

RANDALL OMVIG FATHER OF SPC JOSHUA L. OMVIG

STATEMENT OF

RANDALL OMVIG  
FATHER OF SPC JOSHUA L. OMVIG

BEFORE THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

2:00 PM

WEDNESDAY, APRIL 25, 2007

Ellen and I would like to thank you for the opportunity to address the Senate Veterans Affairs Committee. We have submitted two newspaper articles from the Des Moines Register and the Waterloo Courier from Iowa for your examination. We also hope you have had the time to look at Josh's memorial Web site, [<http://joshua-omvig.memory-of.com/about.aspx>] which was created by Josh's Aunt, Julie Westly. This site was created to help others with as much information as we could find on Post Traumatic Stress Disorder (PTSD). There is no way we could go through in five minutes the events leading up to and the day Josh took his life in front of his mother.

We would like to voice our strong support of the Joshua Omgig Veterans Suicide Prevention Act, S. 479, reintroduced by Senator Harkin and Senator Grassley. This bill has Josh's name, but it represents so many men and women before and after Josh who were unable to live with the physical, mental and psychological effects of their service. The major points of the bill are the following:

1. De-Stigmatizing Mental Health
2. Training of employees and other personnel on suicide and suicide prevention.
3. Family education and outreach.
4. Peer support program.
5. Health assessments of Veterans
6. Counseling and treatment of Veterans
7. Suicide prevention counselors
8. Research on the best practices for suicide prevention among Veterans.
9. Substance abuse treatment
10. 24-hour mental health care.
11. Telephone Hotline.

One of the most important issues we see in the past and today is the way we are bringing our troops back, regular service and especially the National Guard and Reserve Units who are going back to civilian life. Josh's company went from Iraq to Thanksgiving dinner with their families in less than a week. One or two weeks of decompression or defusing is not enough. This however, is more the rule than the exception. A few days later Josh was back to his civilian job.

All the troops know how to fill out the form asking if they are having any problems. They know if they say yes they will be held back and won't be able to see their families and loved ones. The one thing they have been thinking and dreaming about is the homecoming and they won't do anything to delay that.

Josh's company was put on a 90 day call-up period when they got back whereby if they were needed they would be called back to active duty. During this time there is no drill, no contact with the people who he had spent such an intense time with. There was no one around for him to talk over things with. After a week or two of being home reality starts to set in, things are not the same.

Why didn't Josh and so many others seek help when they got back? We train our soldiers well, mentally and physically, to handle any situation that comes up to survive. The Can Do, I Can Handle It attitude. When we would ask Josh how he was doing it was "I'm Ok, I Can Handle It." When we hear that now we know there is a soldier that's having problems.

Josh wouldn't tell us very much about what he did in Iraq. They had to sign secrecy papers that they would not say where they were or what they did. Josh tried to keep his promise. Little things here and there in conversations would come out and he would tell us we couldn't tell anyone. How could he seek help if he couldn't tell anyone what his service experiences were. We have heard this from other veterans too.

When Josh got back he was always sick with some type of upper respiratory and gastrointestinal problem. We finally got him to go to our family doctor who he was friends with. We told him to talk to her about some of the problems he was having. She later told Ellen to get him some help. We tried to get Josh to go to the V.A. hospital but he wouldn't go, he said it would affect his military and personal career. We told him we would set an appointment with a private doctor but he said the Army would find out. We even told him we would set up an appointment under our name so the Army wouldn't find out, he couldn't believe we would really do such a thing it wasn't right.

It is usually a crisis or tragedy that brings the Veteran to see they can't handle it alone and they need help or the family that finally pushes the situation of seeking help. This is why it is so important to have the appropriate support, training and counseling for family members before their soldier comes home. This will help them to understand the changes that may happen. What to look for, where to go for help and what action can be taken to help their soldier. We received the present information families get before Josh got home. Give them space, don't push them to talk, give them time to acclimate - it didn't work. Peer training and counseling are needed to help the Veteran and their families.

The V.A. delivery system, presentation and implementation of mental and psychological services hasn't changed much. It is still mainly up to the Veteran and their family to identify the problem and go seek help. There still is no comprehensive preventative program during the defusing or decompression time to start dealing with the emotional and psychological effects of their service. VA and DoD need to provide group peer counseling, training, coping mechanisms and strategies.

The first counseling Josh's company had came at the first drill after Josh's death. They brought in chaplains and counselors to have group and private sessions to talk over what happened with Josh. Something amazing happened. The conversation went from what happened to Josh to what trouble some of the other soldiers were having too. Some of them went on to get more counseling and treatment after that.

We feel the decompression time should take place after the soldiers have leave to see their families. After the experiences of homecoming and being with their families, the soldier will be able to deal with the paper work and assimilation training for civilian life. When back home, we must assure that there are accessible, timely services, education and outreach programs for the veterans and their families.

The day after Josh's suicide, the Grundy Center police department and fire department had a defusing time where a professional counselor was brought in to help them cope and deal with what happened that day. Do we as a nation take the same humanitarian measures for our troops who have served for us for months in a combat area? Are we providing our military men and women the appropriate services to help them assimilate to civilian life? Are we providing them with what they need to survive the peace? Ellen and I have to say "No" not at this time. We can and must do more!

This is no time to bury our head in the sand, to take a defensive posture, to try and justify or explain the problems of the past. It is time to make a major process check to implement preventative programs. Research has proven that if treated early the chance of coping with mental and psychological problems is better and may keep them from going to the chronic stage. We have and will have brave men and women serving for us. It is our duty to see that they receive the best services possible so they can once again have good lives. As we see it, they are the ones who have actually "earned" this right.

Randall and Ellen Omgig parents of SPC Joshua L. Omgig