The Honorable Mark Takano Chairman House Committee on Veterans' Affairs 420 Cannon House Office Building Washington, DC 20515



Dear Chairman Takano,

I write to you as a U.S. Marine Corps combat veteran, former chair of the Employment and Integration subcommittee for the Defense Advisory Committee on Women in the Services, and as a Fellow and Vice President Emeritus of Programs at Brady. We are grateful that the Committee is taking up a hearing on legislation related to veteran health and well-being, especially addressing better care for those at risk of self-harm before a crisis turns into irrevocable tragedy.

Founded in 1974, Brady works across Congress, courts, and communities, uniting gun owners and non-gun owners alike, to take action, not sides, and end America's gun violence epidemic. Our organization today carries the name of Jim Brady, who was shot and severely injured in the assassination attempt on President Ronald Reagan. Jim and his wife, Sarah, led the fight to pass federal legislation requiring background checks for gun sales. Brady continues to uphold Jim and Sarah's legacy by uniting Americans from coast to coast, red and blue, young and old, liberal and conservative, to combat the epidemic of gun violence.

As you know, approximately 22 active duty service members and veterans die by suicide each day in America, and almost 70 percent of those deaths will involve a firearm.¹ Alarmingly, the rates of veteran suicide have risen by nearly one-third since 2001,² and while veterans make up less than 8 percent of the U.S. population, they account for 18 percent of nation's gun suicide deaths.³ Veterans have a suicide rate that is 1.5 times that of civilian adults, and women veterans have an even higher rate – more than twice that of their civilian counterparts.⁴ At the current rate, the number of veterans and active duty service members that will die by suicide in 2020 is higher than the number of service members we have lost to combat related injuries in Iraq and Afghanistan combined. Myself and my sisters and brothers in arms joined the military knowing that we could die deploying to protect Americans, it is now up to Americans to protect us at home.

Unrestricted firearm access results in higher rates of death by suicide – while all acts of suicide result in death 10 percent of the time, acts of suicide with firearms results in a fatality 90 percent of the time.⁵ The most common

¹ "National Veteran Suicide Prevention Annual Report," U.S. Department of Veterans Affairs, September 2019, available at https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf.

² Dave Phillips, "Suicide Rate Among Veterans Has Risen Sharply Since 2001," *The New York Times*, July 7, 2016, available at https://www.nytimes.com/2016/07/08/us/suiciderate-among-veterans-has-risen-sharply-since-2001.

³ National Conference of State Legislatures, "Veterans By the Numbers." available at https://www.ncsl.org/blog/2017/11/10/veterans-by-the-numbers.aspx

⁴ *Ibid.* National Veteran Suicide Prevention Annual Report

⁵ Conner, et al., "Suicide Case-Fatality Rates in the United States, 2007 to 2014." *Annals of Internal Medicine* 171, no. 12 (March 2019): 885-895. https://doi.org/10.7326/m19-1324.

method of attempted suicide, drug overdose, is fatal in less than three percent of cases,⁶ and while only six percent of all suicide attempts involve a firearm, they account for more than half of all suicide deaths nationwide.⁷ While male veterans are only 18 percent more likely than civilian counterparts to attempt suicide,⁸ they are much more likely to have access to a firearm when in crisis – with ownership rates as high as 75 percent among all combat veterans.⁹ Access to a gun is even more disproportionate when comparing women veterans to their civilian counterparts. A second chance is critical because the vast majority of those who attempt suicide – a full 70% – will never make another attempt on their life.¹⁰

Female veterans are less likely than male veterans to have their needs met by Veterans Affairs Services, and of those who reach out, less than half will feel that their needs were well met.¹¹ As such, suicide rates are even higher for female veterans, who are up to 250 percent more likely to die by suicide than civilian women.¹² Nearly half of all women veterans who died by suicide use a firearm, compared to just over a quarter of civilian women.¹³ It is therefore imperative that female veterans have better access to VA mental health professionals who specialize in their unique experiences – female veterans require and deserve the expertise of counsellors well versed in the veteran psyche and trained to ask questions about access to lethal means. We must close this gap.

Conversations around suicide can be difficult and uncomfortable, but they also save lives. We must work to stop the stigma that makes these conversations difficult. To do so requires that we equip all mental health professionals in lethal means counselling, something piloted by the Department of Veterans Affairs (VA) in 2016. This committee must renew its commitment to lethal means training for all mental health providers and pass meaningful legislation to accomplish this goal, such as H.R. 8084, the Lethal Means Safety and Suicide Prevention.

