

**Written Testimony of  
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**Before the  
U.S. House Committee on Veterans Affairs**

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**Testimony on “Veteran Suicide Prevention: Capitalizing on  
What Works and Increasing Innovative Approaches”**

Chairman Takano, Ranking Member Bost, and Members of the Committee – thank you for the invitation to testify before the Committee today.

The topic of veteran’s suicide and suicide prevention are the top priority and focus at America’s Warrior Partnership (AWP). Our entire mission at AWP is “Partnering With Communities to Prevent Veteran Suicide.”

Rather than a singular program, we believe suicide prevention is the outcome of trusted, holistic, and coordinated service or purposeful activities to veterans and their families. Our programs accomplish this by starting at the community level and proactively understanding the unique situations of all veterans and their families. We connect these veterans and their families with local veteran-serving organizations and other service providers they need to improve the quality of life for veterans, their families, and caregivers at every stage of veterans’ lives.

This community integration model is an upstream approach to veteran empowerment and is done through AWP’s four-step plan to Connect, Educate, Advocate, and Collaborate with veterans, their families, caregivers, and the communities that support them.

Accordingly, AWP has five branches in communities that we actively serve, and four others that we closely partner with. In addition, our casework team at The AWP Network has a 90% success rate in coordinating services with veterans from more than 850 communities nationwide and our 70 partners and affiliates to ensure seamless service.

It is because of these close ties to the communities and the relationships that have been built that AWP is unique. It is also because of these close ties and relationships that we see and experience tragedies when former service members take their own lives. It is personal to all of us.

For this reason, AWP set out on a new initiative several years ago called Operation Deep Dive™ (OpDD). This is a novel and first of its kind approach to use available data to closely examine the veteran suicide epidemic. The goal of OpDD is to use this data to understand the full scope of

the problem and then develop tailored and individualized suicide prevention strategies that could be implemented to help find those most at risk of taking their own life.

At AWP, we firmly believe that a “one-size-fits-one” approach is the most effective way to build a program to help those at risk. Understanding the demographics, history, service records, etc. of each community can help identify individuals before they reach the point at which they feel taking their own life is the only option.

The process behind OpDD is simple: AWP contracted with the University of Alabama to gather data from eight states: Alabama, Florida, Maine, Massachusetts, Michigan, Minnesota, Montana, and Oregon. Using state death data, the Department of Defense collaborated military service and provided detailed military experience information. This data was then set against publicly available Census data. It is for the years 2014-2018 and for those 18-64 years old.

On September 17, the OpDD interim report was released, and the results were alarming.

To start, we looked at the suicide rate among former service members, per 100,000. These are suicides verified by local coroners and reported as such. As compared to the VA’s reported rates for the same year for 18–74-year-olds, the suicide rate was 37% higher. Thus, if the eight states represented the entire nation proportionally, it would equate to a total of approximately 24 former service members’ suicides per day.

A primary reason for the disparity in the suicide numbers between OpDD and VA is the data from the states. OpDD found that, on average, there is a miscount of nearly 25% of all former service members upon their deaths. Most notably, it includes an 18% undercount – resulting in former service members not being recognized for their service and, sadly, likely not being recognized at the time of burial. This likely involves many of these individuals being absent from the VA numbers.

In addition, the level of data detail available to OpDD has enabled the study to take a much closer look at Guard and Reserve. In the study, no uniformed service members (active, National

Guard, or Reserve were included, and only former Active-Duty, National Guard, and Reserve who had mobilized deployments or active-duty time were counted. Still, the study was able to identify many former service members who were likely VA-eligible. Most concerning was the over representation in suicide and self-injury mortality (SIM) of former National Guard and Reservists who were likely VA-eligible with deployment or active-duty service.

This raises an important distinction. Operation Deep Dive went further and began looking at self-injury mortality (SIM) after finding a significant number of former service members' deaths were being listed as accidents or undetermined, despite having similar manners of death. The biggest factor in this category is undoubtedly overdoses. It should come as no surprise, given the fentanyl, opioid and prescription drug epidemic that has given rise across the entire nation at that same time.

This term self-injury mortality is not new or original. SIM has been extensively researched and peer reviewed. Per the National Institute of Health publication, SIM is considered a "fatal self-injury... associated with deliberate behaviors is seriously underestimated owing to misclassification of poisoning suicides and mischaracterization of most drug poisoning deaths as "accidents" on death certificates."

