



Statement for the Record
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Before the
House Committee on Veterans Affairs
Subcommittee on Health
on
“SSG Fox Suicide Prevention Grants: Saving Veterans’ Lives Through Community
Connection”

December 12, 2023

I want to begin by thanking the Committee for its essential and hugely impactful work on behalf of our nation’s veterans and their families. I want to thank Chairwoman Miller-Meeks and Ranking Member Brownley for their leadership and the opportunity to speak to the Subcommittee regarding the Staff Sergeant Fox Suicide Prevention Grant Program. I also want to thank Representatives Bergman and Houlihan, who, as veterans themselves, took the lead on the creation of this legislation with the assistance of so many others. As someone who has advocated for the importance of public-private partnerships and deep and meaningful collaboration between the Department of Veterans Affairs and the nonprofit sector for years, please accept my sincere gratitude for everything each of you did to create this vital grant program.

I had the privilege of serving in the United States Navy for 21 years as a special operations bomb disposal specialist, and since my retirement in 2002, have become a tireless advocate for effectively supporting and taking care of my brothers and sisters in uniform. A major driver of my work is a nearly unspeakable truth: we have lost more members of the bomb disposal community to suicide since 9/11 than we lost on the battlefields in Iraq, Afghanistan, and Syria. This truth is nearly unspeakable because the work that my community does on the battlefield is widely considered to be the world’s most dangerous job; and despite that fact, it seems that the greatest danger to these men and women are the demons they battle daily. Sadly, this epidemic is not limited to the bomb disposal community.

In response to these challenges, my wife, Julia, and I founded two non-profit organizations: the EOD Warrior Foundation (where I served as Chairman from 2004 to 2020) and the Boulder Crest Foundation, which I have Chaired since 2010. During this time, our organizations have served more than 100,000 military, veteran, and first responder community members.

My four decades of experience in and out of uniform provide me with a unique perspective on the struggles of veterans and their family members, as well as their opportunities to grow in the aftermath of trauma.

A Journey to Understand What Works

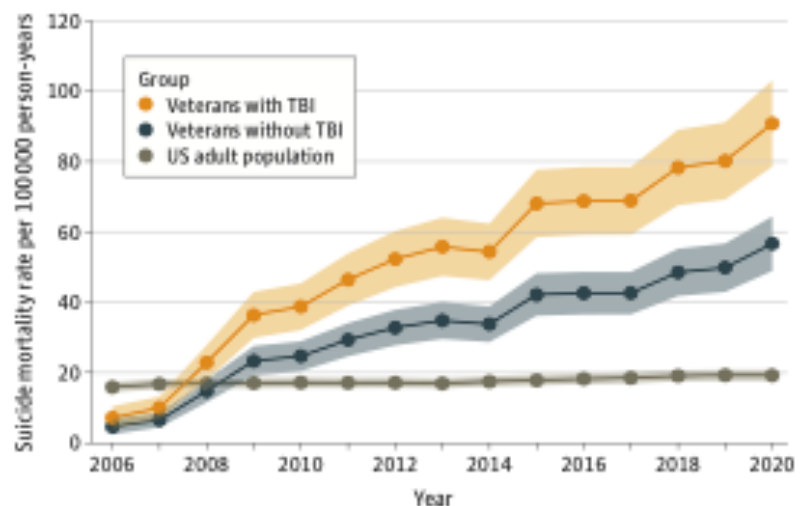
In September 2013, we opened Boulder Crest Virginia – the nation’s first privately-funded wellness center dedicated exclusively to combat veterans and their families. Our vision was to create a place — and programs – where service members and veterans could transform struggle into strength and growth. This would be a place where these individuals could receive what they needed to be as productive at home as they were on the battlefield. For our first nine months, we invited innovative nonprofits to use Boulder Crest Virginia, for free, as a platform to deliver their programs. These programs ran the gamut – from 1-15 days, clinical to non-clinical, focused on everything from Military Sexual Trauma (MST) and Posttraumatic Stress Disorder (PTSD) to relationship and familial challenges.

It soon became clear to us that these programs would not be sufficient to allow us to achieve our ambitious vision of ensuring that all members of the military and veteran communities could transform struggle into strength and growth.

In May 2014, leveraging all we had learned thus far, I began a journey to understand what actually worked when it came to mental health, PTSD, and suicide. I was committed to ensuring that my brothers and sisters could live great lives and thrive in the aftermath of trauma. I traveled around the country and met with leading psychiatrists, psychologists, social workers, life coaches, and trauma experts. Time and time again, when I asked them, “What works to allow people to live great lives in the aftermath of trauma?” – I was told, “Nothing.”