Additionally, Brady calls on the Committee to stand against legislation that would weaken protections for veterans who are at risk of self-harm by prematurely restoring access to firearms. Such legislation would undermine the process enacted by the bipartisan 21st Century Cures Act (Cures Act), which allows veterans to appeal designations by the VA to the National Instant Criminal Background Check System (NICS), and could place veteran lives in harm's way.¹⁴ The Cures Act provided veterans and beneficiaries with additional due process protections, while at the same time ensuring that the VA is not forced to remove people from the NICS system who are at an elevated risk of violence or self-harm.

¹⁰ Harvard T.H. Chan School of Public Health, "Means Matter: Attempters' Longterm Survival," available at https://www.hsph.harvard.edu/means-matter/means-matter/survival/

⁶ Madeline Drexler, ed. "Guns & Suicide: The Hidden Toll," *Harvard Public Health Magazine*, Harvard T.H. Chan School of Public Health, available at https://www.hsph.harvard.edu/magazine/magazine_article/guns-suicide/.

⁷ "Firearm Suicide in the United States," Everytown for Gun Safety, August, 2019, available at: https://everytownresearch.org/firearm-suicide/.

⁸ Jay Price, "Battling Depression and Suicide Among Female Veterans," NPR, May 29, 2018, available at https://npr. org/2018/05/29/614011243/battling-depression-and-suicideamong-female-veterans.

⁹ E. Cleveland, et al., "Firearm Ownership Among American Veterans: Findings for the 2015 National Firearms Survey," *Injury Epidemiology* 4 no. 33 (2017), accessed July 15, 2018, available at

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5735043/pdf/40621_2017_Article_130.pdf; Adrienne J. Heinz, et al. "Firearm Ownership Among Military Veterans with PTSD: A Profile of Demographic and Psychosocial Correlates," *Military Medicine* 181 (2016), accessed August 1, 2018, available at https:// academic.oup.com/milmed/article-pdf/181/10/1207/21832385/ milmed-d-15-00552.pdf.

 ¹¹ R. Kimerling, et al., "Access to Mental Health Care Among Women Veterans: Is VA Meeting Women's Needs?" *Medical Care* 53 no. 4-1 (2015), accessed August 10, 2018, available at https://www.ncbi.nlm.nih.gov/pubmed/25767985.
¹² *Ibid.*

¹³ VA Fact Sheet, "Suicide Among Women Veterans: Facts, Prevention Strategies, and Resources April 2019," available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Women_Veterans_Fact_Sheet_508.pdf

¹⁴ See 38 U.S. Code § 5501A.

More than 170,000 individuals are currently prohibited from purchase and possession due to the VA's current determination process.¹⁵ Before this determination is rendered, the VA must now provide the beneficiary with notice of the proposed determination and opportunities to request a hearing, be represented at the hearing at no cost, and present evidence. Any proposal which would remove them from NICS wholesale, without an evidence-based process which assesses risk to their well-being, would endanger the lives of these veterans and beneficiaries.

Likewise, legislation that would make it impossible to prevent at-risk veterans from accessing firearms, even on a temporary basis, because of a service-connected disability is short sighted and dangerous. We implore the Committee to reject any such proposal.

In 2010, I too was almost part of the dataset that comprises veteran suicide statistics. Were it not for a fellow veteran who ensured that my guns were removed while I was experiencing a crisis, I would not be writing to you today. The Departments of Defense and Veterans Affairs do not take lightly the suspension or denial of veterans' firearms rights – these are America's warriors, taught from day one the highest degree of reverence and proficiency of their service weapons.

We cannot stand to lose another 8,030 active duty service members and veterans in 2020. Our veterans, myself included, have bravely protected our country - it is now time to protect them. We support all efforts to provide them with the best possible care and protection; they are indispensable American heroes.

Sincerely,

Neme Jun,

Lt. Col. Kyleanne Hunter, PhD (USMC, ret.) Fellow and Vice President Emeritus Brady

Cc: Phil Roe, Ranking Member, House Committee on Veterans' Affairs

¹⁵ "Gun Control, Veterans Benefits, and Mental Incompetency Determinations," Congressional Research Service, April 5, 2017, available at https://www.everycrsreport.com/files/20170405_R44818_d674fc42c3d0a35aa87c5d61f5c8c2f1e75ede0a.pdf