THE STORY OF DANIEL SOMERS:

SERVICE TO COUNTRY, UNTREATED SUFFERING, & TRAGIC SUICIDE

As told by Jean & Howard Somers[1]

Daniel's Service

Daniel Somers enlisted in the California Army National Guard on January 23, 2003, nine days after his 20th birthday. He completed Military Occupational Specialty (MOS) training at Fort Huachuca, Arizona, and was assigned to C Company, 250th Military Intelligence Battalion in Long Beach, California.

Daniel was deployed to Iraq in advance of his unit with a Military Police (MP) unit out of Fort Hood, Texas, on January 3, 2004. Daniel's own description of the character of this deployment, written in October 2011, provides a glimpse into the source of his subsequent mental and physical health struggle:

> I was assigned as a member of a Tactical Human intelligence Team (THT), for which I was also the HMMWV ["Humvee"] turret gunner. I performed more than four hundred combat missions in this role, and as a result was exposed to numerous IED [Improvised Explosive Devices], VBIED [Vehicle-Born Improvised Explosive Devices], and rocket attacks with little to no shielding from the blasts. Also, as many of the armed conflicts we encountered were in transit, I was called upon to employ deadly force on a regular basis—often in situations where non-combatants ended up in the crossfire. To this day, I am unable to provide even a rough approximation as to the number of civilian deaths in which I may be complicit.
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> Further compounding the issue, my THT was assigned to work in tandem with a special Iraqi unit to include accompanying said unit on raids and other operations. Frequently, the raids we went on would end with the Iraqis commandeering a number of civilian vehicles in order to haul away the massive piles of bodies they had accrued during the operation. This later turned out to be one of the more infamous elements of the war, and I am one of maybe 20 U.S. soldiers who had direct, personal involvement in what went on with this group.

Daniel returned home in February 2005, already bearing psychological scars in addition to physical ailments. His mother-in-law, a psychiatrist, reports that Daniel did not want any formal medical or psychological treatment at the time. He felt that if he sought mental health services, he would lose his security clearance and thus his ability to return to Iraq in some capacity to "right the wrongs" for which he felt responsible.

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[1] The parents of Daniel Somers. Howard Somers is a retired urologist, having practiced for 26 years in the Phoenix area. Jean Somers worked in healthcare administration for 30 years, including as the Practice Manager of Howard's office. They write on behalf of not only themselves, but also Daniel's widow, who has a Bachelor of Science in Nursing and her mother, who is a psychiatrist.

In anticipation of going back to Iraq, he attended the Defense Language Institute in Monterey, CA, where he studied Arabic and graduated with honors in June 2006. Shortly thereafter, his National Guard Unit allowed him (he was IRR status) to take a position with the defense contractor L3 Communications in Washington, DC, where he worked on intelligence analysis concerning the situation in Baghdad and around the Middle East.

Early in 2007, Daniel volunteered to redeploy to Iraq for L3. Here Daniel worked with Joint Operations Special Command (JSOC) through his former unit in Mosul, where he ran the Northern Iraq Intelligence Center. His official role was as a senior analyst for the Levant (Lebanon, Syria, Jordan, Israel and part of Turkey), though he told us that he also participated in many of the JSOC missions.

Daniel returned home from Iraq in October of 2007. It was obvious to all that he was suffering extreme mental and physical distress.

Daniel's Mental & Physical Health

Daniel was diagnosed with Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and Gulf War Syndrome. He described these conditions in an October 2011 letter concerning his disability benefits.

Concerning PTSD, Daniel wrote that he experienced "unrelenting depression and a generally joyless existence," terrifying nightly panic attacks, and "unbearable anxiety and fear in any situation in which I don't have complete control of the surroundings." In addition, he wrote that he could not escape a "constant bombardment of violent thoughts and images" including "seeing people around me dying in horrible ways as a flash … like something from a horror movie." This "crippling" illness, he wrote, "combined with the guilt of the things that I did in Iraq, drives me to consider suicide very seriously on a daily basis." As with many vets with PTSD, Daniel was unable to sleep in the same bed with his wife Angeline due to flashbacks that would cause him unconsciously to physically threaten her. The only thing that initially prevented him from committing suicide to escape this daily "torture," he wrote, was concern for his family.

Daniel also suffered from Gulf War Syndrome. As he described it, his symptoms included the chronic pain of fibromyalgia, chronic fatigue so severe that "just holding my head upright requires more effort than I can bear," chronic excruciating headaches, and an extreme case of irritable bowel syndrome.

Daniel's Failed Attempt To Secure Mental Health Care

In fall 2007, Daniel made his first attempt to gain access to the Veterans Administration (VA) health system in Phoenix, Arizona, and he was turned away. He was refused treatment on the grounds that his National Guard status required him to be seen at a military health care facility instead. When he contacted the military facility as instructed, he was told that he had to be seen

at the VA. Daniel was deeply frustrated about not being able to get this first appointment. His mother-in-law, a psychiatrist, was so worried about him that she finally performed her own mental health evaluation and then contacted the VA to plead with them to get Daniel into their system. We cannot help but think that if the Defense Department database interfaced with the VA system that this delay would not have occurred.

The lack of compatibility between computer systems hindered Daniel's every move within the medical center, the benefits department, and vocational rehabilitation. The Phoenix VA uses a scheduling system known as VISTA, which interfaces to a limited extent with their chart system (CPRS) but not with any other database. As a result, Daniel's subsequent attempts at scheduling appointments over the phone were equally frustrating. He would ask to be seen and would be told to await a postcard in the mail with the date and time of his appointment—which often never came. Eventually he learned to confirm that the VA would be sending the postcard to his most current mailing address, as postcards did not always arrive and he would have to call a second time.

