Military Veteran Project Founder, Melissa Jarboe, delivered the following testimony today at the House Veterans Affairs Committee hearing titled, *Veteran Suicide Prevention.*

Thank you Chairman and Ranking Member(s) for the opportunity to appear before this committee to discuss the topic of Veteran Suicide.

Six years ago, on April 10, 2011, as I was driving to work, I received a phone call informing me that my husband, Staff Sergeant Jamie Jarboe, was shot by a sniper while on patrol in the Zhari District of Afghanistan. The sniper's bullet entered the left side of my husband's neck, and exited through the lower part of his right shoulder blade instantly paralyzing him from the chest down. Forty-eight hours later, I was standing at his bedside at Walter Reed Hospital. Jamie was able to open his eyes just long enough for me to tell him, “I love you. Continue to fight because your family needs you”. My husband did just that. Over an 11-month period, Jamie endured over 100 surgical procedures in an effort to heal him physically; however, it was during this fight for survival that I noticed dramatic changes in my husband mentally. The hospital staff would come in, administer medications, day after day, hour after hour. At one point, he was on 59 different doses of medication in a single day. There would be entire days when Jamie would not even be able to open his eyes, and when I asked why my husband was so over-medicated, lethargic, the hospital staff would respond "How would you like us to care for your husband?" That is when I began to do my own research on symptoms, medications, and brain patterns. With the assistance of doctors from the Mayo Clinic, John Hopkins and Kennedy Krieger, I was able to educate myself, and those around me, on how to adequately care for Jamie. We began by tapering down his medications, starting with Elixir, Valium, Roxycotin, Oxycontin, Percocet, and Klonopin, just to name a few. We then introduced sensory deprivation treatments. This treatment is where one basically works on resetting the brain by allowing it to shut down in a soundproof barrier for 60 to 90 minutes at a time. The characteristics of post-traumatic stress my husband displayed was manifested each morning at 7:34 a.m., when he would gear up, put on his helmet, his vest, pick up his machine gun and then mime as if he was marching, ending when his head would suddenly jolt back violently. It took me weeks to figure out that my husband was reliving the fateful day when he was shot, over, and over, and over, in his mind. I was

determined to find a way to help Jamie mentally, while Walter Reed continued to help him physically. That is when I came across a man by the name of Dr. Daniel Amen, who has researched the brain using SPECT imaging. From Dr. Amen, I learned that post-traumatic stress is indicated by an increased relative blood flow of the upper extremity of the brain. I further learned that ongoing usage of sensory deprivation as an alternative to narcotic medication has been proven successful. Dr. Amen also explained that a traumatic brain injury is indicated by the decreased relative blood flow in the lower extremity of the brain, and when combined with PTS, can have devastating affects on the brain, if not treated in a timely manner. We continued our efforts to taper down Jamie's narcotic dosages under the direct care of his primary doctors and pain management team, and introduced hyperbaric chamber treatments to Jamie's regimen. This assisted with the cerebral hypoxia his brain had sustained due to a lack of oxygen at the time of his injury. By January of 2012, Jamie was able to carry on a somewhat normal daily schedule: where he woke up at 7:30am, did daily activities for agility, and was able to finally sleep at night due to the fatiguing of his body both physically & mentally. Each day for the 11 months Jamie was in the hospital, we both did everything we could to get back home to our children and family waiting for us in Kansas. All we wanted to do was live our own American dream, have a home with a white picket fence, raise our children, and love one another forever. On March 10, 2012 that dream was shattered when we were told that Jamie would not be coming home. Jamie's tracheal and esophageal area detached and it was only a matter of time before my husband would suffocate. I remember looking at my husband, in complete shock,after we got the news. With his crooked smile, he looked back at me and said, "It figures that would happen. Honey, I want to get a pen and paper, so we can use the remaining moments of my life to help you plan the rest of yours." That day, my husband asked three wishes of me. One, never to re-enter the corporate world. Two, to care for his fellow service members, and three to never become bitter or tainted by this tragedy, so that I might find love again. The second wish of my husband, Staff Sergeant Jamie Jarboe, is why I address you today. To help me carry out Jamie's second wish, I created the Military Veteran Project, a 501c3 military non-profit, with a mission of military suicide prevention through research and alternative treatments.

