

Good morning, Mr. Chairman and distinguished Representatives, it's a tremendous privilege to be here this morning to shine light into a very dark place for Pennsylvania's Veterans and their families.

I am Air Force Lt. Col. Jay Ostrich, a Combat Veteran of Operation Iraqi Freedom, and Operation Enduring Freedom, with more than 23 years of service to our Commonwealth and country. I am also proud to be Director of Berks County Veterans Affairs, home of nearly 20,000 Veterans.

While most American troops may not be actively engaged in combat this morning, make no mistake: millions of Veterans are actively fighting a deadly enemy, and the casualties are mounting here in Pennsylvania daily.

Unlike the combat zone where troops are keenly trained to respond to enemy strikes by taking immediate action, when they return home from battle to the Keystone State, many are overwhelmed and frozen by the transition.

Often paralyzed with stigma and untreated trauma, our heroes choose instead to suck it up and deal passively with debilitating effects of Post Traumatic Stress Disorder/Injury, anxiety and depression.

The consequences of such a posture have proven to be more deadly than war itself.

Consider that during the Global War on Terrorism from 2001 to 2021, 7,085 Americans were killed in action. But during that same 20 years, a study the US Department of Veterans Affairs found that more than 140,000 of our servicemembers died by suicide. In Berks County this year, 26% of all suicides were by Veterans, despite being just 4.5% of our population.

Heartbreaking. Tragic. And thoroughly unacceptable.

My journey fighting the unseen enemy began after returning from combat where I was stationed at the US Embassy Baghdad in 2009-2010. At that time, the Embassy was a top target for Al-Qaeda in Iraq, and they launched frequent mortar and rocket attacks on our position.

When I came back home, I thought the impact from those attacks was behind me. But after celebrations ended and "normal life" began, my family and friends started seeing behaviors from me that were out of character.

Binge drinking, isolation, outbursts of anger, and an inability to do simple things like grocery shop were hallmarks of the new me.

Moreover, I had the startle reflex of a newborn baby and developed night terrors, which are intense panic attacks that occur during sleep, that awaken my then-wife, and three-year old daughter, Harper, 4-5 times a week.

One night after a particularly extended night terror, my daughter came to my bedroom crying and uttered three simple words: "Daddy needs help." Indeed, I did.

After confiding in a superior officer, he urged me to get to the Lebanon VA Medical Center and see behavioral health.

I was assigned a VA psychiatrist, who after cursory intake started prescribing me a drug called Clonazepam, known as Klonopin, a benzodiazepine used to prevent and treat anxiety disorders. The doctor also ordered me to see him at least once a month to talk about the trauma.

At first, I noticed immediate relief from some anxiety symptoms, and my ability to function improved at work and at home. But when I returned to the doctor to talk about my trauma, he would literally fall asleep, waking up only to grab his prescription pad, reorder my Klonopin, and send me home with a higher dosage and longer prescription.

Months later, I noticed the symptoms coming back stronger than ever. When I brought this his attention, it was the same reaction: fall asleep, awaken, and prescribe stronger dosages.

Then, in 2012, the Secretary of Defense announced a 90-day notice to servicemembers who were using medications like Klonopin and gave us chance to get off the meds before mandatory testing began. In effect, I was given just 3 short months to detox from an unusually high dosage of benzodiazepines or risk being separated from the military for testing positive from a drug prescribed to me by the VA.

Thus began my descent into hell.

Experts see detoxing from benzos as extremely difficult, producing withdrawal symptoms of anxiety, panic attacks and insomnia. It can even be fatal, making professional support essential. And please remember, the doctor overseeing my withdrawal of a drug he overprescribed was still literally asleep at the switch.

Over the next few years, I experienced insomnia, extreme agitation, noticeable hand tremors, panic attacks throughout the day, hallucinations, and delirium, which causes a sudden change in a person's cognitive function, awareness, and behavior.

What's more, I found myself being prescribed seven different new drugs, each leaving me with new side effects, producing noticeable adverse changes to my personality and performance.

