

**STATEMENT OF  
THE HONORABLE ROBERT WILKIE, SECRETARY  
DEPARTMENT OF VETERANS AFFAIRS (VA)  
BEFORE THE  
COMMITTEE ON VETERANS AFFAIRS  
UNITED STATES SENATE**

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Good afternoon, Chairman Isakson, Ranking Member Tester, and Members of the Committee. I appreciate the opportunity to discuss the critical work VA is undertaking to prevent suicide among our Nation's Veterans. I am accompanied today by Dr. Keita Franklin, Executive Director, Suicide Prevention Program, Veterans Health Administration.

**Introduction**

The health and well-being of our Nation's men and women who have served in uniform is the highest priority for VA. VA is committed to providing timely access to high-quality, recovery-oriented, and evidence-based health care that anticipates and responds to Veterans' needs and supports the reintegration of returning Servicemembers. Our promise to Veterans remains the same: to promote, preserve, and restore Veterans' health and well-being; to empower and equip them to achieve their life-goals; and to provide them with state-of-the-art treatments.

Veterans possess unique characteristics and experiences related to their military service that may increase their risk of suicide. They also tend to possess skills and protective factors, such as resilience or a strong sense of belonging to a group. Our Nation's Veterans are strong, capable, and valuable members of society. Therefore, and it is imperative that we connect with them as early as possible as they transition into civilian life; facilitate that transition; and support them over their lifetime.

Suicide is a national public health issue that affects communities everywhere. Just as there is no single cause of suicide, no single organization can end Veteran suicide. We must work side-by-side with our partners at all levels of Government and in the private sector to provide our Veterans with the mental health and suicide prevention services they need. As such, VA is dedicated to saving Veteran lives by using bundled approaches to prevention that cut across various sectors – faith communities, employers, schools, and health care organizations – to reach Veterans where they live, work, and thrive.

These efforts are guided by the National Strategy for Preventing Veteran Suicide. Published in June 2018, this 10-year strategy provides a framework for identifying priorities; organizing efforts; and focusing national attention and community resources to prevent suicide among Veterans through a broad public health approach with an

emphasis on comprehensive community-based engagement. This approach is grounded in the following four key focus areas:

- Primary prevention that focuses on preventing suicidal behavior before it occurs;
- Whole health that considers factors beyond mental health, such as physical health, social connectedness, and life events;
- Application of data and research that emphasizes evidence-based approaches that can be tailored to fit the needs of Veterans in local communities; and
- Collaboration that educates and empowers diverse communities to participate in suicide prevention efforts through coordination.

### **Executive Order 13861: National Roadmap to Empower Veterans and End Suicide**

Influenced by the National Strategy for Preventing Veteran Suicide, Executive Order (EO) 13861, the National Roadmap to Empower Veterans and End Suicide, was signed on March 5, 2019, to improve the quality of life of our Nation's Veterans and develop a national public health roadmap to lower the Veteran suicide rate. EO 13861 established the Veterans Wellness, Empowerment, and Suicide Prevention Task Force (Task Force) and charged the Task Force with the development of the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) that includes community integration; state and local collaboration aimed at integrating service delivery to and coordinating resources for Veterans; and an implementation strategy. The Task Force is also required to submit a legislative proposal that establishes a program for making grants to local communities that will enable them to increase their capacity to collaborate on and integrate service delivery to Veterans and to coordinate resources for Veterans. Additionally, EO 13861 calls for the development of a national research strategy that fosters greater collaboration. The focus of these efforts is to streamline research for the prevention of Veteran suicide, as well as to provide support service such as employment, health, housing, education, and social connection to Veterans at risk of suicide.

I, along with the Assistant to the President for Domestic Policy, co-chair the Task Force and much of the work outlined in EO 13861 is well underway. For example, the White House lead and co-chairs hosted the inaugural Task Force meeting on June 17th, bringing together EO mandated agency representatives, line of effort leads, and work group members. To accomplish its assigned duties, the Task Force is working with a variety of representatives from across public and private sectors.

PREVENTS (the roadmap) will use the National Strategy for Preventing Veteran Suicide as its foundation and will outline strategies to effectively lower the rate of Veteran suicide. Specifically, PREVENTS will be created by experts within the following five lines of effort: 1) workforce and professional development; 2) state and local Action team; 3) research strategies; 4); communications; and 5) partnerships. Through a

holistic public health approach, PREVENTS will ensure extensive engagement with Veterans' local communities and will leverage the tremendous resources available to Veterans. PREVENTS' approach will include strategies and opportunities to harmonize existing efforts, and identify promising initiatives across the Federal, state, local, and territorial governments, as well as non-governmental entities.

