

**S. 785: LEADING THE WAY TO
COMPREHENSIVE MENTAL HEALTH CARE AND
SUICIDE PREVENTION FOR VETERANS**

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES SENATE

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WEDNESDAY, SEPTEMBER 9, 2020

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 3:30 p.m., in Room SD-106, Dirksen Senate Office Building, Hon. Jerry Moran, Chairman of the Committee, presiding.

Present: Senators Moran, Boozman, Cassidy, Rounds, Tillis, Sullivan, Blackburn, Cramer, Loeffler, Tester, Brown, Blumenthal, Manchin, and Sinema.

OPENING STATEMENT OF CHAIRMAN MORAN

Chairman MORAN. Good afternoon, everyone. The Committee on Veterans' Affairs will come to order. I am pleased to have this opportunity today to hear directly from organizations that work with, represent, or support millions of veterans, to support millions of veterans every day. This Committee is gathered here today to hear from those organizations about their firsthand perspective and their support for comprehensive suicide prevention legislation, S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act.

This is a piece of legislation that has been before this Committee and before the Senate, and I wanted to give the opportunity to those veteran service organizations and others the ability to tell us any thoughts they have in regard to this legislation as we negotiate with the House in its passage and its ability to be sent to the President.

Additionally, tomorrow, September 10th, is Worldwide Suicide Prevention Day, and this hearing is our opportunity to call attention to the tragedy of suicide impacting so many Americans, and urge for swift passage of our legislation that will provide lifesaving measures for veterans who are at risk.

Just yesterday I was notified of yet another veteran who died by suicide while on VA property. Despite years of increased investment in mental health care at the VA, there is a need for a new approach that places the veteran at the center of the system and focuses on new connections and new forms of outreach. This bill achieves those goals in many ways, including bolstering outreach to veterans not yet identified and organizations that are not yet serving them, directing cutting-edge research and greater data-

sharing, exploring alternative suicide prevention programs, and to make certain there is no wrong door to accessing mental health care and suicide prevention services for our nation's veterans.

As we know from VA data, 14 out of 20 veterans who die by suicide each day are not enrolled in the VA system. This bill will enable the VA to better work with and amplify the efforts of organizations already serving veterans across the country who are filling gaps, especially in rural and medically underserved areas.

In our Committee's first markup, after I became Chairman in January, we reported this bill favorably with a 17-0 vote. I was pleased to work with Ranking Member Tester and our colleagues to pass this legislation out of the Senate unanimously last month. Senator Tester has been a leader in this legislation from the very beginning.

While our country has faced unprecedented and unexpected challenges this year, we cannot lose focus on the need of our Nation's veterans. I look forward to testimony from everyone who will be taking part in today's hearing about your organization's reasons for supporting Commander John Scott Hannon Veterans Mental Health Care Improvement Act and your support for it becoming law, and how this bill will make meaningful impact on the lives of veterans.

Let me now yield to the Ranking Member, Senator Tester.

OPENING STATEMENT OF SENATOR TESTER

Senator TESTER. Thank you for the opportunity to highlight the significance of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act that was introduced, as the Chairman said, by the Chairman and myself a little more than a year ago.

This bill is named for a former Navy SEAL who served our nation honorably for 23 years. It would expand and improve the services available to veterans struggling with the invisible wounds of war.

After serving in combat, Scott returned to Helena, Montana, and he was open about his journey to recovery, getting involved in the Montana chapter of the National Alliance on Mental Illness and animal therapy programs at Montana Wild. Unfortunately, he died by suicide on February 25, 2018.

This bill honors his legacy by supporting the types of programs that improved Commander Hannon's quality of life and by expanding our understanding of mental health conditions and their treatments, which may have made diagnosing his conditions easier.

There are a lot of important provisions in this bill. It represents compromise in a time when compromises are hard to come by. This legislation prepares all VA hospitals to employ at least one suicide prevention coordinator. It bolsters VA's research efforts, particularly in identifying and validating brain and mental health biomarkers and studying the effects of high altitude on mental health and the risk of suicide. It provides tools for effective VA suicide prevention and mental health outreach. It helps expand rural veterans' access to VA telehealth care. It requires VA to take a hard look at its mental health professional staffing levels.

It directs the VA to establish a scholarship program for students pursuing a degree in psychology, social work, marriage and family therapy, or mental health counseling. Those students will enter into an agreement to work full-time at a Vet Center for a period of time following completion of their program of study.

It would allow the VA to award grants to community organizations to provide suicide prevention services to veterans and their families. And as part of this grant, veterans will be able to receive necessary emergency care when they are in crisis, and if they need ongoing care they can get that care at the VA.

I encourage my colleagues in the House to support the Commander John Scott Hannon Veterans Mental Health Care Improvement Act so we can move this bill forward. And as the Chairman has indicated, we are ready and eager to work with our House counterparts to advance additional legislation that could improve health outcomes for our veterans. Our work can send a very important message, not only to veterans but to the American public, that we can come together during potentially turbulent times to do what is right, in this case provide critical support to those who have sacrificed so much, and to connect more of them to lifesaving mental health care that they need.

In particular, I want to thank the Hannon family for continuing to be a partner in this effort to improve the services available to veterans who need some help in improving their mental health. And I would like to recognize a witness from Montana, Matt Kuntz, who remains very close to the Hannon family and whose tireless advocacy helped make this legislation possible.

