



**Written Testimony of
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U.S. House of Representatives Committee on Veterans Affairs**

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Testimony on Preventing Suicide Among Veterans:

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

Thank you for the opportunity to provide testimony today on the critical issue of preventing suicide among our nation's military veterans. The Department Of Veterans Affairs reported earlier this year that, on average, 20 veterans die by suicide every day, 6 of whom are nominally under Veteran Health Administration care and 14 who are not. This is a major public health concern that affects every community in the country, and it is one that my team at America's Warrior Partnership is actively combatting on a daily basis.

My name is Jim Lorraine, and I served as an Air Force Officer and Flight Nurse for 22 years. I was the founding director of the United States Special Operations Command Care Coalition; a Department of Defense wounded warrior advocacy organization that has been recognized as the gold standard in supporting wounded, ill or injured warriors along with their families. I also served as Special Assistant for Warrior and Family Support to the Chairman, Joint Chiefs of Staff, where I helped to transform the Chairman's "Sea of Goodwill" concept into a strategy.

I currently serve as the president and CEO of America's Warrior Partnership, a national nonprofit organization where our mission is to empower communities to empower veterans and their families. Our approach to accomplishing this mission takes many forms, but it starts with connecting community organizations with local veterans to understand their unique needs and situations. After gaining this knowledge, we connect local veteran-serving organizations with the appropriate resources, services, and partners to support each veteran. Our ultimate goal is to create a better quality of life for all veterans.

The foundation of our work is our Community Integration model, a framework for organizations to conduct proactive outreach to veterans and holistically serve all of their needs. Through this model, we have established relationships with more than 42,000 veterans since February 2014 in eight affiliate communities located across the country.

We are here today to discuss suicide among veterans, and I would like to share the work our team is doing to study this issue. I hope these insights will help guide this Committee's decisions towards developing and supporting the most effective community based outreach and prevention programs possible.

I am a veteran of nine combat deployments dating back to 1991 in conflicts and locations such as Desert Storm, Somalia, Haiti, Iraq, and Afghanistan. I've had brothers and sisters-in-arms who've taken their own lives, leaving all who loved them to speculate why. Just last week, I talked to a close friend and begged him to promise me he would get more assistance and not take his life. I've had a hero of mine leave me a note explaining that he could not take the constant head pain caused by his numerous blast injuries and asked that I forgive him for quitting. For me and America's Warrior Partnership, the prevention of suicide is not only necessary, it is personal.

The Department of Veterans Affairs released the "VA National Suicide Data Report 2005–2015" this past July. It was a comprehensive work that reported a vast improvement from previous studies in 2012, which estimated there were 22 veteran suicides per day, and 2014, which estimated there were 20 veteran suicides per day. The 2018 study is impressive in the volume of records, big data aggregation, and national span that it analyzed, but there was little granularity for communities to use in their efforts to prevent veteran suicide—in terms of veteran's service experience, their lives following service separation, their communities' attributes, or how communities might have engaged them during the years, months, or days before their death.

As a nation, we often speculate about the causal factors of veteran suicide. We speculate about the lack of access to treatment, the impact of head injury, the influence of pre-existing medical and behavioral conditions, the role of hereditary traits, access to lethal means, loss of purpose contributing to post-service transitional stress, and how financial or relationship strain could lead to a veteran taking their own life. A veteran who takes their life could be impacted by all, some or none of these factors. To further complicate matters, we have not been able to differentiate the characteristics of a veteran who might take their life in Buffalo, New York, as compared to Johnson City, Tennessee, or Orange County, California. We may never know exactly why a person finally dies from suicide, or how to interrupt them during the final moments just before death. However, energized communities can develop partnerships dedicated to engaging distressed veterans and their families at a time when, together, we can help to change the trajectory of their lives, such that they never become suicidal and accept help at times of increasing distress.

In December 2017, America's Warrior Partnership announced the launch of Operation Deep Dive, a four-year research study that we are conducting in partnership with University of Alabama researchers through visionary funding from the Bristol-Myers Squibb Foundation. The study is examining the factors and potential causes involved in suicides and early mortality due to self-harm among veterans. Our ultimate goal is to identify the risk factors that lead to suicide in veteran communities as well as guide the development of programs to reduce self-harm among veterans. Or as I like to say, to move from fishing for veterans who are going to take their life, to using predictive factors to hunt for veterans who are going to take their life.