The PREVENTS lines of effort are supported by work groups tasked with supporting implementation of EO 13861. For example, the Grant Making Work Group, which falls under the state and local Action team line of effort, will create a framework for awarding grants to local communities to increase collaboration and delivery of resources to Veterans. Part of this Work Group's objectives include developing program criteria for grant eligibility, eligible organization standards, and program evaluation. The purpose of the grant program is to promote community integration and bring together Veteran-serving community organizations to provide Veterans with coordinated streamlined access to services and supports such as employment, health, housing, benefits, recreation, education, and more.

The research strategies line of effort, comprised of representatives from multiple agencies and partners, including the White House Office of Science and Technology Policy, is charged with developing the national research strategy to improve the coordination, monitoring, benchmarking, and execution of research in the field of Veteran suicide prevention. Much of what we know about suicide has been revealed through research. By applying innovative and streamlined research, we will continue to develop and deepen our understanding of suicide prevention practices and interventions that save lives.

PREVENTS efforts, including roadmap and research strategy development are on track and several actions have completed. The completed actions include the development of charters and project management plans for each line of effort; the Research Strategies Request for Information; and the PREVENTS project plan and timeline.

The implementation of PREVENTS will empower Veterans to pursue an improved quality of life; prioritizes related research activities; and prompts collaboration across the public and private sectors, which furthers VA's efforts to collaborate with partners and communities nationwide to use the best available information and practices to support all Veterans, whether or not they are engaging with VA. EO 13861, in addition to VA's National Strategy, advances the public health approach to suicide prevention by leveraging synergies and clearly identifying best practices across the Federal Government that can be used to save Veterans' lives.

Through PREVENTS, VA strengthens the national strategy's call to action to every community, organization, and system interested in preventing Veteran suicide. VA has made great strides in developing partnerships. We are leveraging a network of more than 60 partners in the public, private, and non-profit sectors to help us reach Veterans where they live, work, and thrive, and our network is growing weekly. For

example, VA and the PsychArmor Institute (PsychArmor) have a non-monetary partnership focused on creating online educational content that advances health initiatives to better serve Veterans. Our partnership with PsychArmor Institute resulted in the development of Signs, Ask, Validate, and Encourage and Expedite (S.A.V.E.) a free online training course that enables those who interact with Veterans to identify signs that might indicate a Veteran is in crisis and how to safely respond to and support a Veteran to facilitate care and intervention. Since its launch in May 2018, S.A.V.E. training has been viewed more than 18,000 times through PsychArmor's internal and social media system and 385 times on PsychArmor's YouTube channel. S.A.V.E. training is also mandatory for VA clinical and non-clinical employees. Ninety-three percent of VA staff are compliant with their assigned S.A.V.E. or refresher S.A.V.E. trainings since December 2018. This training continues to be used by VA's Suicide Prevention Coordinators at VA facilities nationwide, as well as by many of our Veterans Service Organizations. By bringing together Federal entities, PREVENTS assists VA in our efforts to improve the quality of life of our Nation's Veterans and develop a national public health roadmap to lower the Veteran suicide rate.

## **Mental Health and Suicide Prevention**

We know that an average of approximately 20 Veterans die by suicide each day; this number has remained relatively stable over the last several years. Of those 20 Veterans, only six used VA health care in the two years prior to their deaths. In addition, we know from national data that more than half of the Americans who died by suicide in 2016 had no mental health diagnosis at the time of their deaths.

When we look at our data, we are concerned that, in the past two years, we are seeing a rise in the rates of Veteran suicides among those aged 18 to 34. Efforts are already underway to better understand this population and other groups that are at an elevated risk, such as: women Veterans; never Federally-activated Guardsmen and Reservists; recently separated Veterans; and former Servicemembers with Other Than Honorable discharges.

We have seen a notable increase in women Veterans coming to us for care. Women are the fastest-growing Veteran group, comprising about nine percent of the Veteran population, and that number is expected to rise to 15 percent by 2035. Although women Veteran suicide counts and rates decreased from 2015 to 2016, women Veterans are still more likely to die by suicide than non-Veteran women. In 2016, the suicide rate of women Veterans at 257 was nearly twice the suicide rate of non-Veteran women after accounting for age differences.

These data underscore the importance of our programs for this population. VA is working to tailor services to meet their unique needs and have put a national network of Women's Mental Health Champions in place to disseminate information, facilitate consultations, and develop local resources in support of gender-sensitive mental health care.

For all groups experiencing a higher risk of suicide, including women, VA also offers a variety of mental health programs such as outpatient services, residential treatment programs, inpatient mental health care, telemental health, and specialty mental health services that include evidence-based therapies for conditions such as post-traumatic stress disorder (PTSD), depression, and substance use disorders.