In principle, this is true because it is not what our mental health system – broadly speaking – is focused on accomplishing. The mental health system is nearly exclusively focused on one thing when it comes to its clients and patients: managing and mitigating the symptoms associated with times of struggle, often through a combination of

Figure. Adjusted Suicide Mortality Rates per 100 000 Person-Years From 2006-2020



Average annual percentage change was 14.8% (95% CI, 10.5-19.2; $P < .001$) for veterans with traumatic brain injuries (TBIs), 14.4% (95% CI, 10.2-18.7; $P < .001$) for veterans without TBI, and 1.2% (95% CI, 0.9-1.4; $P < .001$) for the US adult population.

medication and talk therapy. This approach is not working for far too many people – something made evident by the highly distressing statistics around veterans’ mental health and also by the words of one of the world’s most esteemed medical journals, the Journal of the American Medical Association (JAMA).

In August 2015, JAMA called for a new and innovative approach to PTSD for veterans. In January 2017, JAMA Psychiatry declared that: *“These findings point to the ongoing crisis in PTSD care for service members and veterans. Despite the large increase in availability of evidence-based treatments, considerable room exists for improvement in treatment efficacy, and satisfaction appears bleak based on low treatment retention...we have probably come about as far as we can with current dominant clinical approaches.”* In August 2023, JAMA Neurology highlighted the disparate rates of suicide among veterans with TBI, veterans without TBI, and the public. These numbers are significantly higher than the VA’s claimed rates of suicide, but the trendline is still similar to theirs.

Possibly most alarmingly among JAMA’s research is their listing “increased risk of mental health diagnoses,” as the first potential explanation for these increases in suicide and substance abuse.

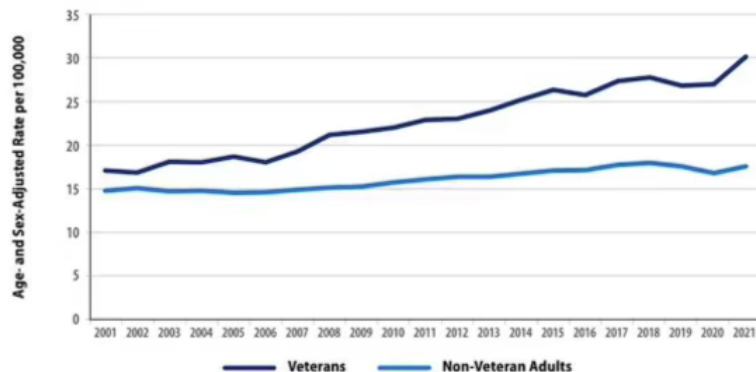
The first glimmer of hope I encountered on my journey was found at the University of North Carolina, Charlotte, in the person of Dr. Richard Tedeschi. Dr. Tedeschi, along with his colleague, Dr. Lawrence Calhoun, coined the term Posttraumatic Growth (PTG) in 1995 to describe how people reported growth in areas of their lives in the aftermath of traumatic events and experiences.

I asked Dr. Tedeschi if he was interested in partnering with us to develop a training-based program for combat veterans that would, for the first time ever, be designed to cultivate and facilitate Posttraumatic Growth in those who were struggling. Dr. Tedeschi agreed, and since 2014, we have been hard at work on the development and delivery of Warrior PATHH.

Warrior PATHH

Warrior PATHH (Progressive and Alternative Training for Helping Heroes) is the first training program ever designed to enable our nation’s combat veterans and first responders to transform deep struggle into profound strength and lifelong Posttraumatic Growth. Warrior PATHH is a 90-day, non-pharmacological, peer-delivered training program that begins with a 7-day intensive

Figure 3: Age- and Sex-Adjusted Suicide Rate, Veterans and Non-Veteran U.S. Adults, 2001–2021



A slide from the Department of Veterans Affairs annual report on veterans suicides shows higher death rates among former service members than the rest of the American public. (Courtesy of VA)

and immersive initiation delivered at nine permanent locations across the United States (Virginia, Arizona, Washington, Texas, Arkansas, Florida, Georgia, South Carolina and Maine) and through Boulder Crest's two mobile training teams for a total of 11 Warrior PATHH programs delivered per month.

The first-ever Warrior PATHH was delivered at Boulder Crest Foundation's Virginia location in June 2014. Since then, there has been dramatic expansion fueled by Boulder Crest's addition of Boulder Crest Arizona (in Sonoita, Arizona) and the Avalon Action Alliance's investment in the Warrior PATHH network, which created a network of 11 training teams delivering Warrior PATHH.