Again, I want to thank you, Mr. Chairman. It has been a pleasure working with you, and I appreciate your dedication to getting things done. With that I yield.

Chairman MORAN. Senator Tester, thank you for your opening remarks, and you and I have been involved in many pieces of legislation, many of them related to the care and well-being of our Nation's veterans. None should be considered more important than the efforts that we are about today, and I thank you for the way that we have been able to come together, work together, and hopefully achieve an outcome that is significantly beneficial to those who served our Nation.

Let me now introduce our witnesses. Ms. Katie Purswell is the Deputy Director of Health Policy at The American Legion. Mr. Jeremy Butler is the Chief Executive Officer of Iraq and Afghanistan Veterans of America. Mr. Jim Lorraine is President and CEO of America's Warrior Partnership. Mr. Matt Kuntz is Executive Director of NAMI, the National Alliance for Mental Health.

Thank you all for being with us in some form or another today, and we will now be hearing from our witnesses. Ms. Purswell, you are recognized for five minutes to deliver your testimony.

STATEMENT OF KATIE PURSWELL

Ms. PURSWELL. A heartbreaking truth of veteran suicide is that nearly every veteran has been touched by it in some form or fashion. Many of us know someone who died by suicide, attempted suicide, or had thoughts of suicide. If you have never felt it, it is hard to comprehend what could be so painful that ending your life would

seem like the only solution. Good or bad, the things that we have done and seen are now a part of us and affect us in ways that we can have trouble understanding. From complications with assimilation into civilian life to reliving past traumatic experiences, we struggle at times to find a way to cope.

It is crucial that veterans understand there are a multitude of resources available to them. Even more important, these resources must be thoughtful and accessible. S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 addresses these multifaceted issues by focusing on research initiatives, health care modernization, oversight, and adaptive suicide prevention programs.

Chairman Moran, Ranking Member Tester, and distinguished members of the Committee, on behalf of National Commander James "Bill" Oxford, and our nearly two million members, thank you for inviting The American Legion to testify on this critical piece of comprehensive legislation.

Through transition assistance, prevention, research, awareness, and appropriate mental health care services, we feel this whole health cycle approach will be effective in reducing veteran suicide. As a Legion member and as a veteran who has been touched by this tragedy, I am proud to say The American Legion supports this bill in its entirety. For generations, veterans have struggled to reintegrate back into civilian life. Through strengthening the Transition Assistance Program, reviewing lessons learned, and expanding VA services to eligible veterans, S. 785 ensures a safety net is in place during this critical first year.

Through our own research we have found that many servicemembers have difficulty enduring the emotional strain associated with traditional, evidence-based psychotherapies. As such, we support the use of complementary and integrated health services endorsed by this bill. S. 785 creates and expands access to diverse treatment options, including animal therapy, agritherapy, and sports and recreation therapy.

I think we can all agree that success of these programs is dependent on proper staffing. Through our System Worth Saving program we have found that staffing and retention are often the culprit of delays in accessing mental health care. These findings are in line with the VA's Office of Inspector General report which determined mental health providers are among the most critical in need. As recruitment and retention have long been a major focus for The American Legion, we are pleased to see legislation that addresses this issue.

As reflected in our System Worth Saving annual report, staffing issues expand beyond mental health to other areas like women veteran health care. While we understand the gap analysis and report on women veteran utilizing of health care sections have been moved back to the Deborah Sampson Act, we are proud to say that we support both bills and their focus on improving care for all eligible veterans in a more inclusive manner.

The American Legion feels inclusivity also involves minority and rural veterans who have remained underserved for far too long. S. 785's expansion of telehealth services in conjunction with The American Legion ATLAS Pilot Program will bring services to these

underserved populations in need of comprehensive health care, to include mental health care access.

Our organization understands mental health care does not have a one-size-fits-all solution in preventing suicide. It is a complex problem that needs to be treated at an individual level, as each veteran situation is unique, for example, Commander Hannon's unique battle was with PTSD, TBI, severe depression, and bipolar disorder. He was a decorated Navy SEAL, and while battling his own invisible wounds he spoke candidly about his mental health journey and advocated for mental health treatments and alternative therapies. It is in his honor this legislation was introduced.

While in the end we lost Commander Hannon to suicide, we can learn from his story and from others to further the conversation in awareness and prevention through action, action like the passing of this bill. While we support S. 785 as currently written, we appreciate the House Veterans' Affairs Committee's research-based additions surrounding mental health, and are open to exploring those recommendations in the future. We strongly urge that the committees in both chambers of Congress move expeditiously to reconcile their versions of S. 785 to ensure that this important legislation is passed before the end of the 116th Congress.

Thank you, Chairman Moran, Ranking Member Tester, and distinguished members of the Committee for your commitment to this difficult subject and for continually keeping veterans at the core of your mission. It is my privilege to represent The American Legion before this Committee and I look forward to answering any questions you have.

[The prepared statement of Ms. Purswell appears on page 33 of the Appendix.]

Chairman MORAN. Ms. Purswell, thank you very much for your testimony and thank you to The American Legion.

I now recognize Mr. Butler.

STATEMENT OF JEREMY BUTLER

Mr. BUTLER. Chairman Moran, Ranking Member Tester, and distinguished members of the Committee, on behalf of Iraq and Afghanistan Veterans of America and our more than 425,000 members, I would like to thank you for the opportunity to testify here today.

