Statement for the Record

of

Submitted by

John F. Rowan

National President

Before the

House Veterans' Affairs Committee

Regarding

"Tragic Trends:

Suicide Prevention Among Veterans"

April 29, 2019

Chairman Takano, Ranking Member Dr. Roe, and other distinguished members of this very important committee, Vietnam Veterans of America (VVA) thanks you for the opportunity to present our views for the record on "Suicide Prevention Among Veterans," with particular emphasis on, as Chairman Takano has written, "the heartbreaking trend of veteran suicide on the grounds of VA facilities." First, though, we want to thank the committee for your consistent and unwavering concern about the mental health care afforded our veterans.

Suicide is not an easy subject to discuss. It is a topic that most of us would prefer not to think about. Considering the purpose of this hearing, it should be noted that accurate statistics on deaths by suicide, despite the intense focus during the wars in Afghanistan and Iraq by both the VA and Defense Department, do not, and cannot, paint a true picture because many incidents are not reported, are misreported, or just fall through the cracks.

Two salient statistics stand out when considering, and confronting, the loss of too many of those men and women who have served in a combat zone. One: of the 20 or so veterans who are estimated to take their life each day, the vast majority, some 70%, are *over the age of 55*. They are, for the most part, Vietnam-Era veterans. We don't have solid statistics about who among them was afflicted with PTSD or depression borne of their experiences in the military that have plagued them, nor of the problems caused or exacerbated by their repeated long absences from home due to deployments. Although these experiences may have altered the arc of their life (and of their family relationships), more immediate concerns may have led them into the abyss: the loss of a job or a house or a spouse or a child; or a malady that is too painful or debilitating or inevitably fatal.

And two: During the fighting in Afghanistan and Iraq, of the 20 or so veteran suicides a day, *14 were not patients at a VA or clients at a Vet Center*. So when a veteran immolates himself in the parking lot of a VA medical center, this naturally gets immediate attention via the media. Or if he puts a gun to his head and pulls the trigger, or if she downs half a bottle of sleeping pills and was recently back from a combat zone – or whose unit was about to be sent back into the fray – such an action will likely attracts attention.

Certainly, whenever a veteran returned from the war takes his or her own life, this is a very real public health concern for our military and veteran communities. Because we know, from more than a few studies, e.g., a 12-year study published in the June 2007 issue of the journal *Epidemiology and Health*, that the risk of suicide among male veterans, after adjusting for a host of potentially compounding factors, including age, time in service, and health status, is more than two times greater than that of the general population. A report released more than a decade ago by the VA Inspector General noted that "veterans returning from Iraq and Afghanistan are at increased risk for suicide because not all VA clinics have 24-hour mental care available . . . and many lack properly trained workers."

Under the glare of publicity, much of it focusing on how the VA and Defense Department, despite spending hundreds of millions of dollars searching for answers as to why troops and veterans choose oblivion over life, you in Congress, and we in the VSO and MSO communities, have grappled with the problem without much success. You must acknowledge, however, that the VA has found ways to deter an uncounted number of veterans from making that final, fatal decision.

In the early years of the Global War on Terror, DOD to its discredit, hid suicides on official casualty lists as "accidental non-combat deaths," even lying to the parents of dead soldiers. The Army insisted that they could not to find a connection between PTSD, between the stresses of combat and the type of combat waged in Iraq, and suicide.

We as a nation have come a long way in acknowledging the connection between PTSD and suicide. One of the characteristics of PTSD is that the onset of symptoms is often delayed, sometimes for decades, triggered by stories and images of combat and the casualties of combat, and aggravated by other personal losses, hurts, or issues.

VVA's position on suicide is clear: one suicide of a veteran, or an active-duty troop, is one too many, and there have been far too many. We need to focus not on why veterans take their life; this is no great mystery. We need instead to concentrate on what we, collectively, can do to get more at-risk veterans the counseling that might save their life.

And we urge you not to be taken in by the assertion of some that we need more expertise from entities having little or no connection with the military or with veterans.

One significant first step that needs to be done is to do a complete analysis of all aspects of the suicide soldier or veteran's life, including medical, psychiatric, familial, social, spiritual, and financial situation. For example, if married, is it a solid marriage? Has there been a marital separation or other negative event in the family's life? Is there a steady stream of income that is adequate to cover the basic needs of the family? Is there a VA claim for compensation that is currently held up or recently denied? Are they behind on their VA guaranteed mortgage?

VVA will send you a more complete explication of what we strongly believe should be included in such an analysis, and what efforts of the entire VA team may allow us collectively to intervene in time for some suicidal service member or veteran in the future. It was clear in the Roundtable on Suicide sponsored earlier by Chairman Takano and Ranking Member Dr. Roe that neither VA nor DOD was even thinking in these terms. Since that Roundtable VVA and the major VSOs participated in a discussion with the current Executive in Charge of Veterans Health Administration (VHA) and the current head of the Suicide Prevention office that not only are they not doing such a thorough analysis, but that the Suicide Prevention people were not even thinking in an action oriented modality of how can we discern key triggers, and then as a total team at VA/DOD, with assistance from the Veterans Service Organizations/Military Service Organizations move swiftly to save future lives.

It's too easy, at this point in time, to create commissions or task forces to give the impression that we are taking this issue seriously. Instead, we need to focus on the lessons we, and specifically the VA, know works, what suicide prevention initiatives and programs have saved lives, and what other interventions show promise. In other words, while more data will be helpful, it is ***action*** that is needed rather than further cogitation.

It is up to all of us, with your leadership, to do the very best that we can to provide enough help and guidance to the men and women who need it most.

VVA thanks you for the opportunity to share our views on this issue.

VIETNAM VETERANS of AMERICA
Funding Statement

The national organization Vietnam Veterans of America (VVA) is a non-profit veteran's 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, please contact:
Executive Director for Policy and Government Affairs, at
Vietnam Veterans of America
(301) 585-4000, extension 127

John Rowan

John Rowan was re-elected to a seventh term as National President of Vietnam Veterans of America (VVA) at the organization's 18th National Convention in New Orleans, LA.

Rowan enlisted in the U.S. Air Force in 1965 and attended its language school, learning Indonesian and Vietnamese. He served as a linguist in the Air Force's 6990 Security Squadron in Vietnam and at Kadena Air Base in Okinawa, Japan, providing Strategic Air Command (SAC) with intelligence on North Vietnam's surface-to-air missile sites to protect U.S. bombing missions.

Rowan has been active with VVA since the organization's inception in 1978. A founding member and the first president of VVA Chapter 32 in Queens, N.Y., he has served three terms on VVA's board, as chairman of VVA's Conference of State Council Presidents, and as president of VVA's New York State Council. Rowan served as a VVA veterans' service representative in New York City before being elected to VVA's highest office in 2005.

Following his honorable discharge from the Air Force, Rowan received a B.A. in political science from Queens College and a master's in urban affairs from Hunter College. Rowan retired from city service as an investigator with the New York City Comptroller's Office. He resides in Middle Village, N.Y., with his wife, Mariann.