Testimony submitted by Jeffrey Swanson, PhD, to the House of Representatives Committee on Veterans Affairs legislative hearing July 18, 2023 on H.R. 705 - Veterans 2nd Amendment Protection Act

Good morning, Mr. Chairman and members of the Committee. Thank you for this opportunity to submit testimony regarding H.R. 705, Veterans 2nd Amendment Protection Act. My purpose today is to share some relevant information from scientific research to assist the Committee in making an evidence-based legislative decision -- one that will protect the safety of military veterans who pose a high risk of suicide, while also respecting the Constitutional right to bear arms.

In my professional capacity, I serve as Professor in Psychiatry and Behavioral Sciences at the Duke University School of Medicine. I am also a faculty affiliate of the Wilson Center for Science and Justice and the Center for Firearms Law at Duke Law School. However, I speak for myself today and not officially on behalf of these institutions.

I hold a PhD in medical sociology from Yale University with additional postdoctoral training in psychiatric epidemiology and mental health services and policy research at Duke University and the University of North Carolina at Chapel Hill.

As a social scientist and researcher, I have spent more than three decades of my career conducting interdisciplinary studies to build scientific evidence for interventions, policies and legal tools to improve outcomes for adults with serious behavioral health challenges in the community, and to reduce firearm-related violence and suicide.

For nearly a decade, until last year, I also held a part-time appointment in the VA Medical Center in Durham, NC, as a research scientist affiliated with VA's VISN 6 Mid-Atlantic Mental Illness Research, Education, and Clinical Center

(MIRECC). In that capacity, I devoted myself to conducting research studies on the specific question of how best to prevent suicide in the U.S. military veteran population.

Also in this topical area of research, I now serve as the principal investigator of a federal grant to Duke University from the National Institute of Mental Health for a multi-site study known as VESPER, designed to develop better suicide risk-prediction models for military veterans who receive healthcare in civilian, non-VA healthcare systems.

I have a personal concern for preventing suicide, too, as three members of my own extended family died of suicide using a firearm. I know from experience how these tragedies can rip through families and communities across generations.

I deeply respect military veterans and care about their safety and wellbeing for another personal reason as well. My father, the late Dr. Wallace Swanson, served honorably in the United States Navy in the mid-1940s. After he reached the age of 90, my dad became a VA beneficiary -- at a time when he suffered from chronic pain and significant cognitive decline.

The VA found my father to be incompetent to manage his VA benefit funds due to his health condition, and in due course appointed me to serve as his fiduciary; I did so gladly for several years and am thus familiar with the fiduciary examination, appointment and reporting process. I remain grateful for the kind and able assistance of a field examiner at VA's Milwaukee Fiduciary Hub.

My father had owned rifles and shotguns in his younger years. He enjoyed hunting as an outdoor recreational activity, and he taught me to shoot safely and responsibly when I was a boy. When the time came for me to care for my dad and to manage his money in the last season of his life, I understood why the VA notified him that they were sending his name to the National Instant Check System. While

he was never determined in a legal proceeding to be a specific danger to himself or others, I understood why he would be legally disqualified from accessing firearms from that point on.

Last October, my father passed away peacefully of natural causes. I proudly display in my home office the flag that I received from the U.S. Government in his honor "on behalf of a grateful nation." I miss him still.

I am not here to express my personal opinion on the benefits or drawbacks of VA's longstanding practice of reporting the names of incompetent beneficiaries such as my father to the NICS, nor my opinion on whether to enact H.R. 705 in its current form; that is for you as lawmakers to decide. Instead, I would like to use this opportunity to present the results of a relevant research study that my colleagues and I published in 2018 as a peer-reviewed article in a policy studies journal with a long name: Administration and Policy in Mental Health and Mental Health Services Research. Our paper is titled: "Informing Federal Policy on Firearm Restrictions for Veterans with Fiduciaries: Risk Indicators in the Post-Deployment Mental Health Study." I have attached a copy of the published article to my written testimony.[1]

Our study amounts to an empirical evaluation of the public safety rationale for prohibiting veterans with fiduciaries from accessing firearms. To do this, we analyzed data on 3,200 post-deployment veterans from the Iraq and Afghanistan war era. We constructed three separate indicators of need for a fiduciary in these data and then examined the statistical correlation between the indicators and veterans' self-reported suicidal symptoms and violent behavior.

