Statement for the Record
of
Vietnam Veterans of America

Prepared by

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For The

House Veterans Affairs Committee

REGARDING

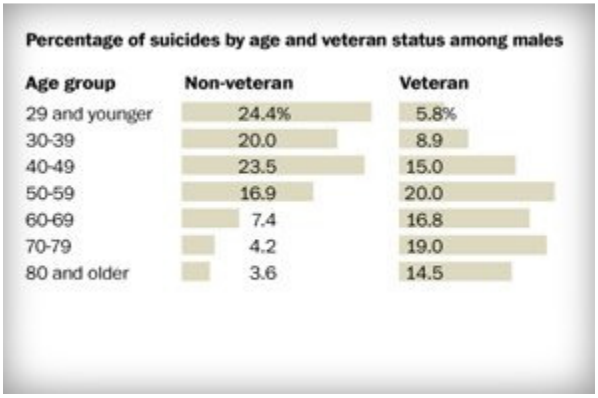
"Service Should Not Lead To Suicide: Access To VA's Mental Health Care"

July 10, 2014

Good morning, Chairman Miller, Ranking Member Michaud and members of the House Veterans Affairs Committee. On behalf of VVA National President John Rowan and all of our officers and members we thank you for the opportunity for Vietnam Veterans of America (VVA) to share our statement for the record regarding "Service Should Not Lead To Suicide: Access To VA's Mental Health".

VVA is very concerned about two related mental health issues: suicides, especially among America's older veterans' cohort and timely access to VA mental health clinical facilities and programs, especially for our rural veterans.

VVA understands that it is very challenging to determine the exact number of veteran suicides. Some troops who return from deployment become stronger from having survived their experiences. Too many others are wracked by memories of what they have experienced. This translates into extreme issues and risk-taking behaviors when they return home, which is one of the reasons why veteran suicides have attracted so much attention in the media. Many times, suicides are not reported, and it can be very difficult to determine whether or not a particular individual's death was intentional. For a suicide to be recognized, examiners must be able to say that the deceased meant to die. Other factors that contribute to the difficulty are differences among states as to who is mandated to report a death, as well as changes over time in the coding of mortality data. In fact, previously published data on veterans who died by suicide were only available for those who had sought VA health care services. But for the first time, a February 1, 2013 VA report includes some limited state data for veterans who had not received health care services from VA, and the report paints a shocking portrait of what's happening among our older vets (see chart below).



Percentage of suicides by age and veteran status among males

Age group	Non-veteran	Veteran
29 and younger	24.4%	5.8%
30-39	20.0	8.9
40-49	23.5	15.0
50-59	16.9	20.0
60-69	7.4	16.8
70-79	4.2	19.0
80 and older	3.6	14.5

Over two-thirds of veterans who commit suicide are age 50 or older.

Among the report's other findings:

• The average age of veterans who die of suicide is just short of 60; for nonveterans, it's 43.

• Female veterans who commit suicide generally do so at younger ages than males. Two-thirds of women who killed themselves were under 50 years of age; one-third were under 40 and 13 percent were under 30. For men, the comparable figures were 30 percent, 15 percent and 6 percent.

• About 15 percent of veterans who attempt suicide, but don't succeed, try again within 12 months.

VVA strongly suggests that until VA mental health services develops a nationwide strategy to address the problem of suicides among our older veterans – **particularly Vietnam-era veterans** -- it should immediately adopt and implement the appropriate suicide risk and prevention factors for veterans found in the "National Strategy for Suicide Prevention 2012: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention" that's available on-line at the web sites for both the Surgeon General's Office and SAMHSA.

In addition, according to the American Foundation for Suicide Prevention, in more than 120 studies of a series of completed suicides, at least 90 percent of the individuals involved were suffering from a mental illness at the time of their death. The most important interventions are recognizing and treating these underlying illnesses, such as depression, alcohol and substance abuse, post-traumatic stress

and traumatic brain injury. Many veterans (and active duty military) resist seeking help because of the stigma associated with mental illness, or they are unaware of the warning signs and treatment options. These barriers must be identified and overcome.

However, VVA has long believed in a link between PTSD and suicide, and in fact, studies suggest that suicide risk is higher in persons with PTSD. For example, research has found that trauma survivors with PTSD have a significantly higher risk of suicide than trauma survivors diagnosed with other psychiatric illness or with no mental pathology (1). There is also strong evidence that among veterans who experienced combat trauma, the highest relative suicide risk is observed in those who were wounded multiple times and/or hospitalized for a wound (2). This suggests that the intensity of the combat trauma, and the number of times it occurred, may indeed influence suicide risk in veterans, although this study assessed only combat trauma, not a diagnosis of PTSD, as a factor in the suicidal behavior.

Considerable debate exists about the reason for the heightened risk of suicide in trauma survivors. Whereas some studies suggest that suicide risk is higher due to the symptoms of PTSD (3,4,5), others claim that suicide risk is higher in these individuals because of related psychiatric conditions (6,7). However, a study analyzing data from the National Co-morbidity Survey, a nationally representative sample, showed that PTSD alone out of six anxiety diagnoses was significantly associated with suicidal ideation or attempts (8). While the study also found an association between suicidal behaviors and both mood disorders and antisocial personality disorder, the findings pointed to a robust relationship between PTSD and suicide after controlling for co-morbid disorders. A later study using the Canadian Community Health Survey data also found that respondents with PTSD were at higher risk for suicide attempts after controlling for physical illness and other mental disorders (9).

