your reaction to Vondell is exactly
2 the reaction I had when I got his testimony. I stood up and
3 clapped and I was the only person in the room. You know,
4 all of us on these panels are important. You have got a
5 general sitting to your right, a pretty lady sitting to your
6 left, but nobody here is more important than you because you
7 have been there, you have experienced it, and I think your
8 testimony ought to be required reading at the entire
9 division of health at the VA because in a succinct way and a
10 meaningful way and a way of actual experience, you have told
11 the story of the American veteran, his challenges for mental
12 health, PTSD, and TBI.
13 Your testimony today is not just a service to this
14 Committee or to those that will watch these proceedings, but
15 I am going to make sure it is a service to the Veterans
16 Administration so they respond to the type of advice that
17 you are giving them in a non-critical, very compassionate,
18 very compelling, very personal experience way. Your
19 testimony is a tremendous value to the United States
20 military, to the Veterans Administration, and to all of us
21 here personally. Thank you very much.
22 Mr. Brown. Thank you, sir.
23 [Applause.]
24 Senator Isakson. Ms. Johnson.

1 STATEMENT OF SUSAN JOHNSON, DIRECTOR OF BRAIN
2 INJURY SERVICES, SHEPHERD CENTER
3 Ms. Johnson. Senator Isakson, thank you for this
4 opportunity for Shepherd Center to talk to you a little bit
5 about some of the challenges that we have experienced with
6 veterans and even other military service members.
7 I am speaking on behalf of the Shepherd Center Share
8 Military Initiative, and this initiative started in 2008 as
9 a result of a collaborate partnership between a
10 philanthropist, Bernie Marcus, Shepherd Center, who has
11 expertise in TBI and spinal cord, and the Tricare South
12 Military Health Care Insurance. And as a result of that,
13 what we looked at is really trying to provide those services
14 and fill some of those gaps for those veterans who came back
15 and needed additional services or fill in those gaps for
16 some of the signature wound that we found with TBI and PTSD
17 from these wars.
18 As a result, we initially started out serving moderate
19 to severe TBI and SCI, and what we found is the VA's poly-
20 traumas do an excellent job. Where we found the gaps and
21 where we really put our emphasis is in the mild TBI/PTSD
22 where they were looking at trying to ramp up for meeting
23 some of those needs.
24 As a result, we see many of those chronic individuals
25 who have TBI, PTSD, and significant other health care mental

1 health issues resulting in chronic substance abuse, suicidal
2 and homicidal ideations, and so we do see many of those
3 folks four and five years post-injury who did not succeed in
4 other programs or did not have access to other programs,
5 and/or not meeting the needs in the VA system.
6 We serve these individuals for about three months in an
7 intensive program that includes medical personnel as well as
8 psychologists, psychiatrists, and social workers. We have a
9 case management system that has one to six, has six
10 patients, because these are very complex issues that they
11 have to navigate those systems through.
12 We actually also provide a significant transition
13 program which where we find that while we will do a great
14 job in our program and services in a facility, where the
15 issue tends to lie is meeting the needs of that transition
16 back into their community, back to the systems and the VA
17 systems as well, and we support these individuals in their
18 med board process, in navigating the VA systems, and
19 understanding what their benefits are, because most of these
20 individuals do not understand.
21 So I was pleased to hear that the Atlanta VA is looking
22 at ramping up their case management services because we do
23 feel that those are where a good bit of gaps are at this
24 point in time. We have served over 400 military TBI, SCI,
25 and TBI/PTSD patients and we have had no suicide or

1 homicides in our program, and we continue to follow and
2 monitor those folks for up to a year, because we find that
3 transition goes up and down and that helps support those
4 people through those systems.
5 Some of the opportunities, I think, that I want to talk
6 a little bit about that I would like to offer to the Atlanta
7 VA is a couple of things, but before I mention that, I do
8 want to talk a little bit about that when we first started
9 the program, the Atlanta VA was very supportive of Shepherd
10 Center and their initiatives.
11 The Atlanta VA Director at that time toured, as well as
12 their Regional Director and just even wrote letters of
13 support. They set up meetings with their staff so that we
14 could set up a collaborative relationship to better
15 understand where we had the gaps in services and what we
16 could offer these veterans, because we are just a small
17 program. That program only serves about 35 a year in the
18 mild TBI/PTSD. So we were here to help fill those gaps.
19 Thank you to our philanthropist who we do raise a lot of
20 money to support that.
21 However, we really never were able to connect. We met
22 with their trauma case managers, their social workers. They
23 came to visit. But we were not able to connect and really
24 get a better understanding of how some of their veterans
25 could benefit from our program.

