

(404) 414-0267 keith@btg-foundation.org

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The Failure to Protect Him Haunts Us Still Today

by [Keith Laseter](#) | Aug 11, 2014 | [Blog](#) | [0 comments](#)

When my friend (Chevy) Brian Johnson was killed in an explosion during a complex ambush, our unit didn't take it as an exception to otherwise professional soldiering, or as a mistake that could be corrected on the spot. "Chevy's" death was a failure on our part, despite our training, our weapons, and our vigilance. It didn't matter that the trigger-man was hidden from view, or the massive bomb

was concealed under concrete. We let him down, and he's not here because we didn't keep him safe.

Just like physical trauma, psychological trauma can occur in a matter of seconds, but the consequences are felt for a lifetime. We arm our troops for conflict—we teach them to shoot, move as a team, and patch each other up—but there is no equivalent toughing once they become civilians. Part of that is the complex nature of mental health; you can protect flesh and organs with armor, but what can shield the mind from the horrors of war?

After more than a decade of conflict, the rising demand for mental health services—coupled with the tragedy of Veteran suicides—has shown we must do more. Just like our platoon couldn't save "Chevy", we fail when a Veteran turns to suicide instead of help, or leaves a VA facility because no appointments are available, or when the culture and language of the military creates a divide between clinicians and Veterans.

[According to the investigation](#), the Veterans Health Administration met its goal of fully evaluating patients within 14 days only about 9 percent of the time. The remaining 91 percent waited an average of 250 days for full evaluations (though situations considered mental health emergencies are handled differently). For follow-up treatments, the report indicated an appointment is scheduled within 14 days about 18 percent of the time. When seconds and minutes count—as they do in combat—VA did not meet its own standard.

Many Veterans seek basic mental health care each day. That's why the staff isn't meant to simply prevent suicides before they happen. It's about providing increased availability of appointments and resources. But more fundamentally, it doesn't help VA build a community of care and compassion that includes trained mental health professionals, peer support specialists, outreach workers, group support and more to promote the wellness of Veterans. It's that kind of deep community involvement in mental health treatment—much like a military unit—that they hope improves lives.

When a Veteran calls and says he or she needs help, and they say the first available appointment is several weeks away, they have failed that Veteran by their very own standards. It's past time for them to say we **will fix** the problem, or that solutions are **on the horizon**. The best we can do now is to honor the living and the dead by being advocates and taking the failures we accumulate not as statistics, but scars. It should grind us up; eat at us and shock us. It should drive us. We must face the idea that thousands of returned Veterans need assistance every single day. Then we must look forward, anticipate their needs, and do better. Each of us owes that much to the Vet out there, in a dark place, looking to us to help heal the trauma inflicted on our behalf.

Chevy is not coming back. The failure to protect him haunts us still today—the men of Alpha Company, whose men can never say, "We'll work to prevent this from happening in the future." Like in war, future responses don't make up for past failures. There are still men and women coming home healthy on the outside but eventually yielding to mental wounds sustained in combat. Chevy's death made us look sharper, shoot straighter, and move quicker. It's our memory of failure that helps us protect each other's life.

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Bridging the Gap of Georgia
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Pete on the beat:

"Each day in the United States, at least 20 veterans kill themselves. What is being done to help them and prevent veteran suicides? Congressman Taylor has a great idea to help depressed and traumatized vets before it's too late. Watch the interview to find out what he's proposing.

The Republican-led U.S. Congress has failed to repeal and replace Obamacare, but its making headway-- along with President Trump to bring significant reform to the Veterans Administration.

And that's good news for U.S. veterans.

Congress recently passed and the president signed the VA Accountability Act. It allows the VA Secretary to actually fire people. This helps to remove underperforming leaders at the VA.

On the Homefront this week, Rep. Scott Taylor (R) Virginia tells us about the former VA Director in Puerto Rico, DeWayne Hamlin who was fired because he had been convicted of a crime and was being investigated for a number of unethical and criminal acts.

"They couldn't fire him which was insane," Taylor insisted.

Hamlin was reportedly absent from his job for a total of 80-days in 2014 and still earned a salary of nearly \$180,000.

"You have to have accountability for the folks who are running the show..."

Congressman Taylor authored legislation that would also require the VA Secretary to report to Congress when senior VA executives are transferred to another facility. He says the Hampton, Virginia VA facility received a one-out-of-five-star rating for efficiency. Their solution was to transfer the director to another VA facility.

Also, a number of structural changes are being made at VA centers across the country.

Taylor says President Trump, along with VA Secretary David Shulkin, have taken steps to provide veterans with more choice in healthcare. Some private care is now available to them when they can't get the care they need at VA centers."

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The Republican-led U.S. Congress has failed to repeal and replace Obamacare, but its making headway-- along with President Trump to bring significant reform to the Veterans Administration. And that's good news for U.S. veterans.

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