

Re: CT Bill S.B. 284

Madam Chair/Mr. Chairman and Members of the Committee

My name is Stephanie Keegan and I am here to voice my support of S.B. 284.

My son Daniel was born at Hartford Hospital on January 27, 1987, grew up to serve 8 years in the 82nd Airborne as Intelligence Analyst to the 7th Special Forces Group, died on January 8, 2016, and his ashes were buried in Fairview Cemetery in West Hartford on Mother's Day 2016.

Dan was so proud to serve in the Army and was a very good soldier. In fact, in 2009 Dan was the 7th Special Forces Group Soldier of the Year at Fort Bragg. He deployed twice to Kandahar, Afghanistan and returned from his second deployment with PTSD. He was just 23 years old at that time. It was clear to me that he was ill, but it would be several years until he had an actual diagnosis.

After returning from that second deployment Dan was granted permission to attend college through the active duty Green to Gold program. He did well in school, but continued to suffer the day-to-day war with PTSD. During his last semester, when he was about to graduate with a 4.3 GPA, and with academic awards awaiting him he started to self medicate in the form of heroin in an effort to maintain control without having to admit his mental health issues to the Army.

Of course that did not go well, and before the semester was over my husband and I found out the extent of his struggles and helped him self report to his ROTC commander. He was immediately sent to West Point for evaluation. The mental health staff at West Point diagnosed him with PTSD and sent him to an inpatient program in CT. He was there for 9 weeks and had to return to Fort Bragg without his degree because the time he was allotted for school was over. He was clean but had not yet received any treatment for the PTSD.

Daniel served on base at Bragg for another year, working long hours to keep busy in an effort fend off the mental health struggles and was eventually ordered by his Commander to take a two week leave because he'd been working too many hours. On the first night of that leave he used again for the first time since rehab and ended up on life support.

When his Commander found out about the overdose he began Other Than Honorable Discharge proceedings for failure to self-report using again, which is a requirement of the Army Substance Abuse Program, ASAP. He'd found out while Dan was on life support and started the proceedings while he was still unconscious and unable to self-report.

When Dan came to and realized what the Commander was doing he immediately contacted JAG and fought until he was granted an Honorable Discharge. After he left the Army in September of 2015 Daniel waited 13 months for his disability declaration from the VA, and at the time he received his 90% disability declaration in early November of 2015 an appointment was set up for three months later to finally begin treatment. He died just 2 and a half weeks before that appointment.

Dan was very lucky to have received an Honorable. If he hadn't fought he would not have and would have found himself like the thousands of other veterans with diagnosable mental health disorders without the possibility of receiving services from the VA because of a condition that he acquired because of his service to this country.

I have become active in veterans advocacy since our family lost Daniel and one of the things I have learned is that CT is a leader in care and treatment of veterans and has been since the nation's first residential facility for veterans was founded in CT during the Civil War in 1864.

As a leader and role model for the entire nation on how to properly respect the service of our veterans I implore you to consider and pass S.B.284. Because the CT definition of a veteran is limited to, "Any person honorably discharged from, or released under honorable conditions from active service in the armed forces," veterans who have General and Other Than Honorable discharges do not currently qualify for state benefits including but not limited to medical services and educational cost reductions.

Based on the known numbers it seems likely that the cost of this bill would be extremely minimal due to the fact that it is only approximately 800 CT veterans who are known to have less than honorable discharges due to mental health conditions such as PTSD, TBI, and MST. This well thought out and strong bill provides a simple method of determining eligibility for improved services and would go a long way toward helping these remarkable folks continue moving forward healthfully and productively. Not only would it benefit the veterans themselves, but it would bring hope to their families and would undoubtedly provide communities with enthusiastic citizens who would want to help the towns in which they live and the state of CT. This would likely put an end to a great deal of potential tragedy and the resulting expense associated with the consequences of those tragedies. In other words, this really seems like a win-win situation.

General and Other Than Honorable discharges are considered non-punitive by the federal government, but if those same discharge classifications prevent veterans from receiving the services they need and deserve they are in fact punitive. I urge you as a state that has historically led in care and treatment of veterans to remove the built in stigma of those discharges that currently keep deserving veterans from assistance.