1 So we established a relationship with the Psychiatric
2 Department that dealt with PTSD and we started seeing a lot
3 of referrals because what they realized is that PTSD was not
4 the only overriding problem they were dealing with. It was
5 also TBI. And they understood that these folks needed a
6 comprehensive program, seven-day-a-week, to help support
7 those life skills and needs for these individuals.
8 However, those referrals stopped and we were told that
9 it was as a result of certain people had to approve that
10 before they could come in. So most of our referrals have
11 been from word of mouth and/or those veterans, the Wounded
12 Warrior Project, a couple other family support initiatives
13 that have given us the referrals for these folks.
14 So basically, in our work with--actually we had over 40
15 Atlanta VA veterans who have been a part of our program, and
16 part of that we have learned a lot, and we learned a lot,
17 too, when we were starting the program. So by no means are
18 we here to day we are the experts and we were the experts in
19 the beginning. We learned a lot as well.
20 And as a result, we do have a dedicated team and a
21 dedicated team who develops those relationships, who help
22 coordinate the care, who make sure they get the timeliness
23 of care that they need.
24 But some of the issues that I think that we saw as a
25 result in working with the Atlanta VA or those veterans who

1 were at the VA was the backlog of claims resulting in long
2 waits for even initiating or getting services. And I think
3 that has been talked about at length, so certainly the
4 opportunity is really to have some benchmarks that really
5 support these folks getting in in a timely fashion, because
6 for those people who do not know, if they do not have a
7 claim and the claim is not initiated, then they do not get
8 the service through the VA.

9 And so, that is the long issue, and especially with our
10 folks who have the dual diagnoses of TBI and PTSD. They do
11 not remember, they may miss an appointment, and they may not
12 have that coordination that they need or that hand-holding
13 that they may need. And certainly, 150 patients to one with
14 this complexity of issue, I might think you might want to
15 look at that for looking at your higher risk folks.

16 Another area for opportunity that we thought that would
17 be good is to look at the establishing in the VA system for
18 appointments and care needs, especially with multiple
19 issues, TBI, PTSD, pain, sleep, follow-up care, et cetera.
20 For instance, we had a veteran, and just recently, and this
21 was in the last four months, it took one veteran four months
22 to get an appointment with a primary care physician.

23 Once the physician assessed that veteran, they
24 recommended that they go to the trauma program because she
25 had suicidal ideations. As of now, the individual has not

1 had any follow-up call. They did have a follow-up call just
2 yesterday--or a couple of days ago that said, We got a
3 message that your doctor made a referral and we want you to
4 come to the PTSD clinic and get tested to determine a need.
5 And this is an individual we have had to bring back into the
6 program to help support because of the issues that she is
7 currently having.

8 I think a solution, obviously, is to have that
9 relationship or have a case management system that develops
10 that relationship, because we do find that these folks are
11 not trusting, and that is just a result of uncoordinated
12 care. So having a system that helps monitor and follow up,
13 because we do find our military transition coordinators here
14 today with us actually follows up on a regular basis. And
15 they do not often tell you that they are having the issue.
16 You really have to do a lot of engagement to really
17 understand that.

18 Another area of importance is really looking at
19 coordination of care and having accountability standards. I
20 would assume that if, in fact, case management is following
21 up on these patients with a regular basis that maybe there
22 would be some sort of outcome or documentation to understand
23 and support to figure out, and somebody really reflecting on
24 are there really issues that we need to take care of. So
25 having accountability measures, which we actually have in

1 documentation that appears to work, it actually goes back to
2 the treatment team to see if there are other things that
3 potentially this client might need.
4 Also, good to hear about the electronic medical record.
5 I think the issue here is, is that we have every veteran
6 that we have ever dealt with, there has been a significant
7 delay in getting records and/or getting appointments because
8 they have lost the records. So that might be something that
9 could be looked at.
10 And one last thing that I really feel very strongly
11 about is really having and developing a collaborative
12 partnership. I have felt this sort of frustration between
13 them and us in regards to what we do. And so, I would like
14 to be able to offer that we only serve one small minute
15 population and we can help deliver that service.
16 Shepherd Center sees over 2,000 people a year, so we
17 are not--we are really good at what we do and I wondered if
18 we could have a better collaborative relationship and really
19 understanding what is working and what is not working, and
20 really spend some time in managing these patients and
21 families.
22 Since you have asked us to speak, we have been asked to
23 sit on their advisory board, which is a really good first
24 step, as well as being a partner in a conference they are
25 having on collaborative partnerships. So I thank you for

1 having this opportunity to bring to light some of the issues
2 that I think are really important to serve our veterans, and
3 I do feel that the Atlanta VA does want to serve those
4 veterans. I just think it needs to get down and really pay
5 attention to the people who are actually delivering the
6 service. And there are many good people. We have met many
7 good people who want to do that. I am just not sure if
8 there are some issues on coordination and breakdown. Thank
9 you.
10 [The prepared statement of Ms. Johnson follows:]

