

**STATEMENT OF
THE HONORABLE JIM BANKS (IN-03)
BEFORE THE FULL COMMITTEE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

October 24, 2017

Chairman Roe, Ranking Member Walz, thank you for holding this hearing today and for including my bill on the agenda. I am proud to be a member of the Veterans Affairs Committee in which the focus of our work is to ensure the brave men and women of our armed services are never forgotten. Our gratitude for our servicemen and women leads us to address the personal impact of their service. We are responsible for their care and healing.

Veteran Suicide

Suicide is our nation's 10th leading cause of death, claiming over 40,000 lives a year, almost five times as many people as make up my entire hometown of Columbia City, Indiana. This rate has increased by over 32% since 2001. Veterans account for 18% of those deaths, even though they only constitute 8.5% of the nation's population. Every day, 20 veterans die from suicide. Veterans are 22% more likely to commit suicide. Our female veterans are two and a half times more likely to commit suicide than their female civilian counterparts. Post-Traumatic Stress Disorder (PTSD) affects 7-8% of the regular population, but for those who have served in warzones, it affects between 11-20% of our veterans. The invisible wounds of PTSD are a large contributing factor to many of the suicides that take place among veterans. As research on PTSD continues and treatments are refined, we must remain vigilant in addressing the needs of our veterans.

The Department of Veterans Affairs' Efforts

In recognizing the increase in veteran suicides from 2001 to 2014, the Department of Veterans Affairs (VA) has refocused their services for veterans. Part of those efforts is the creation of the 24/7 Veterans Crisis Line (the VCL) in 2007. The hotline serves as a space for those in crisis to discuss their feelings privately. As of May 2016, the hotline answered over 2.3 million calls and 55,000 text messages. Emergency services were dispatched 61,000 times and 376,000 referrals to VA's Suicide Prevention Coordinators were made to help make sure veterans reach further care options. The VCL is a critical component to providing direct, immediate care to those in crisis and aid in the prevention of suicide.

Draft Bill – Background

My draft bill seeks to enable the VCL to be an even more effective component in the VA's overall approach to veteran mental health. In our information age, the power of data analytics is useful tool to help the Veterans Crisis Line continue the mission of decreasing the number of veteran suicides. As the current crisis continues, analyzing the data collected by the hotline can help determine the efficacy of VA mental health services.

An Inspector General report from March 2017 indicated room for improvement regarding data analysis and performance measures. Currently, there is no overarching approach to ensure the VA knows the efficacy of the VCL in preventing future suicide attempts.

My bill seeks to ensure the VA has the proper research tools and data necessary to continue comprehensively integrating the VCL in the VA's mental health services program.

Draft Bill – Summary

The draft bill would require the VA to conduct research and prepare a report that would provide the following answers:

- The efficacy of the VCL as a conduit for veterans to be connected to opportunities for sustained mental health treatment through the VA.
- The visibility of the VCL to veterans.
- The efficacy of VA health care in ensuring that those receiving physical care find help for any additional mental needs.
- The efficacy of VA mental health care in decreasing the chance of a veteran needing to contact the VCL again.
- The efficacy of the VCL as a conduit for non-veterans to be connected to opportunities for their veteran friends to receive sustained mental health treatment through the VA.
- If the amount of times a veteran contacts the VCL changes outcomes.
- The efficacy of mental health care decreasing the risk of suicide.

With these answers, the VA can be further empowered and enabled to fight suicide. These answers will allow the VA to determine the impact of mental health services to veterans in need and the impact of the VCL. We must ensure our veterans know they are not alone after the phone call. Suicide attempts usually result from mental health concerns that require further care to find complete resolution. This bill would help ensure that suicide is not simply delayed but that the mental health concerns leading to it are being addressed and treated.

Addressing Veteran Service Organizations' Concerns

Through talks with the Veteran Service Organizations, I have learned of their concerns for veterans' information privacy. I firmly believe in that privacy and seek to maintain it. That is why this bill will not change the manner of the phone conversations that veterans have with the VCL. This bill does not require any change in the practices and procedures already implemented by the VCL.

With the call method remaining the same, veterans are still able to maintain anonymity. The VA will simply be required to analyze the data that is collected, and provide a report detailing the findings to the Committee on Veterans Affairs in the House and the Senate.

Another concern raised is in regards to the privacy of the information that would be analyzed. This bill does not intend to jeopardize the privacy and therefore, I intend to work with the committee to clarify stringent privacy protection during data analysis. With these concerns addressed, the VA can receive quantitative insight into the efficacy of its life-saving programs.

Conclusion

To stem the tide of veteran suicide, I urge my colleagues to support this bill. With 20 veterans taking their lives every day, we must do everything we can to better understand and improve the effectiveness of the currently available assistance programs.