For nearly a decade, IAVA and the veteran community has called for immediate action by our Nation's leaders to appropriately respond to the crisis of over 20 military and veterans dying every day by suicide. Thanks to the courage and leadership of veterans, military family members and our allies, there has been progress, but the tragedy continues.

According to VA data, post-9/11 veterans aged 18 to 34 continue to have the highest rate of suicide. And while not always an indicator of suicide, mental health injuries continue to disproportionately impact the post-9/11 generation. In our latest Member Survey, 65 percent of IAVA members reported service-connected PTSD and well over half report anxiety or depression. Over 60 percent know a post-9/11 veteran who attempted suicide or who died by suicide, an alarming 22 percent increase rise since 2014.

Every day we are losing more of our brothers and sisters to suicide. IAVA will continue to maintain our leadership in fighting to bring these numbers down.

In March, I testified before a joint hearing of the Senate and House Veterans Affairs Committees on IAVA's Big Six priorities for 2020. The number one issue for IAVA was and remains our Campaign to Combat Suicide and the centerpiece of that campaign is the legislation we are talking about today, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act. IAVA is extremely proud to have worked with both Chairman Moran and Ranking Member Tester on this landmark legislation, and we thank them for their important leadership on this critical issue.

In March, I applauded this Committee on its unanimous passage of S. 785, urged your House colleagues to follow, and for the President to sign it into law. I am here today to reiterate our strong support for this legislation and to thank the Committee again for your action which led to unanimous passage out of the Senate a month ago.

The primary message I want to deliver today is to reemphasize my belief that it would be completely irresponsible if the 116th Congress ended its legislative work this December without having at least passed the Commander Hannon Act. There has been plenty of talk but not nearly enough action to address the worsening crisis of veteran and military suicide, and we are literally at a crossroads. 2020 can be the year where we join together to pass much-needed legislation to take the next big step to combat this crisis.

However, IAVA is deeply concerned for the current path forward for the Commander Hannon Act. While we appreciate the House Committee's well-intentioned efforts to add new provisions to the legislation, we have strong concerns that given the limited number of legislative days and the upcoming elections, there will likely not be enough time to negotiate and pass this legislation by the end of the year. We believe that the best and most responsible way forward for our Nation's veterans is for the House to take up S. 785 as passed unanimously by the Senate. Following enactment, we strongly encourage the Committees to consider additional provisions in a new package of legislation.

While passage of the Commander Hannon act will go a long way in improving the delivery of mental health care to our veteran community, we know that our job will still not be done.

Thank you again for the opportunity to share IAVA's views and to express the importance of passing the Commander John Scott Hannon Veterans Mental Health Care Improvement Act this year. I look forward to answering your questions and continuing to work with the Committees. Thank you.

[The prepared statement of Mr. Butler appears on page 38 of the Appendix.]

Chairman MORAN. Mr. Butler, thank you very much for your clear testimony.

I now recognize Mr. Lorraine for his testimony for five minutes.

STATEMENT OF JIM LORRAINE

Mr. LORRAINE. Chairman Moran, Ranking Member Tester, and members of the Committee, thank you for the invitation to testify today. I would like to ask that my written testimony and our joint letter from August 18, 2020 be added for the record.

Since the 116th Congress convened on January 3d, 2019, the President, the Department of Veterans Affairs, and both the Senate and House VA Committees committed to addressing the veteran suicide epidemic. In those 615 days, approximately 12,300 veterans died by suicide, and despite increasing the VA's suicide prevention budget to stem veteran suicides, the number continues to rise.

In the last 18 months, the President signed an Executive order to prevent veteran suicide, the VA established the PREVENTS Task Force, and the Senate passed one of the most impactful veteran suicide prevention bills of the last 10 years, yet we continue to lack a comprehensive, integrated law that can be implemented by the VA to end veteran suicide.

In early August, America's Warrior Partnership and 30 of our community partners provided this Committee and the House VA Committee a letter strongly supporting Senate bill 785, also known as the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.

Senate bill 785 is essential in both breadth and depth to getting upstream of veteran suicide. Innovative is the integration of community grants to proactively connect with veterans before the crisis of suicide, combined with community enablers such as research studies correlating opioid related deaths; programs providing veteran access to complementary and integrative health services through animal therapy, agritherapy, sports, post-traumatic growth, and recreation therapy; research on mental health biomarkers; and increasing the capacity of VA and Vet Center counselors.

Solving the veteran suicide crisis requires a holistic solution. Veterans, their families, and the Nation are losing hope that the government will act, especially during these unknown times. You have done your job, and I hope the House of Representatives will pass Senate bill 785 immediately.

The need is now and the need is great. America's Warrior Partnership is leading a nationwide veteran suicide study called Operation Deep Dive. In partnership with the University of Alabama and funded by the Bristol Myers Squibb Foundation, this four-year study is showing that some of the States undercount veteran suicides by as much as 25 percent. To date, we have learned that suicide amongst those dishonorably discharged is far less than those honorably discharged veterans, veterans younger than 64 die from all causes of death at a rate four times greater than non-veterans, and sadly, veterans between the ages of 18 and 34 die at a ten times greater rate than non-veterans.