1 Senator Isakson. Thank you very much. Dr. Breshears.

1 STATEMENT OF RYAN BRESHEARS, PH.D., DIRECTOR OF
2 PSYCHOLOGY AND INTEGRATED BEHAVIORAL HEALTH,
3 WELLSTAR HEALTH SYSTEM
4 Mr. Breshears. Senator, it is a privilege to be here
5 with you today. My testimony is an extension of my status,
6 first as a concerned citizen of this country; secondly, as a
7 Georgian; and thirdly as a professional who has invested a
8 number of hours studying the problem of suicide, not just
9 amongst veterans, but as an issue that transcends that
10 distinguished status.
11 Before I proceed, I would be remiss to overlook or fail
12 to acknowledge the veterans that are in our presence who
13 have invested in us. Thank you for your service, Mr. Brown.
14 Thank you. I mean that sincerely.
15 Senator Isakson. Be sure and speak right into the mic
16 so they can hear you.
17 Mr. Breshears. I am a psychologist and a researcher
18 who has had the good fortune collaborating with VA
19 researchers and clinicians for the past six years. Prior to
20 my role as the Director Psychology with WellStar Health
21 System, I was a fellow and a researcher with the VISN 19
22 Mental Illness Research, Education and Clinical Center,
23 MIRECC, in Denver, Colorado. That is a group of
24 exceptionally bright and impassioned colleagues who are
25 committed to conducting clinical and transactional research

1 pertaining to veterans and suicide.

2 It is outside of my discussion today to review the many
3 factors pertaining to suicide in veterans. Rather, it is my
4 hope that by reviewing the processes we have implemented at
5 WellStar, which is a five-hospital system in metro Atlanta,
6 that I might be able to describe how a systematic effort
7 implemented with buy-in from our leadership has helped to
8 provide some safeguards regarding the management of higher
9 risk patients who present to our emergency departments.

10 In my estimation, anyone involved in suicide prevention
11 work at a system level should be aware of two fundamental
12 principles. The first of those is this: Clinical policies
13 and procedures, in other words, what clinicians actually do
14 I practice, must exist as an extension of core
15 organizational values and these values must be championed by
16 clinical leaders.

17 It has been my experience that when organizational
18 values and clinical practice are disparate, suicide
19 prevention strategies often fall short. Effective execution
20 requires leadership buy-in, thoughtful planning,
21 consistency, and re-assessment. Without any of those
22 aspects, the best practices fall short.

23 Three years ago at WellStar, we implemented and engaged
24 in a three-step plan to introduce best practices regarding
25 suicide prevention to our system. In Phase 1, we provided

1 training and education to all of our mental health emergency
2 room assessors. We introduced them to the work of Dr.
3 Thomas Joiner who is a professor and renowned suicidologist
4 at Florida State University. We also introduced them to the
5 self-directed violence classification system, which is a
6 nomenclature for suicide and related behaviors. That was
7 developed collaboratively by the CDC and VISN 19
8 researchers.
9 In Phase 2, we taught our assessors how to use Stanley
10 and Brown's safety planning work. Those good folks are up
11 at Columbia. Safety planning is not telling a patient what
12 not to do. There is no compelling science or evidence to
13 suggest that those strategies actually work. Rather, it is
14 helping people learn what to do in the event that a crisis
15 presents in the future.
16 I think it is important that we remember this maxim,
17 people only do what they know how to do. Safety planning is
18 a collaborative process in which patients and providers sit
19 down together, we craft a plan of how to keep a patient safe
20 as an individual. It is an individualized plan. It is not
21 handing someone a piece of paper asking them to complete it
22 independent. It is intended as an intervention and it can
23 be a powerful one.
24 In Phase 3 of our implementation process, we begin
25 having patients with behavioral health needs in our

1 emergency rooms complete the Habituation and Acute Risk
2 Measure, the HARM. The HARM is a theoretically derived
3 valid, multi-factor measure that addresses acute agitation
4 and suicidal intent. We included the HARM in our
5 implementation efforts for one simple reason.
6 Patients consistently out-predict providers when it
7 comes to their own suicide intent. And I think that is very
8 important. Sometimes as providers we assume that we have
9 got it figured out. The reality is, the person who best
10 knows is the patient, the veteran, the client.
11 The second principle that I wanted to note is related
12 to suicide prevention system level as this. Without
13 continued commitment, suicide prevention is difficult.
14 Commitment is absolutely critical. Recently I sat with a
15 patient in a psychotherapy session.
16 The patient had contemplated suicide the day before.
17 That contemplation involved a plan. We are nearing the end
18 of the session. I have a patient in the waiting room. I am
19 back-to-back throughout the rest of the day. This is not an
20 uncommon problem in the VA, outside the VA, in primary care,
21 in mental health, it does not matter. It is quite common.
22 So the question is really, do we rush to the next
23 session to keep from inconveniencing the next few patients?
24 It might not be practical to run 20 minutes past the hour.
25 But decision-making ultimately comes down to a choice. It

