

## Testimony of Penny Coleman

December 12, 2007

Mr. Chairman, members of the committee, fellow panelists, good morning,

My name is Penny Coleman. I am the widow of Daniel O'Donnell, a Vietnam veteran who came home from his war with what is now known as PTSD and subsequently took his own life. I use the term PTSD grudgingly—it is the official term, but it is deeply problematic. My husband did not have a disorder. He had an injury that was a direct result of his combat experience in Vietnam. Calling it a disorder is dangerous; it reinforces the idea that a traumatically injured soldier is defective, and that idea is precisely the stigma that keeps soldiers from asking for help when they need it.

I met Daniel 6 months after he returned from Vietnam and I married him a year later. The man I fell in love with was gentle, and playful, and very funny-- on good days. But there were others when he would fly into rages over trifles, and more than a few nights when he would wake up screaming and sweating, and fighting something terrible that wasn't there. Or he would

take to his bed with the blinds drawn, sometimes for days and all he would tell me was that he didn't want to live.

I thought that if I loved him enough, I could fix him. I was wrong. I had no idea what I was up against. After Daniel died, I tried to blame him, but ended up blaming myself.

For my book, *Flashback*, I interviewed other women who lost loved ones to suicide in the wake of Vietnam. In addition to their grief, these women, like me, lived with guilt and shame and isolation. I now believe that our isolation was exploited to help camouflage a terrible tragedy. Unlike Agent Orange and Gulf War veterans who have never stopped demanding that the VA take responsibility for their illnesses, in the case of veteran suicides, the most logical advocates were dead. We, their widows, did not become advocates. We believed it was our fault, and we each thought we were the only one.

It is more than 30 years since the war in Vietnam ended, and still no one has any idea how many Vietnam veterans have taken their own lives because no one has ever tried count them. The 1990 *National Vietnam Veterans Readjustment Study*, mandated by Congress and government funded, the

study that proved the syndrome now called PTSD, but never even mentioned suicide, in spite of the fact that suicide was central to every study that preceded it, including those on which it was based. No data, no proof. No proof, no problem.

The United States invaded Iraq in March of 2003 and by August, so many American soldiers had killed themselves that the Army sent a mental health advisory team to investigate. Their report confirmed a suicide rate three times greater than the statistical norm for the armed forces. It also acknowledged that one third of the psychiatric casualties being evacuated had suicide-related behaviors as part of their clinical presentation.

Nonetheless, the team's conclusion was that soldiers were killing themselves for the same reasons that soldiers "typically" kill themselves: personal problems. A supplement to the report listed things that soldiers most often identified as "stressors:" seeing dead bodies or human remains, being attacked, or losing a friend, but the report itself only mentions marital problems, legal problems, financial problems, what they called "underdeveloped life coping skills." Translation: soldiers are dying because they are managing their lives and their affairs badly.

Every year since 2003, the suicide rate has increased and another team of military psychiatrists has been dispatched. Their conclusions are always the same: insufficient life coping skills. As recently as August, Elspeth Ritchie of the Army Surgeon General's office insisted that, in spite of a suicide rate that had reached a 26-year record high, Pentagon studies still haven't found a connection between soldier suicides and war.

There are various possible explanations for the Pentagon's refusal to accept that connection. One of the most compelling is budgetary. To cite just two examples: soldiers often resort to the self-medication when they are denied or discouraged from treatment, and that is commonly used to justify a dishonorable discharge, and that means that a soldier will be deprived of health care benefits. Or VA claims that somehow more than 22,000 soldiers, most of whom had already been diagnosed with a posttraumatic stress injury or a traumatic brain injury, have been dismissed from the service with a diagnosis of "personality disorder," which is considered a pre-existing condition, and therefore absolves the VA of any responsibility for their future care. Such cynical cost-saving measures are devastating to the lives of soldiers and their families.

There is currently no cure for posttraumatic stress injuries. Though many learn to manage their symptoms, far too many will suffer the effects of their combat experience for the rest of their lives. They will continue to have nightmares and flashbacks. Many will continue to be hyper-vigilant and have "startle responses" that are often violent. Many will have trouble managing their anger and their relationships--for the rest of their lives. Many will try to self-medicate to help them forget, and far too many will die by their own hands.

But that sad truth cannot be used as an excuse for inaction. Our soldiers and veterans need all the help they can get as soon as possible. Their psychic injuries may not be curable, but it is treatable. Their lives, and the lives of their families, can be made infinitely less difficult if they are given the care and support they have earned. They can be assured that their suffering is a normal reaction to an abnormal situation; they can talk to other vets and practice compassion for themselves by feeling it for others; they can be taught proven techniques for managing their stress and anxiety; they can be relieved of the added burden of financial worry; all of which may help dissuaded them from suicide.

This is a public health issue of monstrous proportion and I am here to bear witness to the fact that military suicides are not a new phenomenon. They are old news. This has happened before. It should never have been left to citizens to sound the alarm. The disingenuous surprise and denial from official sources is simply unacceptable. I am deeply concerned that the issue is being politicized, that sides are being taken, lines drawn that make it appear as if there are two sides to this issue. There are not. There can't be. These are our soldiers, our veterans; they are also our husbands, our wives, our children, our parents, and they are dying by the thousands.

I am grateful that CBS News has finally has given us some solid numbers. 6256 veteran suicides in one year. Those numbers are astonishing. They cannot be justified. Or ignored. Our soldiers and our veterans are not disposable, and yet that is how they are being treated.

More than 6256 veteran suicides a year. And each one of those numbers represents an individual beloved face and a life-shattering experience.

I know that Daniel came back from Vietnam with an injury that finally and directly caused his death. I believe that he decided he deserved to die

because he had suffered too little, or that he wanted to die because he had suffered too much. We call his death a suicide, but I have come to believe it was either an execution, or euthanasia, or some tragic combination of the two. That continues to break my heart.

I am grateful to this committee for holding these hearings. May only good come from your efforts. Thank you.