

United States Senate

WASHINGTON, DC 20510

October 10, 2019

The Honorable Robert Wilkie
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20571

Secretary Wilkie,

On September 20, 2019, the Department of Veterans Affairs (VA) released its *National Veteran Suicide Prevention Annual Report* with updated suicide data from 2017. The report showed an increase in veteran suicide from 25.7 deaths per 100,000 veterans in 2016 to 27.7 deaths per 100,000 veterans in 2017, representing an additional 129 veterans who died by suicide in 2017. Every year since 2008, more than 6,000 veterans have died by suicide – that is more than 61,000 former servicemembers lost. And, those figures do not account for the lives lost to suicide among active duty servicemembers or former members of the National Guard and Reserve who were never federally activated. We are deeply saddened by these deaths. One life lost to suicide is one too many.

This new report also highlights some of the more recent initiatives VA has undertaken to combat veteran suicide. The Veterans Crisis Line is now answering calls more quickly and consistently, universal suicide risk screening has been implemented, mental health treatment coordinators are helping veterans across the country, and more community partners are at the table providing resources and greater access to traditional and alternative therapy. Just this year, the President signed Executive Order 13862 creating the PREVENTS Task Force, which has elevated veteran suicide prevention in the national consciousness.

While we agree those initiatives are important and much-needed, most of these programs and innovations focus on crisis intervention rather than proactively protecting and promoting veterans' well-being. Statistics and experience show that there are many known risk factors that increase a veteran's risk for suicide. Therefore, we urge VA to implement aggressive measures to improve veterans' mental health. To that end, what is VA doing to reach out to veterans who may be at higher risk of suicide, including those with a mental health diagnosis, women veterans, veterans with other-than-honorable discharges, younger veterans and those aged 55-74? What is VA doing to reach out to veterans who have access to a firearm and other lethal means to teach them about the importance of gun safety? And what is VA doing to promote well-being among veterans who live in rural and highly rural areas? We must be assured that VA is doing all that it can to reach veterans at highest risk before the point of crisis.

Women veterans are at particular risk of suicide compared to their non-veteran counterparts. The suicide rate among women veterans was 2.2 times greater than the rate among non-veteran women in 2017, with nearly 300 women veterans dying by suicide in 2017. With women comprising an ever-larger segment of the active duty population, and therefore veteran population, VA needs to do more to reach out to women veterans and make them feel comfortable in VA facilities. What is VA doing to ensure the physical infrastructure, staff, and fellow veterans are welcoming to women veterans? How is VA reaching out to women veterans to encourage them to engage in VA services? Women veterans have borne the battle and have earned the right to be treated with respect and feel safe when receiving their health care. Making women feel welcomed, supported, and part of a community may be a key step in reducing the suicide rate among women veterans.

In addition to women veterans, former members of the National Guard and Reserve who were never federally activated also have high rates of suicide and are an extremely difficult population to reach. What is VA doing to work with state and local partners to ensure that former National Guard and Reserve members who were never federally activated have access to necessary mental health care? Never federally activated members of the National Guard and Reserve have still served their country and states by mobilizing to combat raging wildfires, tornadoes, hurricanes, and other natural disasters. They certainly may have experienced trauma that increases their risk for suicide, and deserve to be included in the national discussion surrounding suicide.

While it is important to understand the scope of the veteran suicide crisis across the nation, receiving statistics representing deaths that occurred two or more years ago makes monitoring and evaluation challenging. For instance, we may not know the full impact of the Mayor's and Governor's Challenge on suicide rates until 2021 or 2022, long after the program was initially rolled out. How is VA working with the Centers for Disease Control and Prevention and the Department of Defense to streamline mortality data collection, analysis, and dissemination so that the results can be shared in a more timely manner? Is there anything that Congress can do to assist in this endeavor? This is an all-hands-on-deck situation, and we in Congress are prepared to do what needs to be done to combat this crisis.


More broadly, we know that the suicide rate among veterans who are not engaged in VA care is rising at a faster rate than among those who are receiving care from VA. It is in the best interest of both veterans and VA for more veterans to be enrolled and aware of the physical and mental health services that VA has to offer. For that reason, we are interested in understanding how VA conducts regular outreach to veterans. Specifically, how does the VA reach veterans who are eligible for VA care, but not yet enrolled? How does the VA reach veterans enrolled, but not using health care services – especially those who have a mental health condition or are experiencing financial hardship? Reaching out to our veterans is the first step in getting them into care and fostering a community environment that encourages mental wellness and comradery.

We appreciate the new initiatives that VA has developed and implemented, as well as the new community partnerships that VA has cultivated with the aim of reducing veteran suicide. Congress has been proud to provide the resources and authorities needed to facilitate many of these suicide prevention initiatives. As a nation, however, we are clearly not doing enough. We are all concerned by the seemingly constant number of current and former servicemembers who die by suicide every day – 16.8 veterans, 2.5 never federally activated former members of the National Guard and Reserve, and 1.4 active duty servicemembers. We look forward to learning more about VA’s outreach efforts, as well as any steps we in Congress can take to help speed the data dissemination process.


Sincerely,




Jon Tester
United States Senator



Michael F. Bennet
United States Senator



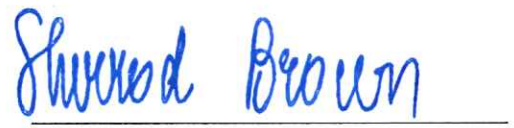
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