

Exhibit A

Excerpts from William Feeley Deposition

17 A No.

18 Q -- for any director since you've
19 been -- since you've been on this -- on your
20 watch because of suicides that occurred in their
21 VISN?

22 A No.

23 Q And I mean by discipline an -- even
24 including a letter in their -- in their HR --

25 A No.

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1 Q -- file?

2 Have you ever raised -- raised that
3 subject with anyone as to whether there should
4 or should not be discipline of directors
5 within -- within their -- who -- within their --
6 their VISN there have been one or more suicides?

7 A No. I would have to be making a
8 determination that negligence did occur before I
9 would do that -- or culpability.

10 Q And culpability would include
11 failure to follow policy?

12 A Correct.

13 Q And that would include failure to
14 follow policy regarding CBOCs, C-B-O-Cs, within
15 their VISN?

16 A If they didn't have a mental health
17 provider in the VISN and they were supposed to
18 have one in a CBOC, yes, that could.

19 Q I would like to talk to you about
20 to whom you report. Do you report directly to
21 Dr. Cross?

22 A Correct.

23 Q What are Dr. Cross's duties and
24 responsibilities?

25 A Dr. Cross is responsible for the

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1 program offices at VA headquarters.

2 Q Program offices?

3 A Right.

4 Q Okay. What else does he -- what
5 else does Dr. -- does Dr. Cross --

6 A That's --

7 Q -- do?

8 A -- his primary responsibility.

9 Q And what are program offices,
10 please?

11 A These are -- the -- headquarters is
12 a reflection of the departments that you would
13 see in a medical center, so on a national level,
14 there are departments like medicine, surgery,
15 mental health; they're labeled as patient care
16 services. Infection control, emergency
17 preparedness. The -- there are a host of
18 functions that he has primary responsibility
19 for.

20 Q Let me -- let me go back to the

21 discipline of directors in VISNs over suicides.
22 You would -- you said there would only be
23 discipline if you had found negligence. Is it
24 correct that -- that in your view there has
25 never been any negligence by any director

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1 arising out of suicides by veterans who are
2 under the care of a particular VISN?

3 A If -- if you were to say to me in
4 the last two years --

5 Q Since your watch.

6 A Since --

7 Q That's right.

8 A -- I've been in --

9 Q That's right.

10 A -- the job --

11 Q That's right.

12 A -- I have not seen it.

13 Q And before that?

14 A Well, I wasn't in the job before
15 that, so -- on my watch I think was the
16 question.

17 Q And -- and has there ever been
18 discipline of anyone within a VISN? It would --
19 it would be up to the director within a -- a --

20 A Correct.

21 Q -- VISN to -- to discipline a
22 person below the director?

23 A Correct.

24 Q Has there ever been discipline of
25 anyone within a VISN arising out of a suicide by

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1 a veteran?

2 A Don't know. That's not rolled up,
3 although I -- my -- I -- I just don't know the
4 answer to that.

5 Q And I just want to ask this further
6 question before I go back up above you -- above
7 you. Is the operations of the VISNs -- the
8 management of those VISNs, vis-a-vis your
9 position, a decentralized one? In other words,
10 do the VISNs have -- you mentioned the word
11 "autonomy." Do they have certain autonomy in
12 the operations of their VISNs such that you can
13 see the -- see the management in VA as
14 decentralized among VISNs?

15 A I -- I would answer that this way,
16 that it's a balance between creativity and
17 innovation at the field level, meaning from the
18 networks down, in standardization. So there's a
19 fair amount of standardization in expectations,
20 in metrics that people need to meet. There are
21 various organizational structures that people
22 have developed to meet those goals and
23 objectives, so they have a fair amount
24 of autonomy in how they do those alignments.

25 Q But if -- but if the headquarters

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1 sends out a -- a statement to the directors of
2 policy of the -- of the VA, that's not something
3 they can decide whether they do or do not --

4 A That's correct.

5 Q -- want to follow?

6 A That's correct. That's what I
7 meant by standardization.

8 Q And if you send out a directive
9 telling them what they should do, they can't
10 decide we will or we wouldn't?

11 A That's correct.

12 Q And if you send out an initiative
13 telling them this is what you want to happen,
14 can they say we will or we won't follow it?

15 A No, they're to follow it.

16 Q And if they don't follow it, do
17 they get disciplined?

18 A That would happen, yes.

19 Q Because their not following a -- an
20 initiative would be negligence on their part?

21 A That's correct. Well, it -- it
22 would certainly not be smart.

23 Q You distinguish between not being
24 smart and -- and being negligent?

25 A Well, there are some -- there's

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8 Q Not the one-page suicide group --

9 A Not the one page.

10 Q Because the one page doesn't give
11 you the root causes?

12 A Well, the one page doesn't give you
13 enough contact.

14 Q In order to learn what happened?

15 A That's exactly right.

16 Q I don't think we've seen those, but
17 I don't -- I'm not -- I'm not that knowledgeable
18 about the production, but I don't think I've
19 zone those. So who else reviews those
20 three-page assessments?

