Wounded Warrior Project
4899 Belfort Road, Suite 300
Jacksonville, Florida 32256
O 904.296.7350
F 904.296.7347

WOUNDED WARRIOR PROJECT®

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STATEMENT FOR THE RECORD

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES HOUSE OF REPRESENTATIVES

LEGISLATIVE HEARING

SEPTEMBER 10, 2020

Chairman Takano, Ranking Member Roe, members of the House Committee on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following statement for the record of today's legislative hearing. Your leadership and support over the remainder of the 116th Congress will be necessary to address the needs of veterans and those who support them, and WWP is pleased to be your partner in identifying challenges, developing solutions, and advocating for swift, sustainable, and positive impacts in the communities we serve.

As the 116th Congress enters its final weeks, WWP's top legislative priority is to keep veterans at the center of the national mental health public policy discussion. Over the past twenty months, we have contributed to the growing body of work and deliberation focused on preventing veteran suicide. Over the next four, our goal is to help ensure action is taken culminating with the passage of a comprehensive mental health bill. As indicated in our September 4, 2020, letter to Senate and House Committees on Veterans' Affairs leadership, we are mindful that this legislative year is coming to an end and the time needed to pass a bill is extremely limited. We encourage leaders to evaluate the ability to get this important piece of legislation through during the 116th Congress. If, during your assessment, you determine that the best way forward is to pass the *Commander John Scott Hannon Veterans Mental Health Improvement Act* (S. 785) as is, then we encourage you to do so. Not passing a bill of this nature will be unacceptable to veterans across the country who are in need now.

The remarks that follow are informed by over seventeen years of programs, advocacy, and outreach designed to fill critical gaps where government services end, and guided by our commitment to help Congress identify and address the challenges that remain. Today's hearing agenda will highlight many of these problems. This statement is intended to highlight those actions and philosophies which we believe are best suited to provide the most help and opportunities needed to adequately serve the post-9/11 veteran community we represent.

The Department of Veterans Affairs (VA) seeks partners to help veterans establish and maintain a healthy balance of unique factors to equip and empower them to live their fullest lives[1]. A community grant pilot program is a critical component of building a successful support network, and that network should permit grants for clinical care.

Wounded Warrior Project's approach to mental health care is grounded in several core and scientifically supported beliefs. We agree that no one organization – and no single agency – can fully meet all veterans' needs. Empirically supported mental health treatment absolutely works when it is available and when it is pursued, but the best results will be found by embracing a public health approach focused on increasing resilience and psychological well-being and building an aggressive prevention strategy.

Others have begun to embrace this philosophy, and it has been enshrined in many recent publications including the *Creating Options for Veterans' Expedited Recovery (COVER) Commission Final Report*[2], *the President's Roadmap to Empower Veterans to End a National Tragedy of Veteran Suicide*[3], and the *Department of Veterans Affairs' (VA) National Strategy for Preventing Veteran Suicide 2018–2028*[4]. Overwhelming congressional support has also emerged over the past several months, and the *Veterans COMPACT Act of 2020* § 202 includes a robust list of "suicide prevention services" that would go a long way in developing VA's role as coordinator of upstream interventions in the fight to prevent veteran suicide.

A key area of disagreement remains, however, and WWP supports resolving that disagreement in the best interest of the veteran. While WWP appreciates the need to keep VA as a coordinator of unfragmented clinical care, we believe that embracing grants to direct care programs – particularly when skepticism towards VA in the veteran community is an unfortunate reality we must acknowledge – is a commitment most consistent with putting the needs of the veteran first. According to VA's *2019 National Veteran Suicide Prevention Annual Report*, approximately 17 veterans were lost to suicide each day in 2017 and approximately 6 of those 17 veterans received care through the Veterans Health Administration (VHA) within the two-year period prior to their death. Sadly, among those who used VHA, more than 40 percent did not have a mental health or substance use disorder. Stated differently, approximately 13 out of the 17 veterans lost to suicide each day in 2017 had not received care or been diagnosed with a mental health disorder by VA within two years of their death.