Operation Deep Dive is the first study of its kind in many ways. It is a community-based initiative with a national scope, designed to be led by and for local communities to ensure they gain direct and tangible

benefits that are tailored to the unique veterans in their area. Representatives from America's Warrior Partnership and University of Alabama researchers are leading the study nationally, while local teams are coordinating the study at the community level. Currently, organizations from the following areas are participating in the study:

- Orange County, California
- The Panhandle Region of Florida
- Atlanta, Georgia
- Minneapolis/St. Paul, Minnesota
- Buffalo, New York
- Greenville, South Carolina
- Charleston, South Carolina

We are expanding the study to seven more communities within the next few months.

Operation Deep Dive is researching factors that have never before been evaluated. These include:

- The impact of community environments on veterans, which is an area that has typically been generalized in previous studies;
- The experience of all veterans across the spectrum of service, gender, and lifespan, which is an unprecedented level of detail for a study of this magnitude;
- The impact of dishonorable or less-than-honorable discharges on veterans who died by suicide, which has not before been quantified to this level;
- The use of geospatial analysis to provide greater granularity of the characteristics of a veteran who may take their life; and finally,
- An analysis of cases of self-harm in addition to suicide, which will provide a comprehensive understanding of behavior that can potentially prove fatal within veteran communities.

The project will be completed in four years. Phase 1 of the study, which is currently in progress, will take a year to complete. Our community-based teams have recruited enthusiastic local medical examiners, coroners, veteran-serving organizations, civic leaders and veterans, and military families to participate in Community Advisory Boards. These boards are shaping, reviewing and helping to direct the research within their respective areas. Researchers have also begun to conduct a five-year retrospective analysis of suicides and suspected suicides among veterans within each community. These cases will be geo-mapped to determine different geo-cultural contexts and locations that may affect the likelihood of suicide.

Once these actions are complete at the end of the first year, Phase 2 will begin. Researchers from The University of Alabama will compile all data collected at the community level and conduct a "sociocultural autopsy" to identify the specific individual, organizational and community factors that lead to suicide or self-harm among veterans. Researchers will also conduct in-depth, qualitative matched interviews with veterans at higher risk for suicide. The objective is to determine the role of community organizations in engaging those who have served and preventing negative outcomes that lead to suicide and self-harm.

To complement these qualitative interviews, we will conduct a quantitative, multi-database statistical analysis that links Operation Deep Dive data with records from a wide range of national sources. These include the Department of Defense, the Department of Veterans Affairs Suicide Data Repository, the U.S. Census Bureau, the Centers for Disease Control and Prevention, and civilian partners using publically available credit bureau information from companies such as TransUnion and geospatial analysis from Radiant Solutions. All of this will ensure the research team is positioned to access as much data as possible on the potential community and social factors that were identified during the first phase of the project.

When this four-year project is complete, we expect to have actionable insights into what risk factors, both individual and community are important markers in characterizing risk, as well as understand how to systemically and systematically engage veterans. However, Operation Deep Dive is only the beginning. The project's findings will help guide the development of more effective outreach programs, and we hope it will spur additional studies to identify those critical elements that will empower communities to help veterans live and thrive long after their service is complete.

Thankfully, there is already movement in the right direction. The administration is preparing a strategic multi-department Executive Order to synchronize prevention efforts from communities up to the national level. Additionally, as you know, efforts have been underway in both chambers through hearings such as today's session that are contributing to impactful legislation enabling the Department of Veterans Affairs, the Department of Defense, and the Department of Labor to establish a program to award grants for the provision of community integration solutions and suicide prevention services.

We enjoy a collaborative relationship with the Department of Veterans Affairs and are finalizing a data-sharing agreement critical to the success of Operation Deep Dive. Additionally, we have engaged with the Department of Defense for a similar data-sharing agreement that would bring understanding of service waivers, service experience and the impact of characterization of discharge to our research. We believe it is virtually impossible to study the suicide of former service-members without the active participation of the Department of Defense. Collectively, we need to create a data set that follows the veteran from Department of Defense recruitment through the Department of Veterans Affairs service. Lastly, the financial support from the federal level to all studies of veteran suicide, combined with the insights provided by community-based projects to holistically understand the needs of all veterans and suicide studies such as Operation Deep Dive, would signal a hopeful future for veterans in need.

In the end, our team at America's Warrior Partnership remains dedicated to empowering communities to help veterans achieve a higher quality of life. Much of the work we have accomplished to date would not have been possible without the cooperation of the Department Of Veterans Affairs and other veteran-serving organizations across the country. Continued collaboration and sharing of insights will be essential as we strive to understand the context that individual, community, and societal factors play in veteran suicide. Thank you again for the opportunity to testify on this critical issue.