21 A They're reviewed by Dr. cross and
22 Dr. Kussman, myself, Joe Williams, the
23 management team in VHA. If we believe there's a
24 concern about quality, we might send the -- a
25 medical inspector in to look at the case.

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1 Q So is your feeling is that you by
2 looking at these issue briefs involving suicide
3 one can learn what are the root causes for the
4 suicide among these veterans who are being seen
5 by VA; am I right?

6 A I think you can -- you can come up
7 with some recurring themes.

8 Q Have you come up with some
9 recurring themes?

10 A I think one of the recurring
11 themes --

12 Q You have come up with them?

13 A I think one of the recurring themes
14 is we need to watch out for people who have' got
15 guns and we're actually talking a lot and
16 bringing that up with patients so if a patient
17 is at risk and has got guns we're asking those
18 guns to be given up and get a family member to
19 take those guns. That's one of the biggest one
20 that I'm seeing and of course soldiers know how
21 to use guns.

22 Q They have access to guns?

23 A Yes.

24 Q Any other current things you've
25 learned by all your readings of these issue

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1 briefs involving suicide?

2 A I -- I -- I think the lethal
3 combination of alcohol and any of the major
4 diagnosis we've talked about with depression,
5 PTSD and -- those are risk factors, so that's
6 why we have alcohol screening, depression
7 screening and PTSD screening trying to early
8 detect and discover when someone has got a set
9 of risk factors so we pay more attention to
10 them.

11 Q All right. Let me ask you about

16 Q A gesture meaning attempted
17 suicide?

18 A Attempted suicide, correct.

19 Q And what type of report do you get
20 for attempted suicide?

21 A Same thing. We get an issue brief
22 on that.

23 Q These issues briefs, have they been
24 made available to Congress?

25 A Not to the best of my knowledge.

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1 Q Is there any reason you can think
2 of why they -- if Congress wanted them they
3 couldn't be made available to them?

4 A I really don't know. I mean the
5 direct clinical content, but under the release
6 of information act, I would --

7 MR. SCHWARTZ: I'll just object to
8 the extent it calls for a legal conclusion.

9 Q I'm not asking for a legal -- but
10 you understand there's any reason you can't give
11 it to congress?

12 A I don't know the answer to that.

13 Q I want to go back to a recurring
14 theme. You mentioned guns?

15 A Right.

16 Q Alcohol?

17 A Right.

18 Q PTSD and you mentioned a couple of
19 other things?

20 A Drug abuse.

21 Q Drug abuse. I wanted to see if --
22 I wanted to run through some other possible
23 things and see whether you've seen them in this
24 report. Whether -- whether the person who
25 committed side -- committed suicide was a

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1 national guard or reservist as opposed to a
2 soldier who's left service? Have you seen any
3 on that?

4 A I haven't seen a theme along that
5 line.

6 Q Did you see any themes about
7 whether the patient who committed a suicide was
8 being seen by a CBOC as opposed to a medical
9 center?

10 A No.

11 Q Have you seen any connection
12 between veterans who committed suicide and how
13 many times they were redeployed into Iraq or
14 into Afghanistan?

15 A No, I haven't --

16 MR. SCHWARTZ: Objection;
17 relevance.

18 THE WITNESS: I couldn't give you
19 an informed answer.

1 well that that's the view of clinicians?

2 A I -- I've heard a variety of
3 opinions on the topic. I think we had 35,000
4 suicides in the United States last year and
5 I -- I think we have to make great progress on
6 reducing that number. Whether the majority are
7 preventable, I don't know because are we talking
8 about suicides are we talking about suicides and
9 gestures are we talking about a whole bunch of
10 things that are self-destructive that we don't
11 even roll up like car accidents where people
12 drive their car in the wall intentionally
13 doesn't even show up as a suicide attempt. So
14 I've heard many, many opinions on this topic in
15 talking with people.

16 Q It sounds to me as though you're
17 not in a position to tell me whether or not you
18 agree with this statement?

19 A Yeah, I don't --

20 Q Am I correct?

21 A I don't think I'm a subject matter
22 expert in the area.

23 Q Well, do you believe that the
24 suicides that you're viewing and reading about
25 in these suicide briefs the majority of which

1 could have been prevented?

2 A No.

3 Q I want to give you what we marked
4 as Exhibit 22?

5 MR. SCHWARTZ: You don't have that
6 yet.

7 BY MR. GOLDMAN:

8 Q P -- P435. I'm going to give you
9 what we've marked as P435 and ask you if you
10 recognize these documents?

11 A (Witness reviews document.)

12 Q Let me tell you what I believe they
13 are. These, I believe, are a segment of --

14 A Issue briefs.

15 Q -- issue briefs we received which
16 we thought that your name associated with some
17 or all of them. It's a subsection -- it's a
18 subpart of things we received. In other words,
19 the document wasn't like this before we created
20 it.

21 A Okay.

22 Q But I want to see if you can
23 recognize what these are.

24 A Yes, these look like suicide briefs
25 that I reviewed.

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1 Q Okay.

2 A Yeah.

3 Q Let's look at the first one. To me