

28 August 26, 2020

**Veterans' Affairs Subcommittee on Economic Opportunity - Testimony of BGen Paul Lebidine (Ret.)**

I had the honor of serving in the United States Marine Corps for thirty-three years both in an active and reserve status. I served both as an enlisted Marine and as an officer. My service encompassed leading commands from a rifle platoon to the 4<sup>th</sup> Marine Division. I participated in numerous combat tours that included Desert Shield/Storm, Operation Iraqi Freedom I and two other one-year tours in Iraq, and two one-year tours in Afghanistan. The second as a general officer running expeditionary advising at the Resolute Support Headquarters. I retired from the Marine Corps in September 2017.

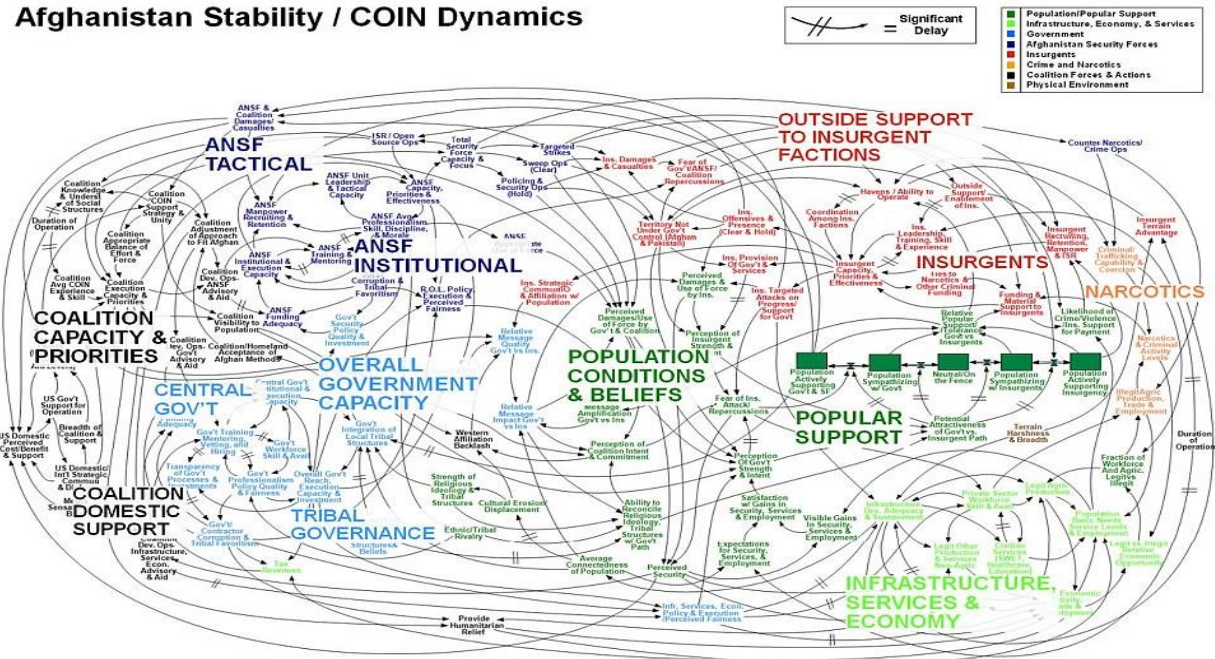
I am not part of any organization or government entity and my testimony today is simply from my individual perspective based on my experiences during my service and now in retirement.

I believe the impetus to have me testify today came from my participation in the virtual "Veteran Suicide Awareness Summit" that was hosted by Congressman Levin on 10 July 2020 that included the Director of the VA San Diego, and other local stakeholders. Clearly, at the local level those communities that are invested in transitional resources for veterans are in a better position to counteract some of the key factors that led to the despair and mental anguish that often drive unfortunate decisions by veterans. I know everyone realizes the current and future impacts of the pandemic on veterans particularly in employment opportunities.

At the Summit, I was asked to research and present some of the statistical data on the current suicide rates for active duty servicemembers and to explain some of the best practices that have been instituted that could be introduced in the local veteran community.

What I believe caused the most interest in my presentation was my comments on what I considered to be the seminal issue concerning veteran suicide, and I did this through drawing an analogy to why in my opinion the United States and NATO did not meet the expected end state in Afghanistan. I used the below 2009 General McChrystal PowerPoint slide to illustrate my main points. It is a confusing slide but what the lines represent is all the factors that had to be positively influenced in some coordinating fashion to enable the Government of Afghanistan to competently deliver governance and security.