1 is a choice between prudential factors, what is practical;
2 atonic factors, what feels good or does not feel good; and
3 ethical factors, what the right thing to do is. In this
4 case, the ethical options, the only one that would mitigate
5 risk and it is the only one that was correct. So we
6 developed collaboratively a safety plan.
7 I want to note that many of the best practices that we
8 developed at WellStar or that we implemented at WellStar
9 were not developed by us. They were actually developed by
10 VA researchers, and I have tremendous respect for what the
11 VA is doing. The VA has responded to the 2008
12 recommendation of the Blue Ribbon Panel for the development
13 of a uniform nomenclature. That is the system that I
14 referred to earlier.
15 The Veterans National Suicide Hotline was developed.
16 Safety planning has been implemented. Suicide prevention
17 coordinators have been hired, and recently a VA Clinician
18 Consultation Service was announced to help providers manage
19 high-risk veterans. This is an innovative program. I just
20 learned about it myself. It gives VA clinicians the
21 opportunity to call experienced suicidologists to help
22 manage high-risk patients. It is a phenomenal program.
23 I applaud all of those efforts and implore the Atlanta
24 VA to utilize and promote these various resources. With
25 continued champions in your leadership, you have the

1 opportunity to really model for us how to treat patients
2 with dignity, respect, and how to implement best practices.
3 Thank you.
4 [The prepared statement of Mr. Breshears follows:]

1 Senator Isakson. Thank you very much. Ms. Hayes.

1 STATEMENT OF REBECCA HAYES, MSN, RN, DIRECTOR OF
2 NURSING AND CLINICAL SERVICES, PEACHFORD HOSPITAL
3 Ms. Hayes. Thank you, Senator. Thank you for the
4 opportunity to appear here today and provide this testimony.
5 Peachford Hospital is honored to partner with the VA Atlanta
6 to provide mental health treatment to those who have served
7 our country. Peachford entered into a partnership with the
8 VA Atlanta more than four years ago to provide mental health
9 treatment to veterans who needed inpatient care but were
10 unable to receive care at the VA because of bed capacity
11 available.
12 Several best practices have been identified that have
13 improved the experience for the veteran being served at
14 Peachford and communication with the VA staff. A core team
15 from both the VA and Peachford leadership was established to
16 solidify communication from both parties to ensure the needs
17 of the veteran are met. This team meets monthly and
18 maintains an action plan to address issues as they arise.
19 Veterans are referred to Peachford Hospital via the
20 psychiatric emergency room at the VA Atlanta. Following an
21 evaluation, a physician to physician review is conducted
22 with each referral. Veterans who are on the high-risk
23 protocol at the VA are identified and communicated to the
24 treatment team at Peachford to ensure that appropriate
25 measures are taken to identify risks associated with

1 discharge such as access to weapons and frequency of
2 aftercare appointments.
3 Turn-around time for the referral process is anywhere
4 from 15 minutes to an hour-and-a-half, depending on the
5 complexity of the case. Throughout this relationship, peer-
6 to-peer department head communication has addressed issues
7 concerning veterans as they arise. These issues include pt
8 complaint resolution, utilization review, discharge
9 planning, medical treatments, and housing issues.
10 Peachford doctors use the VA formulary for prescribing
11 medications to ensure access to these medications once the
12 veteran is discharged. A Peachford courier picks up the
13 medications from the VA pharmacy and the Peachford
14 pharmacist reviews these medications with the patient upon
15 discharge from the hospital. This ensures that the patient
16 leaves the hospital with the needed supply of medication.
17 The use of clinical liaisons embedded at Peachford
18 Hospital from the VA has improved the veteran experience and
19 treatment by bridging the gap between treatment at the VA
20 and treatment at Peachford. These licensed counselors and
21 treatment team are active in the planning and discharge
22 planning of each veteran. The liaisons can provide
23 information to Peachford regarding past treatment history,
24 if the patient is unable to do so. The liaison obtains the
25 necessary appointments for veterans and can access services

