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By Jim Lorraine, America's Warrior Partnership

Chairman Tester, Ranking Member Moran, Chairman Takano, Ranking Member Bost, Honorable Members of the Committees:

It is an honor to present written testimony to the Committees at this year's VSO legislative presentation. While the past year has been one of tribulations throughout the nation, the leadership of these Committees in the House and Senate have been a welcome beacon of promise to our nation's veteran's community. The hard work and countless hours spent passing significant legislative accomplishments and reforms into law over the past 14 months is nothing short of remarkable – especially considering how the pandemic has made communication and coordination much more difficult than ever.

In short – thank you to all the Committee Members and staff for your diligent work.

Now comes the important task of ensuring the Veterans Administration (VA) implements these programs and changes effectively,-and in line with Congressional intent. While we were encouraged by Secretary McDonough's testimony before the Senate Committee during confirmation, there is significant work to be done. Yet, none of that work can get accomplished without close coordination with the Committees and VSO community. In this endeavor – we stand eager to assist.

And all efforts must come to a singular focus first and foremost – we believe that singular outcome must be ending military veteran's suicide. This goal is accomplished not just by improving access to behavioral health services. Reducing veteran suicide is achieved by reducing veteran homelessness, reducing veteran unemployment, increasing graduation rates of those using their GI Bill, improving access to highquality local healthcare, leveraging earned veterans' benefits, supporting families and caregivers, increasing the opportunity to find purpose, and increasing the hope veterans and their families have for the future. Regarding S.785 and H.R. 8247, deliberations about implementation have begun, and we anxiously await further details from the VA and the Committee. When America's Warrior Partnership testified before the Senate VA Committee on September 9, 2020 we spoke with an urgency. Urgency to pass comprehensive suicide prevention legislation that was long overdue. Urgency to pass this legislation before a new congress for fear that work started in 2019 would be lost. And urgency that every day we continued to approach veteran suicide prevention as we have for the last 20 years has done nothing to stem the tide.

We now wait for the Department of Veterans Affairs to act on what is recognized as the most comprehensive veteran suicide prevention legislation passed in the last thirty years. We encourage the Department to act with urgency to implement these critical pieces of legislation.

To address ending military veteran's suicide, America's Warrior Partnership has used a holistic approach to address not only veteran's mental health and well-being, but other issues that affect the veteran as well. AWP's foundational program, Community Integration, has served over 54,000 veterans in partnership with our affiliate community-based programs throughout the United States of America. Our model for Community Integration is an upstream approach to suicide prevention. We believe veterans are best supported at the local level and through proactive outreach and engagement, our affiliate community-based programs are best equipped to provide holistic support for the veterans within their community even when a crisis like the pandemic occurs. During the pandemic, the local programs quickly reacted to reach out to each veteran they knew offering support and connection to resources. Their leadership, advocacy and expertise within the community helped veterans navigate the rapidly changing terrain of the pandemic.

Further – ending veteran suicide means reaching out proactively to those communities and areas that the VA has traditionally underserved and are in need resources to help veterans. An example of addressing these underserved communities and ending veteran suicide is how Community Integration empowers distinct veteran groups within Indian tribes. In the Navajo Nation, Inann Johns, a Navajo native and Army veteran is leading the way in veteran initiatives in the area through the Diné Naazbaa' Partnership (DNP), a program of America's Warrior Partnership. DNP is the first community-based program dedicated to empowering the Navajo Nation's military veterans, their families, and caregivers through proactive outreach, engagement, and coordinated services bridging gaps that exist between community service providers and national resources to provide holistic support.

Inann has been pivotal in advocating for Navajo veterans, ensuring resources are available to support those she serves. She has helped over 200 veterans, over 300 family members, and solved more than 200 cases in partnership with DNP's 42 local partners and national resources through The Network.

The Network is pivotal in assisting rural communities with fewer resources, ensuring veterans have access to opportunities, support, and services no matter where they live. -Through its more than 70 national partners, the Network can-expand the community's ability to support its veteran population with more than 90% success rate.

And the Network is growing and helping more veterans every day. But tragically, access to care remains a fundamental issue for veterans across the nation. While we were pleased that the Committees have made access standards for MISSION Act a top priority, further allowing veterans access to care in their communities and the VA network cannot happen soon enough.

This problem has been further exacerbated by a pandemic that has ravaged the nation, including many older veterans who are in the high-risk category. The veteran's community has sacrificed tremendously for our nation, and many who are elderly, sick, or disabled have faced the most significant threat from the COVID virus. It is absolutely imperative that the VA continues at full speed to distribute the vaccine to every single veteran, regardless of status or means. The virus does not discriminate between VA eligibility classes or whether you are enrolled for health care, and neither should the VA when it comes to vaccinating our veterans.

Another area in which the VA needs to embrace a proactive stance entirely, is that of toxic exposure. The list of locations and times that our veterans are exposed to toxic elements or materials only continues to grow - Camp Lejeune, Gulf War Illness, Agent Orange, Blue Water Navy, Burn Pits, Karshi-Khanabad Air Base (K2) – and the list continues. As our nation gets a better grasp on the long-term effects of these hazardous exposures, the VA needs to be more understanding and welcoming of those veterans with unexplained illnesses and rare diseases. The presumptions must be faster, and more uniform.

While beginning personnel lists and registries to identify those who have been at certain locations, the VA should more closely work with the Agency for Toxic Substances and Disease Registry (ATSDR) to consistently document all potential sites from the moment allegations or issues arise. Ensuring a proper scientific understanding of the toxins or materials as soon as possible is one of the many lessons learned from previous toxic exposures. Further, we strongly ask the Committee to continue to lean on the Department of Defense (DOD) to ensure proper records are kept from locations where our troops are sent, and all environmental studies are done as soon as possible at those sites.

Finally, we at America's Warrior Partnership are proud of the ongoing work on our Operation Deep Dive (OpDD) study. This multi-year, community-based study is groundbreaking and aims to take a closer look at community risk factors as they relate to suicides and non-natural causes of death among veterans. To date, we have acquired state death data from Alabama, Florida, Massachusetts, Minnesota, Montana, and Ohio. Additionally, we are in the process of establishing, negotiating, and executing data usage agreements with Maine, Michigan, New Hampshire, and Oregon.

Concurrently, we are conducting interviews with individuals who have lost a veteran to suicide or a non-natural cause of death. Insights shared during these interviews are being used to examine how the deceased veteran was engaged within their community. The goal is to identify potential missed intervention opportunities, which will inform communities how to support their veterans in the future better. To date, we have conducted 21 interviews across nine states. Through joint efforts, we aim to develop an upstream approach to enhancing programs that will improve veterans' quality of life and reduce risk factors associated with suicide and non-natural causes of deaths among veterans.

However – while the DOD and states have provided data, the VA still has not. We continue to respectfully ask the Committee for assistance in obtaining relevant data to corroborate and enhance the results of the study.

Again, thank you to all the Members of the House and Senate Veterans Affairs Committees for your thoughtful and diligent work on behalf of our nation's veterans. Your service in Congress to those who served in uniform is mirrored by the high regard our citizens have for their veterans. The respect is borne of great sacrifice, and it is an honor to work on their behalf.

With sincere thanks and respect,

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Jim Lorraine President and CEO America's Warrior Partnership