

Congress of the United States

House of Representatives

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Opening Statement

Chairman Stephen F. Lynch

Subcommittee Hearing on “Veteran and Active-Duty Military Suicides”

Subcommittee on National Security

May 8, 2019

Today’s hearing will mark a first step in our Subcommittee investigation to examine the devastating suicide crisis affecting our nation’s veterans and active duty service members.

Our oversight of this critical issue is founded in a genuine, bipartisan commitment to ensuring that America’s sons and daughters who have served, or are serving, in the military receive timely access to healthcare and support services that reflect the noble spirit of their sacrifice on behalf of the American people. At the outset, I’d like to commend Ranking Member Jody Hice of Georgia and Rep. Mark Green of Tennessee for their leadership and good work in this area.

With the return of over 2.7 million veterans from Operation Iraqi Freedom, Operation Enduring Freedom in Afghanistan, and other recent, oftentimes multiple, warzone deployments, America’s solemn responsibility to care for our returning heroes is more important and urgent than ever.

Regrettably, the suicide crisis that has endured and markedly increased in our veteran community over the past decade stands as a stark reminder that we must redouble our efforts to address continued lapses in veterans’ care. Last week witnessed the seventh veteran suicide committed at VA facilities in 2019, when a veteran took his own life outside the Louis Stokes Cleveland VA Medical Center in Ohio. While the Department of Veterans Affairs has been able to successfully intervene in over 90% of the 260 veteran suicide attempts committed on VA properties since 2017, at least 25 veterans have taken their lives in this manner over the past 18 months.

Moreover, this national emergency extends far beyond these tragic cases – 99.6% of veteran suicides are not committed at a VA facility. According to the most recent VA National Suicide Data Report, an average of 6,000 veteran suicides occurred annually between 2008 and 2016. Over the course of a decade, the veteran suicide rate increased from 23.9 per 100,000 in 2005 to over 30 per 100,000 in 2016. The suicide rate for our youngest veterans – those between the ages of 18 and 34 - has risen dramatically by nearly 80% over the same time period. Overall, agency statistics reveal that the suicide rate within the veteran community is 1.5 times greater than that for the non-veteran population - when adjusted for age and gender.

The scope of this crisis has also reached the active duty service men and women who are currently enlisted and deployed in defense of our country. According to the nonpartisan RAND Corporation, the suicide rate among all active duty members of the United States Armed Forces increased from 16.3 to over 20 per 100,000 between 2008 and 2016. With nearly 140 reported suicides last year, active duty suicides in the U.S. Army reached their highest levels in the last six years. Similarly, the number of confirmed and suspected active duty suicides in the U.S. Marine Corps and U.S. Navy stand at their highest reported levels in a decade. Within U.S. Special Operations Forces, the occurrence of 22 active duty suicides in 2018 marked triple the number from the previous year.

Since fiscal year 2013, Congress has appropriated nearly \$1 billion to the VA towards its 24-hour Veterans Crisis Line and other key suicide prevention outreach programs. An additional \$120 million has been appropriated to the

Department of Defense for its Defense Suicide Prevention Office – the lead agency component on suicide prevention policy, training, and programs for active duty personnel.

While we must continue to ensure that these agencies receive the necessary funding to tackle the prevalence of military suicides head-on, sustained congressional oversight of existing deficiencies will prove equally essential to maximizing the effectiveness of suicide prevention programs. It will also augment the work of the suicide prevention task force established by the President via executive order earlier this year.

Despite the best efforts of the dedicated professionals at the VA and Department of Defense who work tirelessly to prevent military suicides, serious gaps remain that require our immediate attention. As reported by the independent Government Accountability Office last year, media outreach activities conducted by the Veterans Health Administration to raise awareness among veterans and their families about available crisis resources have declined significantly due to leadership turnover and office reorganization since 2017. These same factors resulted in the agency's inability to utilize a majority of its allocated \$6.2 million paid media budget for fiscal year 2018 for suicide prevention outreach.

At the Department of Defense, a 2015 audit conducted by the agency's Inspector General determined that leadership and organizational challenges resulted in the absence of a "unified and coordinated effort to address suicide prevention across the DoD." For that reason, I remain concerned that four out of nine leadership positions in the office that oversees the Defense Suicide Prevention Office are currently filled by officials serving in a temporary or acting capacity.

We must also build upon legislation, including the *Clay Hunt Suicide Prevention for American Veterans Act of 2015*, that Congress enacted to address the increasing suicide rate among our veterans and active duty personnel. In the 116th Congress, I am a proud cosponsor of H.R. 2340, the *Fight Veteran Suicide Act*, introduced by Rep. Max Rose of New York. This bipartisan legislation would require the VA to submit timely reports to Congress regarding veteran suicide incidents on VA campuses in order to provide us with real-time data on the full scope of this crisis. I am also a proud cosponsor of H.R. 2333, the *Support for Suicide Prevention Coordinators Act*, introduced by Rep. Anthony Brindisi of New York. This bipartisan bill would require the Government Accountability Office to assess the workload and vacancy rates of suicide prevention coordinators at the VA.

As acknowledged by the VA in its National Strategy for Preventing Veteran Suicide, "the agency by itself cannot adequately confront the issue." I strongly agree. Our ability to address the unique challenges facing the brave men and women who serve in the United States Armed Forces will be greatly dependent on maximum and sustained collaboration with the Executive Branch, our veterans service organizations, government watchdog entities, and other stakeholders. America's dedicated veterans and active duty service members deserve no less.

Finally, I would like to say the following to the men and women of our nation's Armed Forces and those who have retired from military service: we stand with you. You have fought and sacrificed for your country, and now it is our job in Congress to fight for you.

If you, or someone you know is thinking about suicide, or if you are worried about a friend or loved one, or would like emotional support, the Suicide Prevention Lifeline network is available 24 hours a day, seven days a week. To speak with a trained crisis worker, please call 1-800-273-8255, or text 838255.

I now yield to the Ranking Member for his opening statement.

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