1 at the VA that civilian providers cannot access.
2 Peachford has received several environment of care
3 inspections from the VA staff trained in this area. This
4 ensures that veterans receive care in an environment that
5 meets safety standards established by the Veterans
6 Administration. Once a veteran is discharged from
7 Peachford, a packet of information is sent to the VA
8 provider as a hand-off of communication between the care
9 providers.
10 Several challenges have been identified during this
11 relationship. These include homelessness. A high number of
12 veterans served at Peachford are homeless. This creates a
13 barrier in discharge planning requiring the use of a
14 homeless shelter and contributes to the recidivism of the
15 veteran. Many of the veterans served at Peachford have a
16 co-morbid substance abuse dependence diagnosis. This can
17 contribute to a longer length of stay in the hospital and
18 create challenges with appropriate follow-up care within the
19 VA system, for example, available space within the substance
20 abuse treatment program.
21 When a veteran at Peachford requires a medical test
22 such as an MRI or CT scan, the Peachford physician is unable
23 to order the test directly from the VA. This can cause a
24 delay in treatment while the Peachford treatment team is
25 navigating the VA system to reach the appropriate team to

1 request the test.

2 Peachford has identified several recommendations to
3 improve the psychiatric and substance abuse treatment for
4 veterans by civilian providers. Expansion of the clinical
5 liaison role to include all veterans served, not just the
6 ones referred from the VA, would enable Peachford physicians
7 to make referrals into the VA programs without a veteran
8 having to walk in to an evaluation for possible inclusion to
9 a program. Having a solid discharge plan that a patient can
10 start right away increases the likelihood of compliance with
11 the plan and decreases recidivism.

12 Increasing the availability of services to veterans as
13 a step-down from an inpatient setting and improve the
14 likelihood that a veteran can maintain a stable baseline or
15 maintain sobriety. Expanding the continuum of care should
16 include, but not limited to, a partial hospitalization
17 program, treatment that is offered seven days a week for six
18 hours a day treats patients with psychiatric and substance
19 abuse issues, and seen by a physician twice a week or more
20 if needed.

21 Following the program day, the patient returns home to
22 family, if applicable, or a residential setting such as a
23 halfway house or group home. Family involvement is
24 encouraged to improve support of the patient. Intensive
25 outpatient treatment is offered three or more times per week

1 for three hours per day. This option is often used as a
2 step down for partial hospitalization or with patients who
3 have jobs and do not want to miss work.
4 Lodging is a temporary housing solution while patients
5 are in treatment in one of the outpatient programs at
6 Peachford. Patients are transported daily to treatment and
7 provided three meals per day. Many patients choose this
8 option if transportation to treatment is an issue or if
9 driving distance is too far to travel on a daily basis.
10 Patients are assisted with making arrangements for housing,
11 if needed, at the end of treatment.
12 Thank you so much for the opportunity to come here
13 today.
14 [The prepared statement of Ms. Hayes follows:]

1 Senator Isakson. Well, thank you, Ms. Hayes, and I
2 will ask you the first question. The clinical liaisons, are
3 those VA employees that work with you on the case work?
4 Ms. Hayes. Yes. Yes, sir.
5 Senator Isakson. How long have they had clinical
6 liaisons, to your recollection?
7 Ms. Hayes. Pardon?
8 Senator Isakson. How long have they had clinical
9 liaisons with Peachford?
10 Ms. Hayes. We have had them for a couple months.
11 Senator Isakson. So that has just started?
12 Ms. Hayes. Just started.
13 Senator Isakson. Dr. Petzel, is that a product of your
14 initiatives to react to the IG's report?
15 Dr. Petzel. That is a product of Leslie Wiggins'
16 initiatives, yes, to adopt the report.
17 Senator Isakson. And your testimony about how
18 effective that has been demonstrates, as bad as the
19 circumstances were that caused this investigation, we are
20 learning a lot of good things to help our veterans and I
21 appreciate that.
22 Dr. Breshears, you talked about your work in Colorado
23 with the Veterans Administration.
24 Mr. Breshears. Yes, sir.
25 Senator Isakson. And you commented on the quality of

1 research that they do.

2 Mr. Breshears. Absolutely.

3 Senator Isakson. Are they applying all the things they
4 are learning from their research within the VA system as
5 well as they should?

6 Mr. Breshears. With respect to Colorado or with
7 respect to--

8 Senator Isakson. With respect to the entire VA system.

9 Mr. Breshears. Implementation is very problematic. A
10 good example of that would be the self-directed violence
11 classification system I mentioned earlier in the testimony,
12 that that was developed by VISN 19 and CDC as a
13 collaborative. VA announced the uniform adoption of the
14 nomenclature. That was, I believe, in 2010. I would have
15 to go back and look.

16 In the few years since then, implementation has varied
17 hospital to hospital, outpatient clinic to outpatient
18 clinic. So although it has been--the mandate has occurred,
19 implementation of that system varies considerably.