While there is still much to learn, there are some things that we know for sure. Suicide is preventable, treatment works, and there is hope.

## **Promoting VA Suicide Prevention, Whole Health, and Mental Health Services**

Suicide prevention requires a holistic view – not just at the systems level but at the personal care level as well. VA is expanding our understanding of what defines health care, developing a whole health approach that engages, empowers, and equips Veterans for life-long health and well-being. VA is uniquely positioned to make this a reality for our Veterans and for our Nation. The whole health delivery system includes the following three components: empowering Veterans through a partnership with peers to explore their mission; aspiration, purpose, and beginning their overarching personal health plan; equipping Veterans with proactive, complementary, and integrative health approaches like stress reduction, yoga, nutrition, acupuncture, health coaching, and aligning Veterans' clinical care with their mission and personal health plan.

By focusing on approaches that serve the Veteran as a whole person, whole health allows Veterans to connect to different types of care, new tools, and teams of professionals who can help Veterans better self-manage chronic issues such as PTSD, pain, and depression.

VA is dedicated to designing environments and resources that work for Veterans so that people find the right care at the right time before they reach a point of crisis. However, Veterans must also know how and where they can reach out and feel comfortable asking for help.

VA relies on proven tactics to achieve broad exposure and outreach while also connecting with hard-to-reach targeted populations. Our target audiences include, but are not limited to women Veterans; male Veterans age 18-34; former Servicemembers; men age 55 and older; Veterans' friends and family; organizations that regularly interact with Veterans where they live, work and thrive; and the media and entertainment industry which has the ability to shape the public's understanding of suicide, promote help-seeking behaviors, and reduce the risk of copycat suicides among vulnerable individuals.

VA uses an integrated mix of outreach and communications strategies to reach audiences. We proactively engage partners to help share our messages and content; including Public Service Announcements (PSA); educational videos; and use paid media and advertising to increase our reach.

Outreach efforts included the Mayors and Governors Challenge Program, care enhancements for at-risk Veterans, the #BeThere campaign, and development of the National Strategy for Preventing Veteran Suicide. This also included, in partnership with Johnson & Johnson, releasing a PSA titled “No Veteran Left Behind,” featuring Tom Hanks, via social media. VA continues to use the #BeThere Campaign to raise awareness about mental health and suicide prevention, and educate Veterans, their families, and communities about the suicide prevention resources available to them. In September, Suicide Prevention Month, the suicide prevention program implemented a dedicated outreach effort for the #BeThere Campaign, including several Facebook Live events that reached more than 160,000 people, a satellite media tour promoting the campaign that reached more than 8.9 million on television and 33.9 million on radio, partner outreach, and more. Through this outreach, we generated more than 347,000 visits to the Veterans Crisis Line Web site during Suicide Prevention Month.

Data is also an integral piece of our outreach approach, driving how we define the problem; target our programs; and deliver and implement interventions. Each element of our strategy is designed to drive action. These elements are intended to be collectively and, wherever possible, individually measurable so that VA can continually assess results and modify approaches for optimum effect.

All these efforts are with the intent to serve Veterans at risk of suicide whether or not they receive services at VA. We continue to work to better understand and target prevention efforts towards the 14 Veterans who die by suicide every day who were not recent users of VA health services. These groups comprise many of our target audiences. For example, in 18-34 year-olds, suicide rates among this age group are increasing, and we are focusing on channels and strategies to get in front of this audience.

We are leveraging new technologies and working with partners on live social media events and continuing our digital outreach through online advertising. However, VA also continues to rely on our traditional partners like Veterans Service Organizations, non-profit organizations, and private companies to help us with their person-to-person networks and to help spread the word.

## **Conclusion**

VA's goal is to meet Veterans where they live, work, and thrive and walk with them to ensure they can achieve their goals, teaching them skills, connecting them to resources, and providing the care needed along the way. I am honored to co-chair the Task Force with the Assistant to the President for Domestic Policy. We will utilize a public health approach and include input from cross sectors at all levels of government and non-governmental entities. Within one year of the EO 13861 signing, the Task Force will submit to the President a roadmap to empower Veterans to pursue an improved quality of life, prevent suicide, prioritize related research activities, and strengthen collaboration across public and private sectors. The Task Force will monitor the implementation of PREVENTS and disband two years following the submission of the Roadmap to the President. I want to thank the Committee for your ongoing support

for improving the lives of Veterans and in preventing Veterans Suicide.

This concludes my testimony. My colleague and I are prepared to respond to any questions you may have.