

Vietnam Veterans of America



Prepared By

**Thomas J. Berger, Ph.D.
Executive Director, The Veterans Health Council
Vietnam Veterans of America**

For The Veterans Affairs Committee

U.S. House of Representatives Hearing

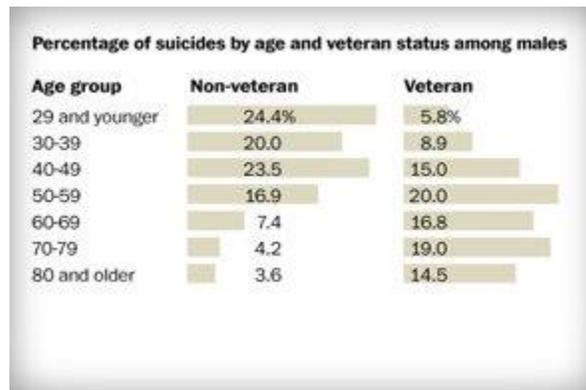
**“Department of Veterans Affairs efforts to reduce suicide
among the veteran population”**

May 12, 2016

Chairman Miller, Ranking Member Brown, and Distinguished Members of the House Veterans Affairs Committee, Vietnam Veterans of America (VVA) thanks you for the opportunity to present our testimony regarding the Department of Veterans Affairs (VA) efforts to reduce suicide among the veteran population. We should also like to thank you for your overall concern about the mental health care of our troops and veterans.

The timing of this HVAC hearing is particularly important as a recent National Center for Health Statistics report found that suicide in the United States has surged to the highest levels in nearly 30 years, with increases in every age group except older adults (i.e., declining for only one age group: men and women over 75). The rise was particularly steep for women where the suicide rate for middle-aged women, ages 45 to 64, jumped by 63 percent over the period of the study, while it rose by 43 percent for men in that age range, the sharpest increase for males of any age. It was also substantial among middle-aged Americans, whose suicide rates had been stable or falling since the 1950s. The overall suicide rate rose by 24 percent from 1999 to 2014, according to the report, and the increases were so widespread that they lifted the nation's suicide rate to 13 per 100,000 people, the highest since 1986. There is absolutely no doubt that this country is in the midst of a public health crisis with suicide.

Nowhere is this more true than in the veterans community as we learned back in February 2013 from the VA's report on veterans who die by suicide. This report painted a shocking portrait of what's happening among our older vets (see chart below) --



Almost three-quarters of veterans who commit suicide are age 50 or older according to this report.

And even though suicide has become a major issue for the military over the last decade, most research by the Pentagon and the Veterans Affairs Department has focused on men, who account for more than 90% of the nation's 22 million former troops. Little has been known about female veteran suicide until recently.

According to an *LA Times* article in July 2016, the suicide rates are highest among young female veterans -- for women ages 18 to 29, veterans kill themselves at nearly 12 times the rate of nonveterans. And, according to the *Times* same article, among the cohort of nearly 174,000 veteran suicides in 21 states between 2000 and 2010, the suicide rate of female vets closely approximates that of male counterparts -- i.e., women vets 28.7 per 100,000 vs 32.1 per 100,000 male vets.

However, we must not forget that it is from the VA's 2013 report noted above that the figure of 22 veteran suicides per day is calculated. This number is suspect because the data only represent numbers reported from 21 states from 1999 through 2011 and did not include states with massive veteran communities, like California and Texas which didn't report suicides to the VA at that time.

If the media are going to focus on this number, they need to make sure that they are targeting the right generation because according to the report, the *majority* of veteran suicides are committed by Vietnam-era veterans, yet the media is surprisingly quiet on this point. **Therefore, VVA calls for an updated veteran suicide report that includes data from all 50 states and U.S. territories, and also strongly suggests that VA mental health services develop a nationwide strategy to address the problem of suicides among our older veterans – particularly Vietnam-era veterans.** To do so, the VA should seriously consider the establishment of an Advisory Board of key VA stakeholders involved in suicide prevention, education, treatment, and research.

VVA understands that it is very challenging to determine an exact number of 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. Nevertheless, 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 disorder 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.**

To be fair, VVA recognizes that over the past year, the VA has developed a number of strategies to reduce suicides and suicide behaviors in the veterans' community since HVAC's Oversight Subcommittee July 2010 hearing entitled "Examining the Progress of Suicide Prevention Outreach Efforts at the VA". These efforts have included a February 2016 announcement that improvements to enhance and accelerate progress at the Veterans Crisis Line were made by moving the Veterans Crisis Line into VA's Member Services under a director with extensive clinical social work background, and that by the end of this year, every veteran in crisis will have their call promptly answered by an experienced VA responder. That will mean non-core calls will be directed appropriately to other VA entities that can best address their questions or concerns and presumably, will eliminate the hundreds of "dropped" calls we have all read about. VA also committed to increase staff at the Veterans Crisis Line Center.

Then on March 8, the VA also publicly announced changes to be made to its suicide prevention programs, including:

1. Elevating VA's suicide-prevention program with additional resources to manage and strengthen current programs and initiatives;
2. Meeting urgent mental health needs by providing veterans with the goal of same-day evaluations and access by the end of calendar year 2016;
3. Establishing a new standard of care by using measures of veteran-reported symptoms to tailor mental health treatments to individual needs;
4. Launching a new study, "Coming Home from Afghanistan and Iraq," to look at the impact of deployment and combat as it relates to suicide, mental health, and well-being;

5. Using predictive modeling to guide early interventions for suicide prevention;
6. Using data on suicide attempts and overdoses to guide strategies to prevent suicide;
7. Increasing the availability of naloxone rescue kits throughout VA to prevent deaths from opioid overdoses;
8. Enhancing veteran mental health access by establishing three regional tele-mental health hubs; and
9. Continuing to partner with the DoD on suicide prevention and other efforts for a seamless transition from military service to civilian life.

While these initiatives are laudable, VVA also believes strongly that they cannot fully succeed without a significant increase in the recruitment, hiring, and retention of VA mental health staff, as well as timely access to VA mental health clinical facilities and programs, especially for our rural veterans. This committee must ensure that our veterans and their families are given access to the resources and programs necessary to stem the tide of veteran suicide.

Once again, on behalf of VVA's National Officers, Board, and general membership, thank you for your leadership in holding this important hearing on a topic that is literally of vital interest to so many veterans, and should be of keen interest to all Americans who care about our nation's veterans. I shall be glad to answer any questions.

Thomas J. Berger, Ph.D.

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 (SUD QUERI) in Palo Alto, CA and serves as a committee member on the National Association of Alcohol and Drug Abuse Counselors (NAADAC) veterans' working group and member of the National Leadership Forum on Behavioral Health-Criminal Justice Services with the CMHS-funded national GAINS Center. He has also served 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.

Dr. Berger's varied academic interests have included published research, 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

May 12, 2016

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.

For Further Information, Contact:

Executive Director for Policy and Government Affairs

Vietnam Veterans of America.

(301) 585-4000, extension 127