20 Senator Isakson. This is a recurring theme of today's
21 hearing where we have isolated successes that are not shared
22 within the same system. My father used to always tell me,
23 when I was complaining about my economic status, he said,
24 You are sitting on a ham sandwich starving to death. What
25 he was trying to talk about, if I get off my seat and go out

1 and work, I could probably make some money.

2 Well, I think sometimes if you just look inside at what
3 your own operation is doing, like we talked about Charlie
4 Norwood VA and the Atlanta VA, there are a lot of situations
5 that can be applied. So I hope one byproduct of this will
6 be some idea sharing mechanism within the VA where they can
7 replicate best practices, because if it works in Denver, it
8 will work in Atlanta, or vice versa. But if there is a wall
9 or a barrier there, it is no good.

10 Ms. Johnson, you said originally--well, did not say
11 originally, but you said for a period of time, you had a
12 good communication relationship with the Atlanta VA and then
13 it kind of dropped off, is that correct?

14 Ms. Johnson. Correct.

15 Senator Isakson. Now they have come back and asked you
16 to be part of an advisory board, is that right?

17 Ms. Johnson. Correct.

18 Senator Isakson. When you had me out about a year ago,
19 when Mike Reynolds was there, to visit that group of
20 veterans, they had come to you because they had lost hope or
21 lost help at the VA, is that right?

22 Ms. Johnson. Correct.

23 Senator Isakson. And you provided that service to them
24 for whatever they could afford or whatever coverage they had
25 or if they did not have any, you provided that service to

1 them as a center, right?

2 Ms. Johnson. Correct. And he was National Guard and

3 we got the actual referral from the National Guard.

4 Senator Isakson. I think General Butterworth knows

5 Mike. Do you know Mike?

6 Major General Butterworth. Yes, sir.

7 Senator Isakson. He is a great American hero. He is

8 almost as good as Vondell Brown.

9 Major General Butterworth. Amen.

10 Senator Isakson. He is terrific. You are still

11 willing to do that, correct?

12 Ms. Johnson. Absolutely.

13 Senator Isakson. And I hope this opportunity that has

14 come about for you to serve on an advisory board will give

15 you all a way to communicate, because I have personally seen

16 the miracles Shepherd has performed out there. It is just

17 unbelievable. And the types of--in fact, I will tell you

18 all an interesting story about Shepherd. I hate to be a

19 Homer here, but I am going to be there for a second.

20 When we went into Baghdad, Saddam Hussein's leading

21 officer was a guy named Captain Farhat. Captain Farhat

22 realized that the Iraqi army was doing the wrong thing and

23 that Saddam Hussein was going to use some bad types of

24 weapons, so he turned on Saddam Hussein and joined the

25 United States Army and fought against Hussein in the

1 takeover of Baghdad.

2 You tell me when I get this story wrong, but I think I
3 am right so far. He was captured by Hussein's soldiers and
4 shot 28 times in the back trying to kill him. They did not
5 kill him, but the severed his spine and he was totally
6 paralyzed from the waist down. He was in a United States
7 military hospital. They were trying to save him. The
8 Shepherd Center heard the story and asked me to call the
9 Secretary of Defense, who was Rumsfeld at the time, and said
10 they would treat Captain Farhat's unique injuries if they
11 could only get him to the United States.

12 But it took an Executive Order--because we do not treat
13 foreign soldiers and Farhat was technically an Iraqi
14 soldier. We got a waiver from General Rumsfeld--or from
15 Commander Rumsfeld, flew Captain Farhat here. He is now
16 married, living in Decatur, Georgia, and self-sustaining
17 himself even with his paralysis. Is that not right? That
18 is an amazing, amazing story. I just wanted to share that,
19 if I could.

20 Sergeant Brown, as you and I were saying, NCOs really
21 run the military, do they not?

22 Mr. Brown. That is correct.

23 Senator Isakson. The general is over there grinning.
24 He knows that is really true. I was a staff sergeant, too,
25 so we staff sergeants--you were a master sergeant, right?

1 Mr. Brown. That is correct, sir.

2 Senator Isakson. Okay. Well, you are a little higher
3 than me, but we sergeants still ran things. You know, your
4 testimony is going to be replicated within the VA. I am
5 going to see to it that you have provided this hearing a
6 tremendous service today. Is there anything you heard from
7 the VA that you would like to point out, you would like for
8 us to address in the testimony you heard from the first
9 panel?

10 Mr. Brown. Yes, sir. I thank you for giving me the
11 opportunity to speak. I have heard several times about an
12 advisory board. I would really like to know more about
13 that. Specifically, are there any veterans on this board
14 and what is the intent of this board?

15 [Applause.]