I would like to publicly thank Karin Orvis and her suicide prevention team at the Department of Defense for partnering with us as we peel back another layer of the suicide onion. Without DoD, these findings would not be possible. Operation Deep Dive is currently working with four State datasets, and we welcome incorporating the Committee members' States in the future.

Operation Deep Dive seeks to provide communities insight to help them get upstream of veteran suicide, to increase the hope and quality of life for veterans and their families. Getting upstream is reducing homelessness, increasing access to reliable transportation, maximizing educational opportunities, working in sustainable employment, increasing volunteer opportunities, and having access to 22nd century physical and mental health care. Getting upstream is achieved when veterans look to the future with hope. But again, on this issue, time is not our friend.

Our nation's veterans and their families provided their opinion through our program Mission Roll Call. When we asked over 600,000 veterans and their families, we learned that 95 percent do not believe our country is doing enough for the mental health of our veterans; 77 percent do not believe that dishonorably discharged servicemembers should receive VA health care, and 86 percent feel that the VA must partner with non-government organizations to prevent veteran suicide.

In summary, the time to act is now. Senate bill 785 is the right bill for right now. I join the leaders of our country's largest veteran collaboratives in urging the House of Representatives to adopt and pass 785 immediately.

I am hopeful, hopeful for our military, hopeful for our veterans, and hopeful for our success in ending veteran suicide. Thank you for the opportunity to present to the Committee.

[The prepared statement of Mr. Lorraine appears on page 40 of the Appendix.]

Senator SULLIVAN [presiding]. Thank you, Mr. Lorraine. I appreciate your passion on the issue.

Mr. Kuntz, you are now recognized for five minutes.

STATEMENT OF MATTHEW KUNTZ

Mr. KUNTZ. Chairman Moran, Ranking Member Tester, and distinguished members of the Committee, on behalf of NAMI, the National Alliance on Mental Illness, I would like to extend our gratitude for the opportunity to testify on the Commander John Scott Hannon Veterans Mental Health Care Improvement Act. NAMI is the Nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI applauds the Committee's dedication in addressing the critical issues around veteran suicide.

I met Commander John Scott Hannon in the fall of 2013, when he retired from his service with the Navy SEALs to live on his family's homestead in Colorado Gulch, outside of Helena, Montana. Commander Hannon's family and friends called him by the name of "Scott." I will use that name throughout this testimony.

Scott and I met for coffee that fall because his mother, Gretchen, thought we might strike up a friendship. Neither Scott or I were especially social, and we struggled to find something to talk about. Thankfully, we realized that we both loved designing custom outdoor adventure gear. That mutual obsession formed the basis of what would become a strong friendship in the following years.

Scott served in the SEALs from 1991 through 2012. He accrued major awards during this service and more than his fair share of

hidden wounds that followed him back to his family's idyllic mountain hideaway. His journey towards recovery was courageous and it took years of persistent work.

Scott was able to turn the tide against his post-traumatic stress injuries and alcohol addiction. He had amazing therapists and a broad traditional treatment team both in and outside of the VA that provided for his care. Scott benefited from the experience helping heal injured raptors at the Montana Wild rehabilitation center. He teamed up with the Montana VA to incorporate this type of experience into the inpatient, dual diagnosis treatment program. He worked to help document the outcomes of this important effort. I can imagine Scott's broad smile while looking at Section 203 of this legislation, which provides a pathway for research-proven complementary treatments.

Scott was adamant that the system for caring for veterans' brain health issues needed to improve. Scott volunteered with NAMI in our efforts to support, educate, and advocate for Montanans who live with mental illness and their families. Scott also talked about how NAMI's Family-to-Family program helped his family better understand his condition and support his journey toward recovery.

Through all the work to regain his health, Scott was able to hit the point in his recovery where he rebuilt the emotional bond with his daughter, Keira Vida Hannon White. I can still remember the twinkle in those eyes when he described how amazing it was to spend weeks of the summer of 2017 with her. Those wonderful weeks with Vida were the best weeks of Scott's life.

Part of Scott's successful recovery after years of struggling and care was that his clinicians were finally able to diagnose and treat the bipolar disorder that was hiding behind the post-traumatic stress and alcohol addiction. Unfortunately, Scott's symptoms of bipolar disorder reemerged hard in the fall of 2017. Scott, his family, and his support system worked to help him overcome the mania that began the episode and the deep depression that followed, but we lost him in February 2018.

Scott's family and I have cried and laughed together in remembering him. One of those conversations remains with me and is essential to understanding the Precision Medicine Initiative in Section 305 of this bill. Scott's sister, Kimberly Hannon Parrott, said, "I just wish that we had known about the bipolar disorder earlier. Scott overcame everything else. He just needed more time to work on that one." I could not agree with her more.

Scott had spent more than half a decade in intensive mental health and substance abuse treatment, both in the VA and the Department of Defense. How much different would his trajectory have been if Scott, his loved ones, and his care team knew exactly which mental health conditions he had at the beginning of his treatment, and what types of care they would respond to. Instead, the care and his recovery flailed for years with treatments that were not targeted toward one of his key conditions.

I believe that Section 305 of this legislation will help more veterans receive the right care at the right time, helping to ensure that the hidden wounds of war will not take them away from their life and the people who love them. It will be a powerful and appropriate legacy to a dear friend who served this country honorably.