Some studies that point to PTSD as the cause of suicide suggest that high levels of intrusive memories can predict the relative risk of suicide (3). Anger and impulsivity have also been shown to predict suicide risk in those with PTSD (10). Further, some cognitive styles of coping such as using suppression to deal with stress may be additionally predictive of suicide risk in individuals with PTSD (3).

Other research looking specifically at combat-related PTSD suggests that the most significant predictor of both suicide attempts and preoccupation with suicide is combat-related guilt, especially amongst Vietnam veterans (11). Many veterans experience highly intrusive thoughts and extreme guilt about acts committed during times of war, and these thoughts can often overpower the emotional coping capacities of veterans.

Researchers have also examined exposure to suicide as a traumatic event. Studies show that trauma from exposure to suicide can contribute to PTSD. In particular, adults and adolescents are more likely to develop PTSD as a result of exposure to suicide if one or more of the following conditions are true: if they witness the suicide, if they are very connected with the person who dies, or if they have a history of psychiatric illness (12,13,14). Studies also show that traumatic grief is more likely to arise after exposure to traumatic death such as suicide (15,16). Traumatic grief refers to a syndrome in which individuals experience functional impairment, a decline in physical health, and suicidal ideation. These symptoms occur independent of other conditions such as depression and anxiety.

All of this brings us full circle to what VVA has been saying for years – if **both DoD and VA** were to use the PTSD assessment protocols and guidelines as strongly suggested by the Institutes of Medicine back in 2006 (http://iom.edu/Reports/2006/Posttraumatic-Stress-Disorder-Diagnosis-and-Assessment.aspx), our veteran warriors would receive the accurate mental health diagnoses needed to assess their suicide risk status.

Once again, on behalf of VVA National President John Rowan and our National Officers and Board, I thank you for your leadership in holding this important hearing on this topic that is literally of vital interest to so many veterans, and should be of keen interest to all who care about our nation's veterans.

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Dr. Tom Berger

Dr. Tom Berger is a Life Member of Vietnam Veterans of America (VVA) and founding member of VVA Chapter 317 in Kansas City, Missouri. Dr. Berger served as a Navy Corpsman with the 3rd Marine Corps Division in Vietnam during 1966-68. Following his military service and upon the subsequent completion of his postdoctoral studies, he's held faculty, research and administrative appointments at the University of Kansas in Lawrence, the State University System of Florida in Tallahassee, and the University of Missouri-Columbia, as well as program administrator positions with the Illinois Easter Seal Society and United Cerebral Palsy.

After serving as chair of VVA's national PTSD and Substance Abuse Committee for almost a decade, he joined the staff of the VVA national office as "Senior Policy Analyst for Veterans' Benefits & Mental Health Issues" in 2008. Then in June 2009, he was appointed as "Executive Director of the VVA Veterans Health Council", whose primary mission is to improve the healthcare of America's veterans through education and information.

Dr. Berger has been involved in veterans' advocacy for over thirty years, and he is a member of VVA's national Health Care, Government Affairs, Agent Orange and Toxic Substances, and Women Veterans committees. In addition, he is a member (and the former Chair) of the Veterans Administration's (VA) Consumer Liaison Council for the Committee on Care of Veterans with Serious Mental Illness (SMI Committee) in Washington, D.C.; he is also a member of the VA's Mental Health Quality Enhancement Research Initiative Executive Committee (MHQUERI) based in Little Rock, Arkansas and the South Central Mental Illness Research and Education Clinical Center (SC MIRECC) based in Houston, Texas. Dr. Berger holds the distinction of being the first representative of a national veterans' service organization to hold membership on the VA's Executive Committee of the Substance Use Disorder Quality Enhancement Research Initiative (SUDQUERI) in Palo Alto, CA and serves as a committee member on the National Association of Alcohol and Drug Abuse Counselors (NAADAC) veterans' work group. He has also served as a member of the National Leadership Forum on Behavioral Health-Criminal Justice Services with the CMHS-funded national GAINS Center and as a reviewer of proposals for the Department of Defense (DoD) "Congressionally Directed Medical Research Programs", He is a current member of the Education Advisory Committee for the National Center for PTSD in White River Junction, Vermont, as well as a member of the Executive Committee of the National Action

Alliance for Suicide Prevention in Washington, D.C., and a member of the Advisory Board for the National Crisis Center in New York and serves on both the Scientific Committee and the Veterans Advisory Council for Suicide Prevention Initiatives in New York City.

Dr. Berger's varied academic interests have included peer-reviewed research, published books and articles in the biological sciences, wildlife regulatory law, adolescent risk behaviors, domestic violence, substance abuse, suicide, and post-traumatic stress disorder. He currently resides in Silver Spring, Maryland.

VIETNAM VETERANS OF AMERICA

Funding Statement

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The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

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