STATEMENT BY

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MENTAL HEALTH OVERVIEW

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I would like to thank Chairwoman Davis, and the distinguished members of the Subcommittee for allowing me to testify today on an issue that has been tragically personalized in my life. Additionally, I would like to thank Congressman Etherege and his staff for their steadfast support and dedication.

In July of 2005, my son Jason, who was fighting the war on Terrorism in Iraq, lost his battle with depression and took his life while in theater. PFC Jason Scheuerman was twenty.

I address you today not only as a father of a soldier who took his own life but also as a combat veteran with over 20 years of service as both an enlisted man and commissioned officer in Army medicine. Though it is difficult to discuss the events preceding my son's death, I believe it can serve as a catalyst to help us better understand and treat soldiers battling depression or mental illness. Not all, but most depression related suicides are preventable.

In an article dated Jan. 2008, Col. Richie, the Consultant for Psychiatry to the Army Surgeon General states, "We've got multiple portals to care through chaplains, through primary care, through behavioral health, through leadership. We also need to make sure that family members know how to call if they are worried about their soldier."

Three weeks prior to Jason's death, we called his unit after receiving a suicidal email and pleaded for help not knowing if our son was still alive.

Jason was seen by his chaplain who had earlier witnessed him sitting alone with his head bobbing up and down on his rifle. He later said in a sworn statement, that he believed Jason to be possessed by demons and obsessed with suicide, he did nothing.

Jason was ignored by his primary care provider. It was common knowledge throughout the unit leadership, that Jason was experiencing problems; he was never seen by his battalion medical officer, he did nothing.

After being on suicide watch, Jason was sent to an Army Psychologist, who never contacted Jason's unit to hear of prior suicidal gestures. He relied solely on standardized test scores, misdiagnosed and dismissed Jason back to his unit with recommendations that caused more harm than good. He made the situation worse.

All of the access to care portals that Col. Richie speaks of in 2008, existed in 2005 and failed miserably.

The first step in reversing the growing trend in soldier suicides is accountability. If a soldier has an environmental injury such as frostbite, and a subsequent investigation shows that event to be preventable, leaders are relieved. The same standard of accountability should exist for suicide, if it is shown to be preventable. People need to be held accountable, leaders need to be relieved. Then we will see a significant statistical decrease in soldier suicides. Any program is only as good as the people executing it, without accountability we are doomed to failure.

Jason desperately needed a second opinion after his encounter with the psychologist. The Army did offer him that option, at his own expense. How is a PFC in the middle of Iraq supposed to access a civilian mental health care practitioner at his own expense? How alone my son must have felt, he had nowhere to go. I believe that soldiers should be afforded the opportunity for a second opinion via teleconference with a civilian mental health care provider of their own choice. Any standardized test scores could be faxed or sent by secured email to the provider, and then the soldier and the licensed mental health care provider could talk via web-cam or other technology available. The civilian providers do not have to be in theatre, they can provide a checks and balances element from home. I know that if this were available on the day Jason was seen, he would still be with us today.

There was great disparity between the observations made by Jason's unit Chaplain and the Psychologist. Jason's Chaplain clearly believed him to be extremely trouble and told Jason's mother in a conversation after his death that they had been watching Jason for some time. Jason's psychologist stated that he was capable of feigning mental illness in order to manipulate his command.

There must be a mechanism put into place when there is such a discrepancy of opinion. A Hotline should be established where a concerned member of the total care team, (Leadership, Chaplaincy, and Mental Health) can call when there is such disagreement and a board convened to review the specifics of the case to ensure soldier safety and that no mistakes are made. Additionally, when a provider is examining a potentially suicidal soldier, it should be mandatory for them to contact the family to gather pertinent background data. Who knows them better, who better to recognize a change than a spouse or parent? I believe these two simple steps will save lives.

The last two years has been an ongoing struggle to gather documents and information, to finally realize all the missed opportunities to save him. If we as a family were not willing to investigate the circumstances of Jason's death, we would have never known how bad it had become. I propose an independent panel made up of professionals from outside the DOD (both medical and psychological forensic experts and trained investigators), to do a retrospective analysis of all theater suicides to find other mistakes, or commonalities so we can learn and improve our understanding.

Opportunities to learn from mistakes have been lost. Our family's loss could have been a powerful training tool for all our soldiers and their leaders to recognize both the obvious and subtle signs of mental illness and suicidality. We always learn more from our failures than our successes.