These figures indicate that a vast majority of veterans who die by suicide are not receiving mental health treatment from VA. Mental health treatment works, but every individual has unique needs, and there is no one-size-fits-all solution. While WWP's *Annual Warrior Survey* consistently reflects that veterans rank VA as their top mental health resource, barriers to seeking that care remain. Whether due to appointment hours, poor prior experiences, perceived

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[1] Richard Stone, M.D., *Cover Letter* to *2019 National Veteran Suicide Prevention Annual Report* (Sept. 2019), available at https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_Stone_Cover_Letter.pdf.
[2] *Creating Options for Veterans' Expedited Recovery (COVER) Commission) Final Report* (Jan. 2020), available at https://www.va.gov/COVER/docs/COVER-Commission-Final-Report-2020-01-24.pdf (hereinafter "*COVER*").
[3] *President's Roadmap to Empower Veterans to End a National Tragedy of Veteran Suicide* (June 2020), available at https://www.va.gov/PREVENTS/docs/PRE-007-The-PREVENTS-Roadmap-1-2_508.pdf (hereinafter "*PREVENTS*").
[4] *Department of Veterans Affairs' (VA) National Strategy for Preventing Veteran Suicide 2018–2028*, available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf (hereinafter "*VA National Strategy*").

stigma, or the thought that receiving care may take away an opportunity from someone who needs it more, many still choose to not purse mental health care at VA or forego seeking help entirely. In this context, we must do everything we can to ensure that there is no wrong door to seeking mental health care – even if the first step is taken in the community. The *VA MISSION Act* serves the laudable goal of consolidating pathways to care in the community, but an exception for mental health care is warranted for as long as it takes to reverse the tragic trends in veteran suicide across the country.

Providing VA-funded mental health care for individuals without veteran status will divert mental health resources away from veterans who currently struggle to have their needs met by VA.

Americans who present to medical facilities during a life-threatening mental health crisis deserve immediate care and support. Non-VA emergency facilities are sufficiently authorized to provide cost-free emergent mental health care under the *Emergency Medical Treatment and Labor Act* (42 U.S.C. § 1395dd). VA is similarly able to provide emergent mental health care under 38 U.S.C. § 1784; however, a question remains over whether that care should be provided at no cost to those who have not achieved veteran status under 38 U.S.C. § 101(2), including those who have been dishonorably discharged or discharged by court martial from the military after as few as 91 days of service.

Wounded Warrior Project believes that cost-free mental health care in VA facilities should generally be reserved for those who have achieved veteran status and we remain committed to extending services to those who received Other Than Honorable discharges likely due to symptoms of undiagnosed mental illness[5]. Although VA's budget has grown significantly over the last 20 years, we recognize that providing resource-intensive emergent mental health care to those not statutorily recognized as veterans would jeopardize VA's ability to deliver services to those already owed the care and support that was promised for their service.

We will not list all of the ways that existing care and services could be improved to help prevent veteran suicide, or what new programs could be launched with new spending, but many are under consideration by the Committee at today's hearing. In consideration of the fact that we are addressing resources for individuals who are at a greater risk for suicide, we offer support for the "selected" and "indicated" strategies outlined in the following bills:

- **VA Emergency Department Safety Act**: This bill would help prepare VA to deploy the Safety Planning in Emergency Departments (SPED) Program in its most effective and efficient form across the VHA system. Objective 8.3 in *the VA National Strategy for Preventing Veteran Suicide 2018–2028* states that having survived a suicide attempt is one of the most significant risk factors for later death by suicide[6], and expansion of the SPED Program – which is designed as an intervention for emergency room patients deemed to be at risk for suicide – would help VA meet its goal of promoting continuity of care to support the safety and well-being of all

[5] *See* 38 U.S.C. § 1720I.
[6] *See VA National Strategy* at 27.

veterans treated for suicide risk in emergency departments and inpatient units. The COVER Commission has endorsed that SPED Program and "is ready for broader scale implementation," but congressional oversight before that happens is advisable[7].

