



Statement of Travis Horr
Director, Government Affairs
of
Iraq and Afghanistan Veterans of America
before the
House Veterans' Affairs Committee

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Chairman Takano, Ranking Member Roe, 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 pending legislation today.

The Campaign to Combat Suicide is an incredibly important part of our work. It is the top priority in our Big Six Priorities for 2019, which also include: Defense of Education Benefits, Support and Recognition of Women Veterans, Government Reform for Veterans, Support for Injuries from Burn Pits and Toxic Exposures, and Support for Veteran Medicinal Cannabis Use.

Unfortunately, IAVA members know this issue all too well. According to our latest Member Survey, 59% of our respondents knew a post-9/11 veteran who died by suicide. Additionally, 65% knew a post-9/11 veteran who attempted suicide and over 75% believed that the nation is not doing enough to combat military and veteran suicide.

This is why for nearly a decade, IAVA and the veteran community have called for immediate action by our nation's leaders to appropriately respond to the crisis of over 20 military and veterans dying every day by suicide. Thanks to the courage and leadership of veterans, military family members, and our allies, there has been tremendous progress. The issue of veteran suicide is now the subject of increased media coverage, there is a reduction in stigma for seeking treatment, and there is a surge of government, non-profit, and private support. Despite this progress, however, we are not seeing improvement in the numbers. We are still losing an astonishing number of veterans to suicide each day and that needs to change urgently.

IAVA thanks the committee for bringing both H.R. 3495 and the *Discussion Draft* forward for discussion today. Grants can be powerful tools for VA to use to reach populations of veterans that they would be otherwise unable to reach. The majority of veterans that die by suicide each day are not currently connected to the VA system; grants are another means to bring those veterans into VA and ensure that they are getting the care that they have earned and deserve.



That is why IAVA worked closely with Senate Veterans Committee Ranking Member Jon Tester to create a provision in the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act (S. 785)* that would allow a grants program, much like the ones proposed here today. It is also important to note that while we are supportive of grant programs, we believe that VA must remain central to the care of the veteran. VA is uniquely structured to provide care for veterans, and more importantly, veterans like the care that they receive from VA. According to our latest Annual Member survey, a resounding 81% of IAVA members rate VA health care as average or above average. This program should enhance the capability and capacity of the VA, not undermine it.

While IAVA is supportive of grant programs to increase veteran outreach and care, IAVA also understands that these programs must be carefully administered in order to ensure that grant funds are being received by those most in need. It is to that end that while IAVA fully supports the intention of the *Discussion Draft* in front of the Committee today, we also have some concerns over the current language.

First, IAVA is concerned with the ability of Vet Centers to administer the grant program. While Vet Centers are uniquely positioned inside communities and can currently offer referral services to other community providers, they are not set up to provide grants to their community partners. IAVA is concerned that their administration of grants could potentially harm their relationship with those important community partners. While the administrator of these grants could and should work with local Vet Centers, by elevating that authority out of the Vet Center we can also ensure that the program is administered by officials with experience in dealing with the intricacies of grant programs.

Additionally, IAVA is concerned by starting a pilot program as laid out in the *Discussion Draft* with only 10 organizations. While we appreciate the intent behind the low number to start, IAVA has concerns that with only 10 organizations receiving grants, coupled with the application requirements, there may be too high of a barrier to entry for emerging or less established hubs that wish to work in this space to receive these important grants. IAVA believes that a potential fix for this issue would be to create two separate funding streams, one for established hubs that are already providing services outlined in the *Discussion Draft*, and another funding stream to support organizations that wish to create the necessary technical and developmental expertise in areas where they might otherwise not exist, such as rural states. IAVA believes that this would serve to both support organizations that are already established, but also truly expand the number of hubs available as viable resource centers around the country. IAVA believes that by providing two separate funding streams VA could support both small, emerging hubs, and large hubs simultaneously.



IAVA also suggests that an addition of a universal data sharing platform would ensure that all hubs and community partners are able to share best practices and also identify veterans that might be at high-risk of suicide, similar to the highly successful Supportive Services for Veterans Families (SSVF) grants. SSVF grants were created to address the national veterans homelessness crisis. When VA partnered with local programs that are currently working with homeless populations 'on the ground,' they were able to significantly reduce veteran homelessness. IAVA believes that similar models can be created to not only identify, but also increase the VA's ability to reach high-risk veterans, and in turn better address the veteran suicide crisis. By creating similar data sharing platforms for veterans at risk of suicide, organizations working with high-risk populations would better understand where to refer veterans in crisis if they themselves are unable to help, ensuring that no veteran in crisis is ever turned away.

IAVA thanks the committee for their commitment to helping solve the veteran suicide crisis. The time to act is now. However, we also understand the need for data in order to make the most informed decisions. IAVA urges any grants program to have robust metrics in order to track outcomes and ensure that VA is using their limited resources in the best possible way. The goal of *any* grant program to address this epidemic should be a focus on simplicity, accessibility, and accountability.

Members of the Committee, thank you again for the opportunity to share IAVA's views on these important issues today. I look forward to working with the Committee in the future.

Biography of Travis Horr

Travis Horr serves as Director of Government Affairs, assisting in IAVA's advocacy efforts in Washington, D.C. Prior to IAVA, he worked at a consulting firm, as well as political campaigns



in both Maine and Delaware. Travis served in the Marine Corps Infantry for four years and was stationed at Marine Barracks 8th & I in Washington D.C., and Camp Pendleton, CA. He deployed to Helmand Province, Afghanistan in 2010 in support of OEF. Travis is a Maine native and graduated from the University of Southern Maine with a B.A. in Political Science with Honors utilizing the Post-9/11 GI Bill.