Thank you again for the opportunity to testify in front of this Committee. Your attention to this issue means a lot to me, the Hannon family, and the NAMI organization. We look forward to working with you to save the lives of America's injured heroes, and I look forward to questions. Thank you.

[The prepared statement of Mr. Kuntz appears on page 44 of the Appendix.]

SENATOR DAN SULLIVAN

Senator SULLIVAN. Well, I want to thank everybody. It is Senator Sullivan. I am stepping in for Chairman Moran, as he is voting right now. I want to thank Chairman Moran and Ranking Member Tester for convening the hearing today. I think everybody knows it is Suicide Awareness Prevention Week, September 6 through September 12, and National Suicide Prevention Awareness Month, which is the month of September.

You know, in my State, the great State of Alaska, we have more veterans per capita than any State in the country, but we also, unfortunately, have very, very high suicide rates, particularly among our veterans, and it has certainly been a priority of mine in the Senate to advance legislation that brings greater awareness and services to the devastation that too many of our finest fall sway to. As a Marine, it is a personal issue to me. I have seen it, unfortunately, up close and personal in some of my units, and certainly one of the first bills that I focused on as a new Senator was the Clay Hunt Suicide Prevention Act, which was focused on these issues, but we still have much more work to do.

I want to thank the witnesses today. I know this is not an easy topic.

The good news is S. 785, the Commander John Scott Hannon Veterans Mental Health Improvement Act of 2019, which I have co-sponsored—actually, over half the U.S. Senate has co-sponsored—was going to help us make progress. That legislation includes a bill I introduced, the Veterans Overmedication and Suicide Prevention Act. But this bill, the broader bill, has very strong support in the U.S. Senate, bipartisan support, because members recognize that we must not relent in our fight against the scourge of suicide among our military veterans and veteran populations, and it builds on the Clay Hunt Suicide Prevention Act. That was, I believe, the first bill I co-sponsored as a new Senator.

So I think a lot of us, on both sides of the aisle, view this as must-pass legislation. I certainly hope the House leadership takes it up as soon as possible, and I urge all my colleagues who have connections, and we all do in the House, to make sure our House colleagues move on it, and we can send it to the President's desk where it needs to be signed into law.

So let me begin with a couple of questions for our witnesses. Mr. Lorraine, can you please share with the Committee about the data you referenced in your testimony in regards to Operation Deep Dive, research progress, and how do you believe S. 785 can assist you in your efforts?

Mr. LORRAINE. Senator Sullivan, thank you, and thank you for all you do in Alaska. We have a great partnership with Alaska and we look forward to continuing it.

To your question, the data that we have, we have, as I said, four datasets. The State of Minnesota and the State of Florida provided us all of their death data for the last five years, and through our partnership with the Department of Defense we send all of the names and social security numbers to DoD, who then provided us back with a confirmation of who served in the military, and then a little bit of a history of their service experience—their characterization, their discharge, their dates of accession and then their dates of discharge.

What we have been able to do with that data, with the study, is to really get to not an aggregate data, aggregate records provided by the States, but individual records. So we know the person who died, when they died, how they died, and their causes, around suicide. But then we can also correlate it to their military service. That is how I am able to say, so in the State of Minnesota, where over the last five years they have only had three veterans with a dishonorable discharge who passed away, and none of them were from suicide. In Florida there was five in five years, and one was from suicide.

We were fortunate to go through this. The next two datasets that we are looking at are Massachusetts and Alabama, and then teed up we have North Carolina, Wisconsin, Wyoming, Montana, Senator Tester, and Tennessee.

How the 785, so I think your section, which is Section 102, about the opioid, what we see is because we can see all deaths, we can see not only those that were classified as suicide, we can see those that were classified as overdoses, and what the opioid impact is that are not counted as suicides. So opioid deaths from overdose that are not categorized by the coroner or medical examiner as suicide.

I think it is important for us to get there. I think it is important for us to get to the impact of suicide shortly after transition from the military. One of the data points we are looking at right now is of those 18- to 34-year-olds who died within the last five years of discharge, 25 percent were by suicide. So I think one of the sections that you talked about is critical to that.

Senator SULLIVAN. Well, I appreciate that, and that is the kind of data we need. Again, this Committee has been very focused on it, but those are sobering statistics that you just highlighted, that we all need to be aware of, so we can continue to focus our efforts in the Senate and in the Congress on this issue that really unites members here.

I will now turn the questioning over to Senator Tester.

Senator TESTER. Thank you, Senator Sullivan. I know that Senator Brown has a hard stop in about 15 minutes so I will yield to him for his questions and I will follow him for the next Republican question. Thank you, Senator Sullivan.

Senator SULLIVAN. Senator Brown.

SENATOR SHERROD BROWN

Senator BROWN. Thank you, Senator Tester, for your important work, all of you on this Committee.

Over the years we have worked in a bipartisan way, as a number of people have said, to help improve access to mental health serv-

ices. When the Senate passed the Commander John Scott Hannon Veterans Mental Health bill it is a step in the right direction. We should continue to push forward until that bill becomes law, as my colleagues have said.

I wanted to ask the witnesses about veterans' health and mental health, especially during the COVID-19. My first question is to Deputy Director Purswell. Thank you for your testimony. You discussed Project ATLAS. In my State of Ohio there has been a push to have our county VSOs—we have a counter veteran service officer and an organization office in every single of the 88 counties—to use them as connection points for veterans and their families as they attempt to access VA care and benefits.