- **VA Lethal Means Safety and Suicide Prevention Training Act**: This bill directs VA to provide brief, evidence-based lethal means safety and suicide prevention training courses annually to all VA employees who regularly interact with veterans. Objective 6.1 in *the VA National Strategy for Preventing Veteran Suicide 2018–2028* seeks to encourage providers who interact with veterans at risk for suicide to routinely assess for access to lethal means, and compelling data supports this initiative[8]. According to VA's *2019 National Veteran Suicide Prevention Annual Report*, 69.4 percent of veteran suicide deaths in 2017 were due to a self-inflicted firearm injury – over 20 percent higher than non-veteran adult suicides. Culturally appropriate training rooted in best practices identified by subject matter experts, two requirements for the training course, is a rational approach to addressing a sensitive subject. While we support the extension of this training to community-based providers, we caution against making course completion a requirement for caregivers in the Program of Comprehensive Assistance for Family Caregivers because of considerable changes and administrative burdens currently underway and continuing into the foreseeable future.

Expanding VA telehealth access points in community-based locations will continue to remove barriers to seeking care and receiving mental health services. VA efforts should reflect that veteran demand for these services has risen during the pandemic and will likely endure into the foreseeable future.

One of VA's greatest strengths in meeting veterans' care needs has been its progress on telehealth delivery. In 2018, VA implemented new rules to allow their providers to practice telehealth over state lines regardless of where in the United States the provider or the veteran patient are located. COVID-19 has created a surge in demand for telehealth care and, while much of that may very well be due to necessity, there are surely thousands of veterans who have now used these services for the first time. And as veterans – just like many non-veterans – have struggled with mental health challenges during this unprecedented disruption, the heightened accessibility to mental health care and suicide prevention services offered through the VA has unquestionably helped connect more veterans to care more quickly and easily than if they had to rely on other health systems.

Virtual engagement has similarly allowed WWP to remain connected to warriors who need support during COVID-19. During the first few weeks of the pandemic, we placed over 14,000 calls to check in with wounded veterans and were able to place more than 650 of them into WWP programs to meet their most pressing needs. Over this period, we saw a 55% increase in referral to WWP mental health programs and increased our referrals to partner mental health providers by 37%. Virtual programming has been particularly effective in reaching more women

[7] *See COVER* at 86.
[8] *See VA National Strategy* at 22.

veterans. Across all WWP program areas, events engaged a greater proportion of female warriors (36% from April 1, 2020 to August 31, 2020) compared to in-person events prior to COVID-19 social distancing measures (20% from October 1, 2019 to March 31, 2020). The female warrior participation rate increased 16%.

In sum, we have recognized a growing demand for virtual care and support services, and we encourage VA to take steps to expand its own offerings as well. The *VA Telehealth Expansion Act* (H.R. 7879) would allow VA to continue its innovative approach to partner with organizations in the community to provide more technology access points for veterans. Growing comfort with telehealth care and increased accessibility through more convenient locations will combine to drive more veterans towards seeking help care and receiving it in a timely fashion.

We must enhance research capabilities related to precision medicine for PTSD and TBI with a goal of developing diagnostic tests and personalized therapeutics for millions of veterans who suffer the devastating effects of trauma to the brain. Biomarker research has the potential to lead treatment for these invisible wounds into the next generation.

Wounded Warrior Project is committed to the advancement of science and proponents of research into the ailments that affect wounded warriors. To this end, we recommend a two-part strategy to address veterans' mental health needs: delivering excellent evidence-based therapy today and researching biomarkers to uncover new treatment methods for tomorrow. As we look towards the future, medical and social scientists are hopeful of developing biomarker profiles for mental health conditions, moving screening, diagnosis, and treatment into a much more specific medical model, similar to what scientists have achieved for cancer profiles.

Just as a recent scientific report discusses a new PTSD brain imaging biomarker that may help determine an individual's response to first-line treatment[9], greater collaboration between public and private entities in this sector will help identify new diagnostic biomarkers, build predictive disease models, and develop new treatments for PTSD, TBI, and other invisible wounds such as depression, anxiety, and bipolar disorder. Others share a similar outlook. Notably, the COVER Commission recommended that VA expand its precision mental health efforts in partnership with the National Institute for Mental Health to diagnose and treat mental health conditions more effectively[10].