[1] Swanson JW, Easter MM, Brancu M, VA Mid-Atlantic MIRECC Workgroup, Fairbank JA (2018). Informing Federal policy on firearm restrictions for veterans with fiduciaries: risk indicators in the Post-Deployment Mental Health Study. Administration and Policy in Mental Health and Mental Health Services Research 4, 673-683.

The first measure relied on a standard test of cognitive performance, falling below a cutoff score indicating both mental incapacity and functional impairment. This widely used measure identified 74 of the 3,200 veterans in the study, or 2.3 percent of the sample. About 1 out of 5 of these individuals were then found to pose a suicide risk -- a rate twice as high as the rate among those without the indicator of cognitive decline.

The second indicator of fiduciary need relied upon evidence of drug abuse. This criterion identified a similar proportion of veterans -- just over 2 percent -- and was similarly associated with increased risk of suicidality as well as with a self-report measure of interpersonal violence; the rate of both of these kinds of injurious behaviors was about twice as high among those with the substance abuse indicator of fiduciary need.

The third indicator rested on evidence of acute psychopathology, meeting diagnostic criteria for a serious psychiatric disorder such as schizophrenia or bipolar disorder, with a history of inpatient psychiatric hospitalization, as well as some reported active symptoms in the past year. This indicator of fiduciary need in veterans was associated most strongly with increased risk of both suicidality and interpersonal violence -- about 8 times higher in each case.

Demographic, clinical, service-use and combat exposure characteristics were also included in our statistical analysis. Clinical variables included self-reported service-connected mental health disability, trauma and traumatic life events, traumatic brain injuries, drug or alcohol use problems.

In summary, our research provided evidence consistent with a public-safety rationale for the policy of separating firearms from veterans found mentally incompetent to manage their VA benefits and assigned a fiduciary.

Suicide is a top-tier public health problem in the U.S., and suicides among military veterans represent an important part of that problem. More veterans have died by suicide than in our wars -- mostly by firearms. Veterans carry a unique burden of medical, psychological, and social risk factors, often compounded by ready access to lethal means. Firearms are involved in most veteran suicide deaths. Nearly 1 in 5 firearm suicide decedents in the U.S. is a veteran.[2,3] Veterans are more likely than civilians to own firearms,[4] to use them in suicide attempts,[5] and to die from suicide attempts; approximately 90% of firearm suicide attempts are fatal, compared with 3% of drug overdose suicide attempts.[6,7,8] Thus, firearms contribute significantly to veterans' excess burden of suicide mortality.

Policies and laws that find the right balance between risk and rights in separating firearms from veterans at risk of suicide will save lives.

I am happy to take your questions and to provide any further assistance the Committee might like in making this important decision.

Thank you.

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[2] Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed May 18, 2021.
[3] U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2021 National Veteran Suicide Prevention Annual Report.
[4] Cleveland EC, Azrael D, Simonetti JA, Miller M. Firearm ownership among American veterans: findings from the 2015 National Firearm Survey. Inj Epidemiol 2017;4(1):33.
[5] U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2021 National Veteran Suicide Prevention Annual Report.
[6] Conner A, Azrael D, Miller M. Suicide case-fatality rates in the united states, 2007 to 2014: A nationwide population-based study. Ann Intern Med 2019;171(12):885-895.
[7] Elnour AA, Harrison J. Lethality of suicide methods. Inj Prev 2008;14(1):39-45.
[8] Fowler KA, Dahlberg LL, Haileyesus T, Annest JL. Firearm injuries in the United States. Prev Med 2015;79:5-14.