Has VA asked you or others in the VSO community involved with Project ATLAS how VA can better connect to veterans during the pandemic by leveraging other organizations like county VSOs?

Ms. PURSWELL. Thank you, Senator Brown. Yes, VA has been very forthcoming with contacting us and trying to help us in any way that we can, trying to identify locations that would best serve the veteran population. We have mostly been looking into the most underserved areas, rural areas, where we know our veterans struggle to find care or have difficulty getting to those locations that are very far away.

So yes, VA has been in touch with us. We are continuing that conversation weekly. We are also speaking with Phillips and the ATLAS program providers that are helping us identify those locations, helping us identify what our needs are, what our infrastructure needs are, how we set up those locations, and really trying to get this pilot program underway, really as quickly as we possibly can, so that we can really blow this up and help as many rural veterans as we possibly can.

Senator BROWN. Thank you. Mr. Kuntz, thank you for your work with NAMI. As you know, in your home State of Montana you have one of the best advocates for veterans' mental health in the U.S. Senate, so you should be proud of that.

During the pandemic we know that veterans have faced even more challenges, whether it is waiting because prescriptions are delayed. I talked to a disabled vet, a woman in Dayton, the other day, who for 15 years has gotten her VA prescriptions on the day she expected. She is given a tracing number by the Postal Service and the VA. Because of the change in the Postal Service, that seems to have been disrupted. She is not getting what she has needed. So those are some of the sort of unforced errors that veterans have faced.

Each of those kinds of issues could be an additional mental health stressor for a veteran. What advice would you give veterans who are facing additional mental health stresses during the pandemic? How can the Department better meet veterans' mental health challenges at this time?

Mr. KUNTZ. Senator Brown, thank you so much for your question and for highlighting Senator Tester's work. We have worked together for years and I am really grateful for that.

When we talk to people that are really struggling right now, and there are so many, we just say, "Don't give up." You know, the main thing is we will get through this, and there are places that

will help. And then it is really important, no wrong door. You go to the VA, you go to the Vet Center, you go to that FQHC or the Rural Health Center, but you find a place to go. And if it is that emergency department, find something to engage in. There are on-line apps. This is a tremendous struggle, but there are options. And I just tell people, try to engage. Try to keep going. And the reality is sometimes they cannot, but I do think that there is still a lot of work to do.

Senator BROWN. Thank you, Mr. Kuntz. I just want to thank you again, Senator Tester, for yielding the time. I want to close by saying I hope we can join together as members of this Committee in expressing outrage and disgust at the comments by the President that were confirmed by multiple news outlets last week. I look at this Committee and you cannot tell the Democrats from the Republicans of this Committee, whether it is Senator Manchin or Tester or Rounds or Sullivan or Moran.

There has always been, in the Committee, and in the Senate, a deep reverence for servicemembers who made the ultimate sacrifice, and that is what makes the President's comments particularly outrageous. These are Americans who have laid down their lives because they love what this country stands for, and they understanding something this President never has, the idea of service, of giving your all, something greater than yourself.

So they were moms and dads and sons and daughters and aunts and uncles and colleagues to some of us. Senator Inouye and Senator McCain stand out. Senator Duckworth today, but so many others. Our veterans deserve better than those comments from the President.

So I yield back time. Thank you, Senator Tester.

Chairman MORAN [presiding]. Senator Brown, thank you very much. I recognize Senator Boozman.

SENATOR JOHN BOOZMAN

Senator BOOZMAN. Thank you, Mr. Chairman. Mr. Lorraine, in your experience with community collaborative programs, how helpful would grants be to community organizations when it comes to outreach, to servicemembers, veterans, and their families? How have some of your community organizations used grants successfully in the SSVF program to address veteran homelessness, and do you believe the grant program in S. 785 can replicate the SSVF program's success to reduce and prevent veteran suicide?

Mr. LORRAINE. Senator Boozman, thank you so much for the question. It is great.

When we were started—by the way, we are based out of Augusta, Georgia—but when we were started one of our key successes was the SSVF grant. The SSVF grant not only provided us with the funding from the VA to plus up our manpower to do outreach and engagement, and at the time when we started in Augusta, Georgia there were 157 homeless veterans. But really what the grant provided was the authority to work in collaboration with the VA. So the funding was important but that authority was key, because now our teams, our staff, could work in conjunction hand-in-hand with the VA staff.

I will tell you that within two years we had the homeless number in Augusta, Georgia, down to seven. So we went from 157 homeless veterans down to 7 in 24 months, and it was because of the SSVF grant, the funding that it provided, but more importantly, the authority it gave us, as a nonprofit, to work with a government agency such as the VA.

Senator BOOZMAN. Very good. That is remarkable. We had a similar situation in Arkansas, which just shows the importance.

Mr. LORRAINE. Yes, sir.

Senator BOOZMAN. Your Operation Deep Dive, getting the data that you mentioned, for example, 25 percent of newly transitioned veterans who die within five years of discharge die by suicide, and some of the other statistics that you mentioned. Can you explain your work with DoD and how you capture the data and provide the Committee recommendations on how we may be able to work better with DoD and VA in the future regarding the challenges facing transitioning servicemembers?