# Afghanistan Stability / COIN Dynamics



Similar to Afghanistan with regards to veteran suicide there is no void for higher guidance. The VA has a ten year national strategy, DoD and the VA conduct high level conferences, there are numerous ongoing new programs through the VA and legislative initiatives, five Congressional hearings last year, and the comprehensive national public health roadmap (PREVENTS) that was recently released.

Similar to Afghanistan, it is certainly not a resource issue based on the last decade of increased Congressional funding to prevent veteran suicide. A great deal has been invested with seemingly not a corresponding reduction in the number of veteran suicides.

Is it a framework issue meaning how organizations are aligned to fully impact the issues surrounding veteran suicide? In Afghanistan, there was never one clear leader in charge. The military was in charge of security issues and the civilian leadership was in charge of delivering governance and development. You would hope that everyone coordinated to best maximize the effects on the ground, but unfortunately without the ability for one leader to set the course and be held accountable for their decisions, defining what best to coordinate on and how to do it led to many divergent actions, which impacted the ability to timely bring the maximize effects possible to establish an independent government of Afghanistan on a reasonable timeline. Similarly, at the regional and local level how does a community best organize to maximize all their resources to impact veteran issues specifically suicide?

There is an array of interested parties and stakeholders to include the VA, all layers of local government, non-profit organizations and profit earning businesses. I know many

would argue that there is ample coordination through local councils and boards, but to this point has the framework or structure been effective?

I would contend that given the degree of guidance and resources that a better framework of accountability at the regional and local level has to be established. I realized that every legislation that provides funding for organizations has metrics to measure the effectiveness of their programs to evaluate future viability; however, without a holistic approach to measure the effectiveness of a region or local area it leads to isolated cases of successful actions in specific instances but the larger systemic issues remained chiefly not impacted.

As an example, there seems to be no coordinating body that is responsible for holistically assessing and recommending how best to organize all of the resources being devoted to veteran suicide prevention at each level of government, in government funded private nonprofit organizations, and in the private sector in San Diego County. This also includes an understanding of all the resources being devoted to preventing suicide of active duty servicemembers at the major military facilities in the County. Additionally, many servicemembers initially transition into the San Diego Region as veterans, a key time period in preparing for their future life goals.

The two major governmental organizations chartered to work towards preventing veteran suicide is the VA San Diego Healthcare System (VASDHS) and the County of San Diego. Each has extensive programs that operate independently of each other with multiple layers of suborganizations that have some involvement of preventing veteran suicide in their mission statement.

In 2010, the County of San Diego Health and Human Services Agency (HHSA) awarded Community Health Improvement Partners (CHIP) a contract to form and establish a County interagency Suicide Prevention Council to create, introduce, and drive implementation of a Suicide Prevention Action Plan (SPAP) for San Diego County that was updated in 2018. The SPAP is a comprehensive plan that has a subsection aimed on veterans, but it is not an extensive focus of the plan that is holistically examining all of the at-risk groups in the region. It also lacks the inclusion of all of the effort that is being executed at the VASDHS for local veterans.

The County also is the primary funder of the crisis lines (2-1-1, and Courage to Call) that are set up to be able to handle specific assistance to veterans.

VASDHS has placed a major emphasis on mental health and the prevention of veteran suicide in the County. They are tasked with being responsive to their higher headquarters to execute programs, manage over 300 high risk patients, and conduct an outreach program to raise the level of veteran suicide awareness. They also coordinate with local Vet Centers for combat veterans and has some interaction with private mental health practitioners that have veteran patients.

Since veteran suicide is just a part of a larger preventive strategy in the County, and the VA is solely charged with the mission of focusing on just veterans to include the resources it would seem in balance the VASDHS should be the lead coordinating agency in better organizing all of the associated activities that would lead to a reduction in the number of veteran suicides. There may be a number of options on how best to coordinate organizations that have separate governmental mandates, and the other organizations that need to be better coordinated in a structured way.

The newly formed organization has to be more than informational although having a common understanding of what all the different entities are actually undertaking is a key component to building a better synchronized system; however, the main goal is to build a structure that has the authority to enforce some type of accountability to ensure the maximum impacts of directed coordination. Part of the organization needs to include an Inspector General (IG) type of function that only focuses on how organizations are performing in their defined lanes to ensure the goal of overall synergy is not being sidetracked in execution.

Currently, the VASDHS has a community board (One-VA) that facilitates local community interaction with the VASDHS leadership. A similar concept that is chartered on only preventing veteran suicide or other veteran transitional issues might be a possible model.

Currently, there is an enormous amount of tremendous work going on to assist veterans, (as there was in Afghanistan), but mainly it is being done in separate silos without a broader understanding of the larger veteran landscape. It has been said, "Insanity is doing the same thing over and over again and expecting different results", and it just seems beyond guidance and resources there needs to be a better execution framework that stresses regional coordination and accountability.

END.