We have now delivered 465 Warrior PATHH programs to 3,086 students; it took Boulder Crest Virginia, and Arizona approximately seven years to serve 1,000 Warriors. Since the Avalon investment, we are averaging 1,000 Warriors per year. The demand for the program, and its sustained effectiveness, explains why the most significant sources of referrals are program alumni, mental health professionals, and small pockets of VA personnel that primarily support the post-9/11 generation of veterans.

Impact and Efficacy of Warrior PATHH

In January 2016, after more than two years of research, development, piloting, and success, the Marcus Foundation funded the development of the first-ever curriculum effort designed to cultivate and facilitate Posttraumatic Growth. The curriculum effort included Student and Instructor Guides, a Journal, Syllabus, and Schedule; four pilot programs; and an 18-month longitudinal study.

The 18-month study, led by Dr. Tedeschi and Dr. Bret Moore, was completed in January 2019 and focused on exploring the impact of Warrior PATHH in three key areas: Symptom Reduction, Quality of Life Improvement, and Posttraumatic Growth Experienced. With responses at the pre, post seven-day initiation, 1, 3, 6, 12, and 18-month marks and the use of 24 well-respected and bespoke measurement tools, this effort represents one of the most robust evaluations of a mental health effort ever initiated. The evaluation effort included 8 Warrior PATHH Programs (49 students) and a response rate of 95 percent. Key highlights include:

Symptom Reduction:

- 54% sustained reduction in PTSD symptoms
- 52% sustained reduction in depression symptoms
- 41% sustained reduction in anxiety symptoms
- 39% sustained reduction in Insomnia
- 44% sustained reduction in drug use
- 24% sustained improvement in positive emotions experienced; and 25% sustained reduction in negative emotions experienced

Quality of Life Improvement:

- 14% sustained improvement in Couples Satisfaction
- 33% sustained reduction in stress reactivity
- 11% sustained improvement in physical activity
- 26% sustained improvement in nutrition
- 12% sustained improvement in financial wellness

Posttraumatic Growth:

- 56% sustained improvement in personal growth (PTG)
- 78% growth in Spiritual-Existential Change
- 69% growth in Deeper Relationships
- 58% growth in New Possibilities
- 36% growth in Personal Strength
- 26% growth in Appreciation for Life
- 32% sustained improvement in ability to change perspective/psychological flexibility
- 23% sustained improvement in capacity to integrate problematic life experiences.
- 22% sustained improvement in self-compassion
- 40% sustained increase in reading
- 9% sustained decrease in disruption to core beliefs

Warrior PATHH is the subject of multiple journal articles, and we have a research partnership with Baylor University's Mind-Body Medicine Research Laboratory to continue reviewing and publishing the impact of PTG-based interventions.

We continue to assess the impact of Warrior PATHH using a comprehensive program evaluation methodology, which includes four measurement tools required by the Fox Grant Program. On nearly every measure, participants report experiencing greater symptom reduction and improved growth as we have expanded the program — speaking to the continued potential and opportunity for scale.

In short, we developed a program that achieved the vision we set forth – to ensure veterans could be as productive at home as they were on the battlefield and live extraordinary lives – filled with passion, purpose, growth, connection, and service.

The Fox Grant and Warrior PATHH

In 2022, Boulder Crest was one of 81 organizations awarded a grant from the Staff Sergeant Fox Suicide Prevention Grant Program. Our grant is for \$725,000, covering the delivery of 12 Warrior PATHHs (six each at our Arizona and Virginia locations) and the administration and reporting functions required by the grant. In addition, one of our Warrior PATHH partners — Permission to Start Dreaming Foundation, based in the Gig Harbor, Washington — is receiving funding for the delivery of six Warrior PATHH programs.

The establishment of the Fox Grant Program is the realization of something I have long believed was necessary — a public/private partnership based on the goal of ensuring at-risk veterans did not fall through the cracks and the identification of innovative and effective programs that are effectively and sustainably addressing the suicide epidemic amongst veterans.

From the initial grant application through the renewal of our funding for year two of the pilot program, partnering with the Department of Veterans Affairs has been an incredibly rewarding, efficient, and overwhelmingly positive experience. The VA's focus on capacity building, technical assistance, timely support and responsiveness, and training is absolutely top-notch, and it has made our organization better at everything we do.

As an entrepreneur and philanthropist, I tend to believe that impatience is a virtue — there is work to do, and we must get it done quickly, especially in the face of growing suicide numbers. The VA has exceeded my highest expectations for moving quickly, problem-solving, and allowing us to get to work helping veterans. We have been and remain committed to enhancing this partnership and working collaboratively with the VA as evidenced by the on-site visits of three of the last four VA Secretary's.