The ability to more accurately forecast treatment response for individual veterans holds transformative potential, and for these reasons, WWP is pleased to support the *VA Precision Medicine Act*.

[9] Amit Ekin, et al., *Using fMRI Connectivity to Define a Treatment-resistant Form of Post-traumatic Stress Disorder*, SCI. TRANSL. MED. (Apr. 3, 2019) available at https://stm.sciencemag.org/content/11/486/eaal3236.
[10] *See COVER* at 94.

Providing evidenced-based mental health treatment should remain at center of VA's mental health support system; however, VA should take steps to increase the provision of complementary and alternative therapies that improve patient outcomes.

Innovative approaches to combining evidence-based care and complementary and alternative therapies are already showing success, including at WWP. Within our Continuum of Mental Health Support programming, warriors needing intensive treatment for moderate to severe PTSD can take part in the Warrior Care Network. This innovative program is a partnership between WWP and four national academic medical centers (AMCs): Massachusetts General Hospital, Emory Healthcare, Rush University Medical Center, and UCLA Health. Warrior Care Network delivers specialized clinical services through innovative two- and three-week intensive outpatient programs that integrate evidence-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training, and family support with the goal of helping warriors survive and thrive.

Through these two- to three-week cohort-style programs, participating warriors receive more than 70 direct clinical treatment hours (e.g. cognitive processing therapy, cognitive behavioral therapy, and prolonged exposure therapy) as well as additional supportive intervention hours (e.g. yoga, equine therapy). Warrior Care Network providers and therapy protocols are having exceptional results resulting in significant reductions in PTSD and depression symptoms that translate into increased function and participation in life. In addition to statistically significant improvements in resilience and decreases in PTSD and depression symptoms, 91% of patients are completing their treatment – forty points higher than the national average.

As we continue to raise awareness for the successful outcomes of the Warrior Care Network, VA should be provided authority to continue ongoing efforts to providing its own complementary and integrative services. By passing the *VA Complementary and Integrative Health Act*, VA will be able to continue testing the impact of techniques like yoga, meditations, and acupuncture on veterans' quality of life and well-being while launching new efforts to test approaches like equine therapy, agritherapy, and adaptive sports with community partners. These efforts may lead to data and research that will justify more permanent funding for approaches that are already showing success when paired with evidence-based treatment and fostering lasting improvements to the way we treat mental health.

The time leading up to and following military separation is a critical time in the life of Service members, particularly for maintaining resilience and learning about available resources. The Department of Defense (DoD) and VA should continue to work collaboratively to ensure that transitioning Service members are aware of the care and support available to them and how to access it.

Together with the Henry Jackson Foundation (HJF), and partners from the public and private sectors, WWP has funded a longitudinal study of transitioning veterans to better understand the components of well-being and the factors necessary for ensuring a healthy military-to-civilian transition. While that research continues, several calls to action have already

been put in place by federal leaders. Specifically, representatives of VA, DoD, and the Department of Homeland Security published a series of proposed actions to provide seamless access to mental health treatment and suicide prevention resources for transitioning Service members in the following discharge, separation, or retirement.

The Joint Action Plan for Executive Order 13822 lists a first goal of improving actions to ensure that all transitioning Service members are aware of and have access to mental health services[11]. The second goal is to improve actions to ensure the needs of at-risk veterans are defined and met[12]. We believe these goals can help be accomplished through specific legislation being considered by the Committee today including:

- **VA Solid Start Reporting Act (H.R. 7747)**: This bill would allow VA to glean more insights from the outreach calls it places to more than 200,000 transitioning Service members every year. VA's Solid Start Program serves the laudable goal of providing personalized recommendations on VA programs, answering veterans' questions about VA, and creating a personal touch during the first 12 months after separation. We believe this legislation is important to reaching the full potential of the Joint Action Plan's intention of connecting with veterans through early and consistent contact[13].