16 Senator Isakson. You have got them talking back there,
17 so I think that is getting ready to happen.

18 Mr. Brown. And also, I commend Director Wiggins as I
19 think that she has done an exception job with coming up with
20 policies and procedures. However, I will say that although
21 they are being written at the higher level, there needs to
22 be much more oversight at the lower level where they are
23 supposed to be implemented.

24 [Applause.]

25 Mr. Brown. You know, it is kind of--it is not hard,

1 but I am just truly honored that I get to sit here and stand
2 in the gap for my brothers and sisters in arms, and one
3 thing that I have been wanting to say is that, you know, the
4 bottom line is we sit here and we can do policies and
5 procedures and we can talk about what is right and what is
6 wrong, but I think for simple veterans like myself, you
7 know, we really do not care how much you know until we know
8 how much you care. And so, I would just ask that if we
9 build relationships first, a lot of this will probably be a
10 lot more easier.
11 [Applause.]
12 Senator Isakson. You have represented the veterans of
13 America well. You have made a great contribution to this
14 country in serving and a great contribution to this panel in
15 sharing your ideas. Thank you very much for that.
16 Mr. Brown. Thank you for having us, sir.
17 Senator Isakson. And I think you are going to get
18 asked to be on an advisory committee. When you said that,
19 they were talking to each other and I do not think they were
20 talking about who won the Braves' game last night, although
21 we did win last night.
22 General Butterworth, I will bring up a sensitive
23 subject. I had mentioned in my opening remarks, we are
24 finally dealing with the issue of military sexual trauma in
25 the United States Senate and with the DoD authorization. We

1 are learning some unbelievably alarming numbers in terms of
2 the incidents of sexual abuse or sexual assault, as well as
3 its tremendous contribution to mental health issues because
4 of the environment in which it is, first of all, executed,
5 and second of all, there being no real outlet for that
6 person to report it in a safe way or feels like they cannot
7 report it in a safe way.

8 We know it has contributed to a number of suicides for
9 veterans who come home from active duty. And I know the
10 blended unit of the Guard down at Warner Robbins a few years
11 ago had a major incidence with suicide. Is the Guard still
12 experiencing some of the same problems?

13 Major General Butterworth. The easy answer to that
14 question is, yes, sir, unfortunately. I will be happy to
15 expound on it at length, but the answer is yes.

16 Senator Isakson. Well, in your testimony, I was struck
17 by the number of partnerships that you have formed with
18 outside professionals, if you would, or institutional
19 professionals to deal with the trauma of suicide. It seems
20 like you have reached out to bring private organizations in
21 to partner with you, in some cases state agencies. Is that
22 true?

23 Major General Butterworth. Yes, sir, that is very
24 true, and to add to that comment, they have reached out to
25 us, quite frankly. There are numerous examples that I could

1 give you of individuals like those sitting on the other end
2 of the table who have reached out to us and said, If you
3 have need, we have resources. And it does not matter at
4 what level, the finances will come in, we are here to help
5 veterans.
6 Like I alluded to in my comments, I think that is one
7 of the benefits of the National Guard itself, where 54
8 different organizations, each aligned with a state or a
9 territory, and we work directly with the Governor, with the
10 Governor's staff, with our communities, with emergency
11 management agencies, and for that reason, we have
12 relationships and we maintain those relationships, which are
13 critical to providing this care.
14 Senator Isakson. Well, the comment I wanted to make
15 is, when I read your testimony the other night and then when
16 I heard you deliver it today following having listened to
17 the VA talk about their issues and deal with some of the
18 questions of communication, it is obvious to me you have
19 reached outside the Georgia National Guard to bring in
20 partners to help you deal with the problems you are
21 confronting in terms of mental health and mental health
22 recognition, mental health sensitivity, and as Vondell said,
23 what to do. And I commend you on doing that.
24 I hope the VA heard what he said and heard what he is
25 doing because I think when people like Shepherd, Peachford,

1 WellStar, and a lot of institutions in our metropolitan
2 area, help is not on the way, it is next door, but you have
3 got to be able to invite them in.
4 Major General Butterworth. That is right.
5 Senator Isakson. And they have got to feel welcome to
6 do that.
7 Major General Butterworth. Yes, sir.
8 Senator Isakson. Mr. Breshears, you said something
9 that really struck me profoundly, if I can read my
10 handwriting. You said that in the three-step process in
11 terms of dealing with those at risk for suicide, you talked
12 about training the mental health provider, but you talked
13 about teaching the patient what to do. And I think if they
14 realized they were at risk, if they were having suicidal
15 thoughts, you teach them how to deal with those thoughts to
16 alleviate them, is that correct?
17 Mr. Breshears. Yes. And this all came about from the
18 Columbia research group, Barbara Stanley and Greg Brown.
19 Basically what they do is they provide a step-by-step
20 process that is preventative in nature. So the first step
21 of that is to help the patient, help the veteran, help the
22 client understand the circumstances under which they might
23 be gravitating or escalating towards a crisis situation.
24 So it is preventative at the ground level, which is
25 what kinds of thoughts, what kinds of behaviors were you