Next Steps

Based on our conversations with the VA and the data related to VA-funded participants of Warrior PATHH and across our network, we firmly believe that the Fox Grant Program should be extended for the foreseeable future. We see the perfect analogy in the Department of Veterans Affairs Supportive Services for Veteran Families (SSVF) Program. SSVF was created to harness the power of public-private partnerships, to identify what was working, and to support the expansion of such efforts. It also featured significant technical assistance and training to tackle a complex challenge effectively and in a manner suited for scale.

As we look towards that future, we have five recommendations to enhance the experience for all parties — namely, veterans struggling with suicidality.

First, we believe that the cap for organizations should be lifted. This would ensure that organizations that have demonstrated efficacy and impact can expand their offerings and continue serving veterans. As an example, Boulder Crest Foundation is a single 501c3 that owns four teams delivering 48 Warrior PATHH programs annually at a cost of \$50,000 per course, and with this cap, only 12 programs can be funded by this grant. Also, with 11 partners delivering Warrior PATHH, we hope this grant sees the value of Warrior PATHH and can ultimately support all organizations delivering Warrior PATHH.

Secondly, our concern centers on the restrictive and potentially inaccurate eligibility criteria for determining veterans' eligibility. Specifically, all potential veteran participants must complete the Columbia-Suicide Severity Scale (C-SSRS), a tool that assesses suicide risk on a 4-point scale: 0 indicates no risk, 1-2 indicates a mild to moderate risk, and 3 indicates a high risk. Under the Fox Grant Program, veterans scoring 1-2 qualify for services, while those scoring 0 are considered not at-risk enough, and those scoring 3 are deemed too high-risk. However, there are numerous cases where veterans have scored in the low to mid-20s on the PHQ-9

depression screening, indicating severe depression—a known precursor to suicide—and yet have received a 0 on the C-SSRS, rendering them ineligible for the program. Although we recognize the C-SSRS's role in ensuring that grant funds are directed toward suicide prevention, we are very concerned that it unfairly disqualifies candidates who are deeply struggling and at risk of suicide.

Thirdly, we know that veterans — as a collective — are a high-risk group when it comes to suicide. The latest 2023 JAMA research we referenced earlier, by UT-San Antonio, indicates a 10x rise in post-9/11 suicides (versus no growth in the adult rate) demonstrates this truth. We strongly believe that the next iteration of the Fox Grant Program should take that into account, particularly for organizations focused on serving veterans who are struggling mightily with a range of severe mental health conditions. In that spirit, we recommend that veterans applying for support from these organizations be deemed eligible based on their veteran status and by their expression of interest in a program focused on those with significant struggles.

Fourth, as you can see in the first chart displayed in this paper, veterans with traumatic brain injuries (TBI) are more likely to die by suicide. Most of the nation's premier privately funded TBI centers are clinical in nature, and I believe should be eligible for this grant program.

Finally, it's crucial to explore how the VA can collaborate with organizations delivering high-quality, effective outcomes, aiming to expand these successful approaches both within the VA and nationwide. This expansion could take various forms. For example, adopting a 'train the trainer' model would allow VA practitioners to learn about new and effective methods. Alternatively, the VA could fund organizations like Boulder Crest to train and oversee other non-profits. This approach has proven successful in extending the Warrior PATHH program to multiple partner organizations. The essential point is that if a strategy is proving effective, we must continuously seek ways to broaden its reach, ensuring that more veterans and their families have access to these vital resources and methods.

Closing Thoughts: A Call to Unity and Action

In my 21 years of active-duty service in the Navy bomb disposal community, I didn't witness a single suicide. Yet, from 2002 to 2023, we have mourned the loss of more suicide victims than we did on the battlefields. This tragic pattern is reflected across our armed forces, a reality that is both heart-wrenching and intolerable. Words fall short of expressing my immense gratitude to this Committee for their dedicated efforts in combating this suicide epidemic. My team at Boulder Crest Foundation and I stand resolute in our commitment to be active, contributing partners in this mission. I am deeply thankful for the opportunity to address you today, to share our insights and the transformative work we are undertaking to heal the invisible wounds of war.

It's clear that no single organization can tackle this crisis alone. I firmly believe in the power of collective action and the wisdom of the African proverb: "If you want to go fast, go alone. If you want to go far, go together." By uniting our efforts and pooling our resources and wisdom, we have the potential to eradicate this scourge. We can create a future where our veterans thrive outside their uniforms just as effectively as they did while serving. Together, we can chart a course toward healing, strength, and lives worth living for our nation's heroes.