- **Refer and Equip Veterans and Military Personnel Act (H.R. 4993)**: This bill proposes to add health care planning as part of DoD's TAP program and require a pre-separation mental health assessment. This policy would be consistent with the Joint Action Plan's goal of conducting a mental health screening of all transitioning Service members priors to separation[14] and would likely support the additional goal of ensuring that Service members – especially those who have a mental health diagnosis at the time of separation – are aware of the mental health resources available to them after leaving the military[15].

While VA is appropriately dedicating considerable resources to veteran-centric pursuits to improve access and raise the quality of its mental health care services, an educated and empowered peer and family support system is a crucial protective force in aiding a veteran's mental health. Policies that foster family and peer inclusion will help prevent veteran suicide.

Wounded Warrior Project has embraced this approach by building a family-inclusive and peer connection-based set of programs. From couples mental health retreats (Project Odyssey), to social outreach events that build a sense of community (Alumni Program), to funded partnerships with groups like the National Military Family Association and the Elizabeth Dole Foundation, we invest in efforts that encourage family and friend involvement in the recovery

[11] *Joint Action Plan for Supporting Veterans During Their Transition From Uniformed Service to Civilian Life*, U.S. DEP'T OF VET. AFF. at 5 (Apr. 2018), available at https://www.va.gov/opa/docs/joint-action-plan-05-03-18.pdf (hereinafter "Joint Action Plan").
[12] *See Joint Action Plan* at 7.
[13] *See Joint Action Plan* at 5.
[14] *See Joint Action Plan* at 7.
[15] *See Joint Action Plan* at 6.

process. Family and caregiver support is extremely important to WWP, and even our clinical partners in the Warrior Care Network include support for these groups because if a treatment program does not offer a family or caregiver component, and warriors go through clinical processes then return home, it may leave the family or caregiver to feel left in the dark about what occurred.

Legislation before the Committee today would encourage similar engagement by VA and DoD. The COVER Commission concluded that "VA needs to provide training to family members, so they can help veterans navigate the VA mental health care system"[16]. VA has itself recognized that family members, significant others, and friends can play an important role in recognizing when a veteran is in crisis and connecting the veteran with sources of help and they should be trained to understand, monitor, and intervene with loved ones who are at risk for suicide risk[17]. Based on these observations and organizational experience, WWP supports:

- **Peer Support for Veteran Families Act (H.R. 7964)**: This bill creates new authority for VA to create an education program and peer support program designed to help empower the support systems that are present in the lives of veterans with mental health diagnoses. While these programs will begin with limited roll out, we have confidence that both will bring great value to the community just as we have seen through mental health training and peer-led programs that we conduct at WWP for staff, partners, warriors, and their families and caregivers.

- **Daniel Somers Network of Support Act (H.R. 5324)**: This bill requires DoD to partner with the Red Cross to establish a pilot program encouraging newly enlisted Service members to designate up to 15 individuals who will receive information related to military service. The intent is to prepare designees to support the service member through potential challenges and stressors of military life. As discussed above, an active and informed support system can be a critical protective layer for Service members who encounter challenges adjusting to the stress that a military career can bring.

Mental health treatment provided within VHA is perhaps the best source of care for veterans in the United States. While community-based providers are key to expanding accessibility and meeting patient demand, gaps in quality are best addressed by improving military cultural competency and the use of evidence-based treatments.

Several objectives presented in VA's *National Strategy for Preventing Veteran Suicide 2018–2028* reinforce a growing body of research and clinical studies that have consistently demonstrated the value of military cultural competence to treating veterans. Specifically, Objectives 7.2 through 7.4 generally seek to promote the adoption of core education and training on the prevention of veteran suicide to community-based providers. VA has emphasized that point by stating that preventing veteran suicide requires that appropriate community-based and preventative clinical supports be available at the state/territorial, tribal and local levels to assist

[16] *COVER* at 34.
[17] *See COVER* at 16, 28.

those with suicide risk[18]. VA simply cannot be everywhere – programs should support the active participation of a diverse range of community members in veteran suicide prevention programs, including care providers.