Mr. LORRAINE. Yes, sir. Thank you. So, you know, I have to thank Florida and Minnesota for starting us off. Florida and Minnesota provided us, as I said, the full dataset for all their deaths in the last five years. With that, DoD was able to confirm who actually served and who did not. We were more interested in—our goal was veterans, but what we looked at was what former servicemembers died in those States in those five years, and then we drilled in from there.

I think DoD is key. We have never been able to do this, and from what we have seen it has not been done before. Without them we could not have done it.

But the next piece that we have is the VA. And so one of the things that we are seeking to work with the VA on is a data-sharing, is to confirm of those former servicemembers who died, how many of them were enrolled in VHA, VBA, or both, so that we can come back and say, all right, let's look at what we have been talking about, of the 20, 16 are not in the VA. We just wanted to be more exacting in the work that we do, and I think this helps us get there.

Again, one of the big pieces in the big successes that we have seen in Operation Deep Dive is the fact that we are sharing data securely, through research entities, to get to a better understanding of veteran suicide.

Senator BOOZMAN. Yes, and that is so important, and congratulations and thank you for the great work that you are doing in that regard. To solve a problem you have to have the information as to what the extent of the problem is to begin with, so that is very, very helpful.

I just want to thank the rest of the panel for the great work that they are doing, and thank you, Mr. Chairman and Senator Tester, for getting this great group together with such an important subject.

Chairman MORAN. Senator Boozman, thank you very much. Thank you for your leadership chairing MilCon/VA, and we look forward to continuing to find the right results for those who served our country, in this arena and others.

Senator Tester, I believe you yielded your time. It is your turn.

Senator TESTER. Chairman Moran, I am going to yield to Manchin and go after the next Republican. So Joe Manchin.

Senator BOOZMAN. Such a servant leader.

Chairman MORAN. Senator Manchin.

SENATOR JOE MANCHIN

Senator MANCHIN. He is our leader. That is for sure. And thank you, Senator Tester. I appreciate it very much.

This is to everyone on the panel. On average, one West Virginian dies by suicide every 24 hours. In a recent report by the Centers for Disease Control and Prevention, the Mountain State has experienced a 37 percent increase in suicide deaths since 1999, and there is no group more impacted than our military veterans.

The Department of Veterans Affairs estimates that more than 17 veterans die by suicide every single day across the United States, 20 a day if you include military members. That means that the suicide rate among veterans is nearly twice that of the general population, and for some groups like the 18- to 34-year-old groups it is increasing rapidly.

It is a national tragedy. I think we all agree on that. The brave men and women who have fought for our country and have served, risked their lives for our nation deserve nothing less than the very best we can offer. So I am proud to be an original co-sponsor of Senate bill 785, which would give a new approach, and I join our colleagues in calling for the House to pass the bill also.

My question would be, what do you think, or why do you think the VA's efforts to date have not reduced the 17 suicides per day? I know that we have all seen it and we have all acknowledged it, but nothing has worked to date. Can you give me any reasons, if anyone wants to speak up, of what we have not accomplished and what we could do better?

Mr. LORRAINE. Senator Manchin, if you do not mind me stepping in, and my other panelists.

Senator MANCHIN. Please.

Mr. LORRAINE. This is Jim Lorraine from America's Warrior Partnership. I think that the key is knowing who the veteran is, first and imperative, the relationship. I think suicide prevention is holistic. It is relationship based. The fact that in the most recent study 16 of the 20 were not enrolled in the VA. Those are veterans who are outside the VA system, they are not seeking assistance, they are not asking for help, and it takes getting into the community, getting to know who the veterans are.

To Senator Brown's point, in Ohio, the county VSOs are key. I think county VSOs are important. I think the big VSOs are important. I think all of us working together to get to know who the veterans are, build a relationship, connect them to the services that they need, and then help them move forward in their life.

Senator MANCHIN. Let me say one more thing if I can, and anybody can jump in on this also. One of the first lines of defense that we have preventing veteran suicide is the Veterans Crisis Line and the National Suicide Prevention Lifeline. That number is 1-800-273-8255. How many veterans or family members or caregivers do you think have that number memorized? How many do you actually think could have that number ready to dial during a time of

crisis? I would hate to say that I do not think many do, or know that number by heart, which is why I have advocated, with my colleagues, for a three-digit dialing code for hotline.

I am pleased that the FCC followed our calls and approved 988—I repeat, 988—as the three-digit dialing code for the Veterans Crisis Line and National Suicide Prevention Lifeline. Again, that number will be 988. It will go into effect on July 16, 2022.

What does the VA and the Veterans Crisis Line need to do to prepare to launch 988? It might be the first time some of you have heard. I do not know how well it has been publicized. But it is something that we desperately need, and we are hoping that you all would jump right in.

Mr. BUTLER. I am happy to add to that, Senator Manchin. I completely agree and would support that lifeline, absolutely.

I think one of the things that we at IAVA find is that many veterans, and especially veteran family members, do not know who to reach out to in a time of crisis. I think more often than not we get people that realize that a family member, a friend, maybe the veteran himself, is in a time of crisis, but they do not know where to turn to. They do not know how to turn to that.

We have program called the Quick Reaction Force, and since its foundation in 2012, one of the top reasons why veterans and their family members reach out to us is for help connecting to mental health options that they can turn to. Sometimes it is because they do not want to use the VA. Maybe they have had a bad experience. So S. 785, we really support the grants option to that, because I think it can get community support services where local people can realize where they can turn to and get veterans help in a quick and timely manner. Thank you.

