

Kim Parrott, Sister

Committee:	Senate Committee on Veterans' Affairs
Subject:	Harnessing the Power of Community: Leveraging Veteran Networks to tackle suicide

Testimony:

Statement of Kim Parrott, Sister of Commander John Scott Hannon Deceased

Senate Committee on Veterans' Affairs

June 19, 2019

My brother, John Scott Hannon, joined the military at 18 and retired 23 years later as a Navy SEAL Commander. In the course of his career he was awarded 10 service medals, including two bronze stars. He was also awarded over 100% disability for PTSD, Traumatic Brain Injury, chronic pain, depression and bi-polar disorder. His re-entry into civilian life was anything but smooth. It ended with him taking his life on February 25, 2018.

As our family sought out effective treatments over the course of a decade, we discovered an extraordinary multitude of resources available to veterans through the government, non-profit and for-profit sectors. Upon closer inspection, however, the majority of these programs stand alone as isolated initiatives, with no connection to what happened before or after in the veteran's life. This pattern is echoed in the anecdotal evidence we've heard from other injured vets—that their post-military treatment has been disjointed at best.

This led us to ask: What if a larger template was created to **integrate multiple treatment modalities**? For example a customized pathway for vets and their families that addresses physical, emotional and spiritual healing as well as financial and vocational skills?

I met with providers at a VA Hospital and a Vet Center. They agreed.

Currently the demobilization process consists of several days chock full of lectures and thick binders on transitioning back into civilian life. The information is good but it's overwhelming and mostly landing on the deaf ears of soldiers fixated on getting home as soon as humanly possible.

If mobilization takes weeks, months and even years in the case of Special Operations Forces, how could effective *demobilization* occur in a week? Put

another way, if a deep-sea diver doesn't decompress from a dive properly and surfaces too quickly, they are at risk of getting very sick or even dying.

Soldiers emerging from the pressures of combat are no less at risk.

Being able to provide veterans **a continuum of support** once they are back in their own communities could make a world of difference. **Working proactively with soldiers before leaving the military** would make an even bigger difference. Imagine transitioning into civilian with a life vision, career path and coherent treatment plan for visible and invisible wounds? I was told this kind of shift in resource allocation would require an Act of Congress.

The Veterans Mental Health Care Improvement Act named after my brother is a huge step in the right direction. Treatment was too fragmented and too late to save my brother's life, but his experience enabled him to become an articulate champion for what could help other veterans facing similar mental health challenges in the future.

This bill is in complete alignment with John Scott's beliefs and efforts. It embraces a broader range of treatment and therapy options. It supports research to identify what really works. It promotes more practitioners trained in mental health care. It advocates for collaboration between the VA and DoD. In short, this act will move us away from a reactive and piecemeal approach towards **a proactive and evidence-based continuum of support**. Isn't this what we owe the men and women who have served our country with their minds, bodies and souls?

Thank you.