1 engaging in prior to the escalation of the crisis. For an
2 individual who may have PTSD, were there certain images?
3 Were there certain kind of provocations in your environment
4 that caused the escalation? That is the best time to begin
5 the intervention, not when the crisis has already escalated.
6 When people escalate, generally their ability to think
7 very logically and rationally oftentimes kind of shuts down.
8 That is what the brain does. And so, the first step is
9 collaborating with the individual, helping them understand
10 the circumstances under which they are becoming more at
11 risk. Step two is to give them very practical strategies
12 when you notice these thoughts, when you notice these
13 feelings, when you notice that you are engaging in these
14 types of behaviors. Let us talk about a couple of things
15 that you can do to eliminate the crisis.
16 Now, here is a good reason why it has to be
17 collaborative. Somebody says, Well, I could turn on the TV
18 and kind of wind down to my favorite show. That is great.
19 What do you think the likelihood is that you would actually
20 do that? Well, not very good. My power got cut off a
21 couple of weeks ago. Well, that is a great opportunity
22 there to again customize the plan to ensure that these are
23 pragmatic strategies that a person is actually going to
24 follow.
25 If step one does not work, you go to step two. Step

1 two is identifying certain environments that you could go
2 to, to just be around other people. That might sound
3 simplistic, but what we know from Thomas Joiner's research
4 is that being around other people actually does help to
5 mitigate the crisis. So we teach people, here are a couple
6 of places that you can go just to be around non-judgmental,
7 non-critical types of people.
8 Step three then, if step two fails, you go to step
9 three, three to four and so on.
10 Senator Isakson. The light bulb just went off when you
11 talked about, well, I cannot go home and watch my favorite
12 show because my electricity has been turned off. One of
13 those co-morbidities in terms of suicide probably is
14 homelessness where somebody does not have a place to go to
15 exercise what you have taught them to do, is that correct?
16 Mr. Breshears. Absolutely.
17 Senator Isakson. And we have got a new homeless
18 facility, 40 beds, is that right, at Fort Mac?
19 Ms. Wiggins. Yes, sir.
20 Senator Isakson. We are working on that part, but that
21 is excellent testimony. And I think one of the things the
22 military needs to understand, and I think there is an
23 awareness, by its very nature, there is not institutionally
24 a place where somebody with a problem like that would find
25 help, because institutionally you take orders or you give

1 orders or you are within a close order drill or you have an
2 AFC--that is what they called it in the Air Force--
3 designation. That was your job and that is what you did and
4 there really was not an outlet to be able to say, Hey, I was
5 sexually harassed or I am having suicidal thoughts, and
6 there was not a kind of a mechanism to do that.
7 I think what you are doing, General Butterworth, with
8 the Georgia Guard and this recognition program, working with
9 the behavioral health people, is teaching folks to identify
10 those things early so they can get to people like Dr.
11 Breshears and learn, what should I do when I have that
12 thought?
13 And then if we can do a better job to make sure that
14 those in the most trouble, those that are drug-addicted or
15 those that are homeless, that we have programs to try and
16 alleviate that co-morbidity problem, we can go a long way
17 towards helping to reduce the number of these suicides.
18 Your testimony today from all of you has been extremely
19 helpful and I think we have all learned a lot. I know I
20 have learned a lot. I want to thank all of you for being
21 here. I want to thank Dr. Petzel and the members of the VA
22 for coming. I want to particularly thank Ryan Evans--Ryan,
23 are you behind me? Stand up, Ryan. Keep standing. Ryan
24 Evans has been the leader of this program for about 120
25 days. She has put it together. She has followed every

1 detail and made it happen and I appreciate.

2 Lauren Culverson and Marie Gordon have done the press
3 and I want to thank them. I want to thank the staff members
4 of the Veterans Committee in Washington and, in particular,
5 Chairman Sanders and Ranking Member Burr for facilitating
6 this meeting. In particular, Georgia State University for
7 providing the facility, the security, and everything that we
8 have had today. They have done a great job.

9 I have learned a lot. Hopefully, the people of Georgia
10 will learn a lot, and hopefully, these ideas shared will not
11 be ideas put away, but they will be ideas that will be
12 executed within the Veterans Administration to improve the
13 care that our veterans at risk to themselves or with mental
14 health difficulties are having. It has been a great
15 hearing. You have been a great audience. Thank you for
16 being here. God bless the United States of America.

17 [Applause.]

18 [Whereupon, at 11:52 a.m., the hearing was adjourned.]