In that time, I found myself in and out of the emergency room more than a dozen times. I lost a marriage and partial custody of Harper, and was separated from my civilian employment, a job I truly cherished with people for whom I deeply cared.

Everything I had worked so hard for was rapidly slipping away. I was addicted, binge drinking again, depressed, humiliated, and without hope. I saw the enemy, and the bad guy was clearly me. The only way I saw to stop the pain was through suicide.

But for the grace of God, I soldiered on, now a shell of the man, father, and officer I once was, but thankfully unable to follow through on my plan to end my life. I simply saw myself as a coward now.

Then in June of 2019, I saw a segment on *60 Minutes*, called, “SGB: A possible breakthrough treatment for PTSD.”

I watched as a former Navy SEAL, Dr. Sean Mulvaney delivered what looked like a simple but perhaps too good to be true treatment for Veterans. By simply injecting a local anesthetic near a nerve bundle in the neck, it resets the flight or flight response to its original settings.

Later that year, I read a US Army study published in [*JAMA Psychiatry*](#) that showed that Stellate Ganglion Block was an effective treatment for PTSD.

Still skeptical, I visited Dr. Mulvaney’s clinic and witnessed firsthand the treatment for a young Marine from Alabama, who just 48 hours prior had a weapon in his mouth, ready to end his life through suicide. Lucky for him, some buddies who had SGB treatment found him and convinced him to give it a try.

Forced to rattle a tin can around their local VFW to raise funds for the ride to Maryland and the treatment, I literally saw the pain and intensity in his face be replaced by a wave of relief, followed by tears of joy as he was reconnected with the feeling of calm.

I saw what I truly considered to be a miracle. So, for the next few months, I saved every penny I could, and in March of 2020, Dr. Mulvaney gave me the treatment.

In just moments after the injection, I had a wave of peace fall over me that I had not felt since I was a child. In the days followed, I started to see details in life that had been blurred and blunted by anxiety – things texture in leaves that start to bloom in spring. I was reawakened to the beauty in life that surrounded me.

In the month following SGB, I reconnected healthy relationships with friends, family, and God, restarted activities that made me happy, and stopped all medications for anxiety.

Today, I’m proud to say that I have been free from all psychiatric medications for more than five years. What’s more, I’ve gone from having 4–5-night terrors a week, to just four such episodes over the span of nearly six years. To get those results, I have only undergone just two SGB treatments. One I paid for out of pocket, the other I relied on a 5013c, *For the Love of a Veteran*, to pay for the cost.

But as I enjoyed the benefits of SGB, I also came to understand a profound disappointed and developing anger that my fellow Veterans are not easily availed this treatment through the VA system.

In researching the VA and SGB, I found it acknowledges that SGB is a safe, effective, and ethical treatment for PTSD, and administers the treatment. Unfortunately, only 11 of the VA’s 1,380 hospitals and clinics offer the treatment, and that’s only as a “add-on therapy” when more “conventional” treatments, like what they prescribed me have proven to fail.

Very sadly, we all know what failure of “conventional” therapies means for our Veterans: destruction of livelihoods and death through overdose and suicide.

Instead of giving our Veterans the very best options to try, we have condemned them to treatments that have often turned them into addicts or turned them into beggars just to scrape up a few dollars so they can try and find peace.

Please know that I am not here to bash the VA, psychiatry or psychology. In truth, SGB has allowed me to finally be present in therapies like cognitive behavioral therapy, and my respect and trust for many professionals at the VA has grown.

But our heroes should not be dependent on luck, word-of-mouth, or the generosity of strangers to find healing, and they should never be forced to fail.

This carnage of untreated and mistreated Veteran trauma must end. Complacency and status quo must end. Congress must act.

Healing our heroes is neither a “red state” or “blue state” issue, but a red, white and blue issue for us all. We have a sacred duty to ensure our warriors who defend our nation and our American way of life are given every opportunity to heal quickly from the scars they bare from protecting our Republic. Please pass HR 157, our Veterans deserve nothing less.

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