Accordingly, OpDD analyzed this data separately of labeled suicides and went through each record. Similar to the method OpDD used to measure suicides, the data from the eight states was measured per 100,000. The result was a huge number of former service members that had taken their lives, and if the eight states studied represented a national rate it would equate to approximately 20 per day. The full chart breakdown can be seen in the interim report itself on page 2.

When combined, suicide and self-injury mortality rates are 2.4 times the reported VA rate – which equates to approximately 44 former service members taking their own lives each day.

There are many other interesting takeaways that we have found so far:

- Every year served in the military equates to a 2% reduction in the probability of a former service member taking their own life.
- Those who served in the military less than 3 years had the greatest risk of suicide/SIM.
- Living with a partner decreased the odds of suicide by nearly 40%.
- Receiving a demotion during military service increases the odds of dying by suicide/SIM by 56%.
- Former service members from Coast Guard were most likely to die from suicide, followed by Marine Corps, Army, Navy, and then Air Force FSMs respectively.

Clearly, this data suggests that despite the VA's best efforts, the one-size-fits-all approach to suicide prevention is not working. But it also shows there are several immediate recommendations that can be implemented to begin getting a better grasp on the situation.

First, the VA needs to share its data and fully participate in OpDD. As we have mentioned before, one of the most obvious pieces of this study that is missing is data from the VA. Understanding which of these individuals were enrolled in the VA and the veteran's VA journey can help us all gain a better picture of what is working.

Second, the VA and DOD must immediately coordinate in the development of a simple tool that can be made available to coroners, medical examiners, and state officials to quickly and securely verify if someone previously served in the military.

Third, on a state and local level, more must be done to standardize ICD-10 code data and better resource coroners and medical examiners. This is the only way to properly improve death reporting and enable correct oversight. This is especially true when it comes to detailing and determining suicides and self-injury mortality, which carry significant stigmas and emotional distress, and potential financial impacts.

Finally, suicide prevention strategies must begin at the community level by holistically focusing on housing, meaningful employment, financial security, relationships, purpose, physical health,

and mental well-being. Solely focusing on the mechanism of death does not help to address the root cause of suicide/SIM and get upstream from the tragedy.

In this task, I would like to thank Congress and the Members of this Committee especially for your work on drafting and passing into law the Staff Sergeant Parker Gordon Fox Suicide Prevention Grants (SSG Fox SPGP). As you know, these grants are aimed at helping to resource programs and organizations in local communities to provide or coordinate suicide prevention. It is a step forward with the best intent, and we are proud to say that America's Warrior Partnership was a recent recipient of a SSG Fox SPGP award.

However, after waiting for the VA to implement the program and sit on the Congressionally appropriated money for two full years, I would like to provide the Committee two important recommendations related to the SSG Fox SPGP as you continue your oversight into the program.

First, the scope of the program has been dramatically widened. The intent of assisting small communities and local programs was strongly supported by many. However, upon implementation of the grant program, many national and state level programs have applied and successfully been awarded grants. While many of these programs are terrific, and we are proud to partner with many of them as they continue their work, this takes resources and assistance away from other community programs that directly work with veterans on the ground in their communities. Building a relationship with organizations and neighbors in your community is invaluable – and you cannot do that from state capital or national headquarters.

Second, there are often several programs funded under the SSG Fox Suicide Prevention Grant that are trying to do the same work within the same geographic areas causing more confusion and poor efficiency on something so critical as building trust with veterans and their families. There is no coordination between organizations and the result is often competition between organizations rather than collaboration. We strongly recommend that more be done to help organizations in similar geographic regions or communities work together, including mandating collaboration and coordination through an outside entity or oversight official.

As I close this statement, I must say that the data available to Operation Deep Dive has been groundbreaking in ways that we are still fully beginning to understand. There are many additional questions to be answered and analysis to be done. In phase two, AWP has contracted with Duke University to analyze current and additional state-provided death data, coordinate with DoD to corroborate military affiliation, and identify commonalities of the person, military service, and their death. AWP is also working to expand the number of states participating in the study, as well as gain further data for 2019 through 2021.

Again, thank you to everyone on the Committee for your invaluable work on the important topic of suicide prevention. We look forward to working with you all and stand by to assist. Thank you, and I look forward to your questions.