In the last five years, I have personally met with veterans in crisis, veterans contemplating suicide, widows and family members who have lost their veteran loved one to suicide, and organizations assisting those affected by these all too frequent tragedies. The bottom line is our men and women are returning home from war to fight a new battle on their home soil, and each day the casualties are increasing. It is estimated that anywhere from 14 to 22 veterans and active duty service members take their own lives every day. That would mean since September 11, 2001, using the conservative estimate of 14 veteran suicides a day, we have lost 76,930 heroes. So where does that leave us? Well, a few statistical questions remain unanswered. It is unclear the number of veterans that were combat-experienced versus non-combat, and the number of veterans that were enrolled in the Veterans Administration or not enrolled in the V.A. What is clear is that we have an information gap between the Department of Defense and the V.A. Currently, the computer systems, or databases, between these two government agencies are not compatible. The V.A. is currently relying only on documents veterans hand carry in, to render benefits and/or determine care. If these documents do not reflect a pattern of medical issues, services will not be provided. The disconnect is further evidenced by the discrepancy in Department of Defense discharges and registrations with the V.A. If the DOD releases 1,000 service members this year for retirement or service contract completion, only 37% will register with the Veterans Administration within the allotted time frame.

The VA is further hampered by changes to recruitment quotas initiated after September 11th. Post 9/11, there was a steady increase in enlistment quotas recruiters were required to fill in order to prepare for the war on terrorism. The requirements to join the military were lowered to combat the attrition, and as a result, an increased number of service members with pre-existing conditions were deemed “fit for service,whereas before they would have been classified “not fit for duty.” For example John Doe, who suffered prior mental diagnosis, or psychological symptoms, was passed and allowed to join the Armed Services after 9/11, while prior John Doe would have been dismissed. The need for the Department of Defense to bolster numbers 16 years ago has put a tremendous strain on our Veterans’ Administration today. By allowing these men and women, who may be in

physically and/or mentally fragile states, to serve, we have caused them further harm.

There is also the very real fact that non-combat veterans make up a large percentage of those being served by our V.A. This can directly impact the wait times and availability of services for combat veterans who may be suffering.

In reviewing the numerous cases we have received at the Military Veteran Project, and in consultation with medical and research teams across the nation, we find that the best approach to assisting with veteran suicide prevention is starting where the problem first manifests, in the brain. We know, without question, that our men and women, who are placed in the combat environment, are exposed to a myriad of traumatic events. Add in the direct impact of shock, trauma, sleep deprivation, and malnourishment during the average combat tour, and the resulting damage to the brain is nearly inevitable. If we can properly diagnose our veterans using brain scans or SPECT imaging to identify the harmful effects of combat service, and track them through the entirety of their military career, then we could apply the information gained to adequately diagnose and treat our heroes throughout and immediately following their service.

The suffering of the men and women sent to protect us can no longer be considered status quo. We must take responsibility for providing the care that is necessary to protect them. To achieve this, we need to allocate a budget that allows the VA to properly diagnose our veterans. We need to adequately fund alternative treatment programs, which will empower our veterans to better understand their diagnosis, and result in more effective care plans for them. Have no delusions, this is only the first step in our mission to vanquish veteran suicide, and this is a battle our veterans should not have to fight alone. As a country, we can choose to stand up and unite as one and help our VA system succeed in the treatment of our veterans. We can show every veteran we have their six. The bottom line is this, if we continue to fight against our Veterans Administration we, as a country, will abandon our veterans, and each of us will be responsible for not helping to save a life.

In closing, I ask you to remember the men and women of our military, not only while they hold a rifle and travel to distant lands to fight, but to

remember them when they come home. I ask that you honor them by not merely thanking them for their service, but by taking care of them in their time of need, by fighting for them as they have for us. I ask that you fulfill my husband's dying wish, "take care of my fellow soldiers."

Thank you for the invitation to join you this evening and for your leadership on this critical matter. I'm confident in our ability to unite for this bipartisan issue, together we can prevent military suicide. Thank you.