



**American
Foundation
for Suicide
Prevention**

**Written Statement by Robert Gebbia
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Before the Committee on Veterans's Affairs Subcommittee on Health
U.S. House of Representatives
Submitted for the Hearing Record**

**“Dial 988 +1: Examining the Operations of the Veterans Crisis Line”
September 18, 2024**

Chair Miller-Meeke, Ranking Member Brownley, and members of the Subcommittee:

The American Foundation for Suicide Prevention (AFSP) is honored to provide written comments on the critical issue of the Veterans Crisis Line (VCL). As the nation's leading nonprofit dedicated to preventing suicide and the largest private funder of suicide prevention research in the United States, AFSP is committed to advancing efforts to save lives and bring hope to those affected by suicide.

AFSP commends the Committee's leadership in preventing suicide among our nation's Veterans. Preventing suicide among Veterans involves a broad range of efforts, including upstream prevention, promoting engagement with mental health supports, preventing risk factors which may worsen the likelihood of suicide, and raising awareness of emergency services ahead of a suicidal crisis.

Suicide remains the 13th leading cause of death for Veterans in the United States, and the second leading cause of death for Veterans under the age of 45. In 2021, the most recent year for which data on Veteran suicide is available, the age- and sex-adjusted rate of suicide among Veterans increased by 11.6%. The age- and sex-adjusted rate of suicide among U.S. Veterans remains 71.8% higher than among non-Veteran adults. More must be done to address this growing challenge and to ensure that we are supporting those who bravely served our country.ⁱ

AFSP is dedicated to ensuring that the Department of Veterans Affairs (VA), SSG Parker Gordon Fox Suicide Prevention Grant recipients, community health care providers, and Veterans service organizations have the resources they need to support Veterans and their families, and in so doing, prevent suicide. Through the COMPACT Act, most Veterans are now provided full coverage for emergency crisis care by private providers as well.

Since the transition to 988 in July of 2022, call volume to the VCL has increased by more than 22%.ⁱⁱ We anticipate that call volume to the VCL will continue to grow in the years ahead due to more awareness of 988 and the VCL. This presents an important opportunity to save lives.

VCL Integration into 988

When a suicidal crisis occurs, 988 and the VCL provide a lifesaving resource. Most suicidal crises are brief, and being able to speak to a trained crisis counselor in an emergency gives suicidal individuals time to survive the crisis. Since July 2022, the VCL has answered more than two million calls, texts, and chats.ⁱⁱⁱ This has resulted in more than 1.6 million referrals to VA



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suicide prevention coordinators, and more than 337,000 active rescue dispatches through emergency services.^{iv}

AFSP has strongly supported the inclusion of Press 1 integration of the VCL into 988, providing Veterans and their families with easy access to the VCL.^{v, vi} The transition to a simple, three-digit number has helped increase utilization of the Suicide & Crisis Lifeline, and by so doing, has saved lives across the country. Given the disorientation many experience during a suicidal crisis, being able to connect with the Lifeline through a short and easy to remember number has helped individuals in crisis utilize the services available to them.

VCL counselors give callers perspective, connect them with resources, and provide time for an individual to weather the storm of a crisis. This is especially true for Veterans, who are more likely than the general public to possess lethal means, and who may be less likely to otherwise seek care for mental health conditions, substance use, or suicidal ideation.^{vii}

Veterans Crisis Line Outages

The VCL serves as the last line of defense for countless individuals who served our country and who might otherwise suffer in silence. AFSP encourages the federal government to do all that it can to ensure that the causes for previous outages at the Veterans Crisis Line are fully understood, addressed, and prevented. AFSP supports increased funding levels for the VCL to ensure the growing need is met.

Veterans Crisis Line Operations

AFSP supports the recommendations of the OIG regarding VCL. As recommended by the OIG, AFSP encourages the VA to adjust staff structures within the VCL to meet the previous supervisor-to-staff ratio of 1:10, rather than the reported current ratio of approximately 1:20. Ensuring a closer ratio of supervisors to staff would both support accountability and reliability of the VCL and help build a sustainable workforce within the VCL.^{viii}

Additionally, AFSP echoes the recommendation of the OIG for the VA to take further steps to promote awareness of postvention services for VCL employees. As noted in the August 2024 OIG report, a survey found that 28 percent of staff were unaware of available postvention resources provided to them as VCL frontline staff. VCL responders routinely experience traumatic events in the course of their work, and in the tragic event that a caller dies by suicide or engages in self-harm, postvention resources for VCL staff can be critically important to help the VCL responder process, grieve, and heal from witnessing these tragic outcomes.

Conclusion

In closing, AFSP extends our sincere gratitude to Chair Miller-Meeks, Ranking Member Brownley, and the members of the Subcommittee for your unwavering commitment to addressing the critical issue of suicide prevention among Veterans. Your leadership and dedication play a vital role in ensuring that our nation's heroes receive the support they need and deserve.



We look forward to continued collaboration with the Committee and other stakeholders to improve and expand the resources available to those who have served our country. Together, we can ensure that no Veteran suffers in silence and that every individual in crisis receives the timely and effective help they need.

Thank you for your dedication to this crucial cause and for the opportunity to contribute to this important discussion.

ⁱ Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs. 2023 National Veteran Suicide Prevention Annual Report. 2023. (<https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>)

ⁱⁱ U.S. Department of Veterans Affairs. *Two Years Since Launch of Dial 988 Then Press 1, Veterans Crisis Line Is Supporting More Veterans Than Ever*. 2024. (<https://news.va.gov/press-room/two-years-since-launch-of-dial-988-then-press-1-veterans-crisis-line-is-supporting-more-veterans-than-ever/>)

ⁱⁱⁱ *Ibid.*

^{iv} Veterans Crisis Line, U.S. Department of Veterans Affairs. 2024. (<https://www.veteranscrisisline.net/about/about-us/>)

^v Gould, Madelyn S. Lake, Alison M. Munfakh, Jimmie L. Galfalvy, Hanga. Kleinman, Marjorie. Williams, Caitlin. Glass, Andrew. McKeon, Richard. *Helping Callers to the National Suicide Prevention Lifeline Who Are at Imminent Risk of Suicide: Evaluation of Caller Risk Profiles and Interventions Implemented*. Suicide and Life-Threatening Behavior, 2016. (<https://onlinelibrary.wiley.com/doi/10.1111/sltb.12182>)

^{vi} Deisenhammer, Eberhard. Ing, Chy-Meng. Strauss, Robert. Kemmler, Georg. Hinterhuber, Hartmann. Weiss, Elisabeth. *The Duration of the Suicidal Process: How Much Time Is Left for Intervention between Consideration and Accomplishment of a Suicide Attempt?* 2009. (<https://pubmed.ncbi.nlm.nih.gov/19026258/>)

^{vii} Fischer, Ian. Aunon, Frances. Nichter, Brandon. Tsai, Jack. Harpaz-Rotem, Ilan. Pietrzak, Robert. *Firearm Ownership Among a Nationally Representative Sample of U.S. Veterans*. 2023. ([https://www.ajpmonline.org/article/S0749-3797\(23\)00276-3/fulltext](https://www.ajpmonline.org/article/S0749-3797(23)00276-3/fulltext))

^{viii} Office of Healthcare Inspections, Office of Inspector General, U.S. Department of Veterans Affairs. *Veterans Crisis Line Implementation of 988 Press 1 Preparation and Leaders' Response*. 2024. (<https://www.vaog.gov/sites/default/files/reports/2024-08/vaog-23-00925-227r.pdf>)