Wounded Warrior Project agrees with this approach and supports the *VA Clinical Training in Evidence-based Treatment and Military (TEAM) Culture Act* (H.R. 7504). This legislation seeks to make use of the latest research from VA to educate private mental health care providers through a series of courses, all of which are designed to meet continuing education requirements. It would also provide opportunities for additional training in the future; within two years of the bill becoming law, VA would identify at least three clinical domains for which the need for care among veterans is high and develop training courses in those clinical domain. In sum, this bill would help drive continued progress towards ensuring that all private mental health providers uphold the standards and requirements as VA mental health providers. Our only caution is that making this training a requirement of providing care under the *VA MISSION Act* may have unintended consequences for building and maintaining a sufficiently sized network of community-providers. While we do not have empirical data to support the assertion, we are concerned that the mandatory nature of this training – even if free and countable towards continuing education requirements – may create a disincentive to joining VA's community care network.

TOXIC EXPOSURE

In addition to this hearing's focus on mental health, WWP is pleased that the Committee is also considering the discussion draft bill, the *Veterans Burn Pits Exposure Recognition Act of 2020*. Recently, WWP has expanded its legislative focuses areas to include toxic exposure related illnesses due to an increase in warriors requesting disability claim assistance for illnesses belied to be related to toxic exposures. Additionally, forthcoming data from WWP's *2020 Annual Warrior Survey* (AWS) shows that 71 percent of warriors reported exposure to toxic substances or hazardous chemicals during their service, and an additional 18 percent indicated they had probably been exposed toxic substances or hazardous chemicals during their service.

Burn pit exposure was one of the most common types of exposures indicated in our survey results. These burn pits were used to burn trash, human feces, tires, oil, medical equipment, and equipment containing carcinogens and heavy metals. Unfortunately, many of these burn pits were near where soldiers lived, ate, and slept while deployed. Today, many are ill and justifiably seeking care and benefits from VA.

Under current law, establishing service connection is generally a primary barrier to receiving VA health care. Establishing a service-connected disability for an illness related to burn pits can be extremely difficult due to the nature of the scientific evidence and lack of DoD burn pit information. It is nearly impossible to know what was burned in these pits, how much was burned, when certain burn pits were active, and the physical proximity that any particular individual was to an active burn pit. What is certain is that burn pits were heavily used in the regions listed in the draft bill and that close proximity to these burn pits can be harmful to one's

[18] *See VA National Strategy* at 20.

health. This bill would concede an individual's exposure to a burn pit based on deployment to any of the locations listed in the draft bill during the specified times. This is the first step in many in establishing whether an illness is related to one's exposure to a burn pit.

Wounded Warrior Project is generally supportive the *Veterans Burn Pits Exposure Recognition Act of 2020* draft; however, there are distinct variations between this draft and its Senate companion. We are interested in seeing how these changes affect the overall legislation. Additionally, we have suggestions to improve the current language. On page 3, line 15 and page 4, line 17, the bill says "exposed to certain toxins, chemicals, and hazards" but in other areas such as page 8, line 24 it says "exposed to certain toxins, chemicals, and *airborne* hazards". We recommend adding "airborne" for consistency. Additionally, the medical and scientific communities maintain distinctions between "toxins" (naturally occurring) and "toxicants" (synthetic) that should be considered in this bill[19].

CONCLUDING REMARKS

Wounded Warrior Project thanks the House Committee on Veterans' Affairs, its distinguished members, and all who have contributed to a robust discussion of the challenges – and the successes – experienced by veterans across our great nation. In the scope of today's hearing, we appreciate your efforts to support quality mental health care and interventions; to recognize and treat the harmful effects of military toxic exposures; and to meet the growing needs of women veterans. We recognize the importance of having these public discussions and appreciate the process. With that said, we are mindful that this legislative year is coming to an end and the time needed to pass a bill is extremely limited. We encourage members to consider all factors, to include time left in this congressional session, and caution against a lost opportunity. We owe it to every veteran suffering from mental health issues to get it right, with the understanding that right may at times come in individual steps and not all at once. WWP stands by as your partner in meeting the needs of all who served – and all who support them. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

[19] *See*, *Toxicology* at U.S. NAT'L LIBRARY OF MEDICINE, available at https://toxtutor.nlm.nih.gov/01-002.html.