



Statement of Stephanie Mullen
Research Director
of
Iraq and Afghanistan Veterans of America
before the
House Veterans' Affairs Subcommittee on Health
September 27, 2018

Chairman Roe, Ranking Member Walz and Members of the Committee:

On behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members worldwide, thank you for the opportunity to share our views, data, and experiences on the matter of suicide prevention among veterans.

Suicide prevention is an incredibly important part of our work; it is why it is at the top of our Bix Six Priorities for 2018 which are the Campaign to Combat Suicide, Defend Education Benefits, Support and Recognition of Women Veterans, Advocate for Government Reform, Support for Injuries from Burn Pits and Toxic Exposures, and Support for Veteran Cannabis Utilization.

Suicide rates over the past 10 years have been rising at a shocking rate; in 2016, the Center for Disease Control reports that 45,000 Americans died by suicide.¹ And while suicide is an American problem, it is severely impacting the veteran population in particular. According to the most recent Department of Veterans Affairs data, twenty veterans and service members die by suicide every day. Women veterans are two and a half times more likely to die by suicide than their civilian counterparts. And veterans aged 18 to 34, the Post-9/11 generation, had the highest rate of suicide.²

We've been watching this trendline for years. In our latest Member Survey, 58 percent of IAVA members reported knowing a Post-9/11 veteran who died by suicide; 65 percent know a Post-9/11 veteran who has attempted suicide. In 2014, these numbers were 40 percent and 47 percent respectively.³ Our members intimately know the devastation of this act. And despite recent efforts around suicide prevention, an increasing number of our members have a personal connection to suicide.

Perhaps no one knows this better than our own IAVA team, many of whom have been personally affected by veteran suicide. Patrice Sullivan, IAVA's Senior Veteran

¹ <https://www.cdc.gov/vitalsigns/suicide/index.html>

² <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4074>

³ java.org/survey



Transition Manager within the Rapid Response Referral Program, knows first hand of the impact a veteran suicide can have on a community. Her story, in her own words, is below:

On March 13th, 2005, my best friend, my person, my Marine, my Thomas, died by suicide.

Thomas always knew he wanted to join the Marine Corps, and in June 2000, a week before our high school graduation, he was off to bootcamp. Thomas was stationed in Okinawa, Japan during the attacks on 9/11, and I remember him assuring me that everything was going to be ok. There was no fear in his voice, just genuine love and honor. Being a Marine gave him a level of confidence and self-worth I had never seen in him before, a feeling of true purpose.

I can honestly say I didn't see any of the signs, but that doesn't mean they weren't there. I can say that because I didn't know anything about suicide. Surviving a loved one's suicide is the most unimaginable hell. In that one moment, your world is forever changed and nothing makes sense. You grieve. You cry, scream, but you survive. Some days I wonder how I've made it through these last 13 years, and I am always brought back to my first step towards finding hope.

For me, that first step was finding a group of people that could relate. I found a local support group for suicide survivors on the American Foundation for Suicide Prevention (AFSP) website. It eventually became my "safe place" and I truly believe it saved my life.

Today, Patrice works on the front lines to combat suicide through our Rapid Response Referral Program (RRRP). The RRRP team connects veterans and their families to the support and services they need. Whether it's navigating the VA or confronting significant challenges like unemployment, homelessness, legal, financial or mental health injuries, the RRRP team connects clients to the quality resources they need. As of September 14, 2018, the RRRP team has handled 8,895 cases and this year alone, the RRRP team has connected 24 clients to the Veteran Crisis Line at a critical moment in that client's life.⁴

Suicide is a multidimensional problem that demands a range of solutions. In 2014, IAVA launched the Campaign to Combat Suicide. This was a result of our members

⁴ <http://iava.org/blogs/rrrp-weekly-impact-report-september-14/>



continually identifying mental health and suicide as the number one issue facing post-9/11 veterans in our annual membership survey. This campaign centers around the principle that timely access to high quality mental health care is critical in the fight to combat veteran suicides.

The signing of the *Clay Hunt SAV Act* into law was an important first step to addressing this. We thank you for your support of this legislation, and the VA for its commitment to fully implement this law. Over the past three years, 995 combat veterans have enrolled in VA healthcare thanks to the eligibility expansion under this legislation. Community partnerships and outreach have grown tremendously at VA, and a one-stop shop for mental health resources, called the VA Resource Locator, provides mental health resources for those searching for care. More recently, designated funding for the *Clay Hunt* provisions supported the law's implementation, and we appreciate Congress' support for this additional funding that will improve mental health services for the 1.6 million veterans who receive specialize mental health care at the VA.⁵ We look forward to the final evaluation of mental health and suicide prevention programs called for under the *Clay Hunt SAV Act*, expected in December of this year.

The *Clay Hunt SAV Act* was a critical piece of legislation to target mental health and suicide prevention, and bring attention to the growing need for resources in this area. Since then, we've seen a number of advancements and many pieces of legislation passed addressing the issue. Since 2015, within the VA, the Veterans Crisis Line has expanded, community partnerships have expanded, VA has opened up emergency mental health care to those with Other Than Honorable discharges, and started using predictive analytics to reach out to veterans who show risk factors for suicide.

More recently, IAVA was pleased to work with the VA and other stakeholders on the plan put forth in conjunction with the Executive Order (E.O.), Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life. This plan involves a comprehensive and community based approach to suicide prevention, paired with targeted mechanisms for at-risk populations. As this plan is implemented, we look forward to being part of this continuing process with VA, Department of Defense, Department of Homeland Security, and Members of Congress.

We have come so far since the signing of the *Clay Hunt SAV Act* in 2015, but there is still much work to be done. Continuing to expand access to mental health care, easing transition stressors for servicemembers and their families, ensuring access to suicide prevention tools and programs, creating community based solutions, and ensuring high quality and timely data analysis are all essential in moving the needle on this issue.

⁵ <https://www.va.gov/opa/publications/factsheets/April-2016-Mental-Health-Fact-Sheet.pdf>



Of note, ensuring adequate staffing of VA mental health care clinicians is imperative to address the issues of mental health and suicide prevention. Programs such as the loan repayment program for psychiatrists under the *Clay Hunt SAV Act* incentivize mental health professionals to seek a career at VA. We call on Congress to continue its vigilant oversight of the *Clay Hunt SAV Act*, ensuring the loan repayment program and other provisions are fully implemented in addition to ensuring these provisions are fully funded. We ask that Congress continue to work with IAVA, other Veteran Service Organizations, and the VA to fill the critical mental health vacancies at VA.

We look forward to continuing to work with you on this critical issue. Thank you for allowing IAVA to share our views.