To our knowledge, scheduling requests were not triaged. As a result, even if Daniel felt he needed an urgent appointment, he did not feel that he had the right to demand, or even request, to be seen sooner than the slot given to him.

After he was finally admitted to the VA health system in February of 2008 and secured an appointment with a mental health professional, he encountered yet another problem. At the end of a psychiatric visit, the doctor told him that he would not be around for his next appointment because he was retiring. As Daniel left the office, he tried to get information on his next appointment and was told that there was a shortage of mental health providers, and he would be contacted when he was assigned a new one. As a psychiatrist herself, Daniel's mother-in-law was deeply concerned of this lack of continuity of care for a suicidal vet under active psychiatric care. She intervened and contacted colleagues in the private sector to provide at least interim mental health care.

Unfortunately, Daniel never received notification from the VA that he had been assigned a new provider. He was able to use his wife's limited mental health insurance benefits for this purpose. His doctor waived some of her charges under the "give an hour" program set up in the private sector to assist vets. Daniel incurred significant debt for this treatment, and at no time when he subsequently visited the Phoenix VA Medical Center for health issues did anyone mention that he might be able to get these expenses reimbursed/paid for by completing a form or two.

Daniel was also unable to obtain individual therapy sessions. He felt that because of the nature and high security level of the missions he undertook with JSOC, he could not effectively participate in group therapy because he could not describe his experience without divulging classified information. He told several of us that the response to this request was "group therapy or no therapy at all."

Daniel's mental health deteriorated. In one of his most troubling encounters with the VA Medical Center which he told his wife and mother-in-law, he presented to the Phoenix VA in distress asking for help. He was told that there were no beds in the psychiatric unit or ER.

Instead, he ended up on the floor of the waiting area, in a ball, and crying. The staff's response was to tell him that he could stay there until he felt safe to drive home. We do not believe this encounter was documented in his medical chart because he did not actually see a provider.

Another area of great frustration for Daniel was the management of his pain. As he was being seen by an outside mental health provider, Daniel would bring documentation to his Phoenix VA appointments indicating that he had tried and failed various VA formulary medications. This was particularly true of generic drugs. But when he sought to receive different formulations, he was routinely refused and instead instructed to retry the meds before any exception request could be made. In addition, when he would present to the VA or private hospital for acute pain management, providers would review the list of drugs and dosages he was on, label him as a drug seeker and refuse treatment.

In the last year of his life, Daniel requested a Phoenix VA formulary exception so that he could use a fentanyl patch to manage his fibromyalgia pain. He was refused. He asked if the VA had any clinical drug trials for MDMA (ecstasy) for PTSD or LSD for pain management. He was told there were no programs, so he found a civilian MDMA clinical trial and was wait listed.

In conjunction with his pain management, Daniel felt he was being "symptom treated". He felt that no provider was familiarizing himself with his total chart. A drug given for one symptom or diagnosis frequently exacerbated a different symptom or diagnosis. Had all specialists been communicating with one another, Daniel may have seen more progress and fewer setbacks. This could certainly have been one of the major reasons that he wasn't seen at the VA for a two year period of time.

Daniel's VA Disability Benefits Experience

At some point at the start of all of these mental and physical conditions, Daniel had been evaluated by the Benefits Administration. He was given a 40% disability rating: 30% for PTSD and 10% for tinnitus. In October of 2010 he presented to the VA Department of Vocational Rehabilitation. The psychologist there made the determination that Daniel was "unemployable" due to his PTSD and denied him funding for that program. He recommended that Daniel appeal the 30% disability rating he was originally given. Daniel could not understand why, if these are all VA programs, Voc Rehab could not simply amend the original decision, or at the very least, provide updated information directly to the Benefits Administration for their review and redetermination.

The Benefits Administration delayed his claim without explanation. He filed his claim October 8, 2011, after receiving a VA notice that Gulf War Syndrome was being acknowledged. Up to that point, no one had put a name to all of his symptoms. He almost found comfort with the realization that he was not alone in dealing with his multi-system illness.

His frustration grew as time passed with no status update on his claim other than requests for duplicates of paperwork he had already submitted, but the VA had misplaced. At some point, Daniel happily told us that veterans now had the ability to follow the progress of their claim via

the web. His excitement was short-lived, when, in February, 2013, he discovered that requested paperwork he had filed in November, 2012, still did not show as being "received" in the system.

He was both agitated and depressed last year when he finally got through to someone in Benefits Administration. When he asked about the status of his October 2011 claim, he was told it had "gone to the bottom of the pile" because he had missed his physician evaluation. When Daniel explained that he never received a notice of the appointment, the Benefits Administration employee acknowledged that the appointment was not in the scheduling system and the notice may never have been sent. No offer was made to reschedule the appointment or move the claim forward.

The Final Months of Daniel's Life

The final six months of Daniel's life were excruciatingly painful - mentally and physically. His wife told us that he was so sensitive to sound that he would lie in bed with a towel wrapped around his head to try to keep "the voices," sounds, and light out.

In an incredible act of courage and with every effort he could possibly muster, Daniel and his wife drove to San Diego to visit us over Memorial Day Weekend 2013. He put on his bravest face and did not let us see how bad things had gotten for him. We now believe this was his final goodbye to us. Daniel ended his life on June 10. All efforts to contact him between May 27 and June 10 were unsuccessful.

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We thank you for the time to tell you Daniel's story. While some of these problems certainly deserve immediate action, we sincerely hope that the systemic issues raised here will provide a platform to bring VA representatives from across the country together with lawmakers, veterans and private sector medical professionals and administrators for a comprehensive review of the entire VA system. We believe that such a review will result in much-needed revisions to many VA practices and procedures that have failed our veterans seeking the health care that they deserve. We respectfully request that when such a review is approved and initiated, we be permitted to serve as members to represent the views of affected families.