Senator MANCHIN. I thank all you panelists for what you do. I mean, we are all so patriotic in our State and every State, and we are, as Americans, very patriotic. But there are somewhere close to 40,000 nonprofits that work for veterans in some way, shape, or form. That is in addition to what the VA and all the other public organizations that deal with veterans' issues.

So I would say, what have we found, whether it be a program, an intervention, treatment, therapy, et cetera, that is actually proven to prevent veteran suicide? What do we know that works, and what evidence-based research is out there that shows links between intervention and lower veteran suicide? So anybody that would have any comments on that, that will be the end of my questions. Again, I want to thank you, Senator Tester, for being so kind, and I would like to hear anybody have any thoughts on what we can do to make the system we have working. Forty nonprofits are concerned about this.

Mr. KUNTZ. Senator Manchin, one of the things that I think is really exciting about this bill is that emergency department measure, and that is a research-proven program that has been worked on for 10 years. It has now become one of the top two clinical priorities for the VA. That is a place where we can connect with veterans who are in need of suicide, there is no question why they are there, and deliver that intervention. It cannot be delivered through telehealth. This bill has a report to help support that.

Right now the VA has the goal of expanding that out to 94 percent of VA emergency rooms. Personally, I believe that needs to be in every emergency room in the country, because it is a proven intervention, and with what we can do with telehealth right now there is no reason it should not be right there and accessible every time a man or woman walks into the emergency department in crisis. Thank you, sir.

Senator MANCHIN. Thank you all so much. I appreciate your service. Thank you.

Chairman MORAN. Thank you, Senator Manchin. Senator Rounds.

SENATOR MIKE ROUNDS

Senator ROUNDS. Thank you, Mr. Chairman. First of all I want to just say thank you to everybody on this panel. This is a very important issue and I thank the Chairman and the Ranking Member for them bringing it to our attention and also to try to promote the passage of this in the House of Representatives before the end of the year.

My first question is for Ms. Purswell. First of all, I want to thank you for your service in the United States Army and for being here today to represent The American Legion. In your written testimony and your remarks you talked about the importance of Project ATLAS. This is where the Legion is partnering with the VA to install technology at Legion posts in rural areas to make sure veterans have access to telehealth.

Based on your expertise, if S. 785 does not get passed in the House and then sent to the President's desk, what kind of an impact will this have on access to mental health care for our rural veterans?

Ms. PURSWELL. Thank you for your question, Senator Rounds. If this bill does not go forward I would like to say that we will strongly pursue every method that we can to make sure that ATLAS and our service with VA is continued and pushed and expanded as much as we can. However, without this bill and without the help of grant money dedicated to expanding that program, it will slow. It will slow. We will not be able to get the infrastructure in. We will not be able to get all of the things that we need to get in, whether it is the ADA compliance needs, the broadband infrastructure, the tablets that are needed, the staffing that is needed. All of those things take money. And while The American Legion was happy to give our own grant to get the Springfield, Virginia, location up and running, we do not have the ability to continue to do that for other locations.

So it is vital that this bill get passed so that we can have those funds allocated, to make sure that our rural servicemembers can get the care that they need, whether it is mental health care or any other kind of comprehensive medical care that they need. We are really pulling for it.

Senator ROUNDS. Well thank you, and I could not agree with you more. I think this is really important. In so many parts of our country, the rural parts of our country, telehealth is not only accepted, it has now become the norm, in many cases. And so this

would be very beneficial, I believe, to our rural communities in South Dakota as well as the Great Plains region.

My second question is for Mr. Butler. Mr. Butler, thank you, first of all, for your 20-plus years of service in the Navy and Naval Reserve. You called attention to a sobering fact that veterans aged 18 to 34 have the highest rate of suicide. That really struck me because in South Dakota we have over 11,000 veterans under the age of 40.

So I would like to know, what are a couple of the provisions in S. 785 that you find most helpful to preventing suicide among our younger veterans?

MR. BUTLER. Thank you, sir, for the question. Yes, as I mentioned earlier, I think, briefly, I think one of the biggest provisions that we support is the grants going to community and local providers. I think that is one of the biggest ways in which we can bring this number of 20 a day down, by providing resources in the local community where veterans and their family members and their friends will know about them. When the veteran gets to a time of crisis they are not going to have to struggle to find where they can turn for help.

I think one of the other issues, and why, perhaps, the number is so high for the younger cohort of veterans, and the provision that would help that, is the work to connect and research the possible connection between TBI, PTSD, and mental health problems. As we know, TBIs are a signature wound of war from the last 20 years, and I think better understanding the connection to mental health problems, potentially to suicide and things like that, would really go a long way to helping us solve this problem.

Senator ROUNDS. Thank you, and I think you hit it on the head, and I think that it is very important that we draw attention to TBI and the possible connections with the mental health challenges and with the attempted suicides and suicides with this younger generation. So I thank you for your service and I thank you for the insight that you bring to the Committee today.

Mr. Chairman, thank you.

Chairman MORAN. We will see if Senator Tester wants to be gracious one more time. Senator Tester?

Senator TESTER. No, I have got a hard stop too so I am sorry. But I do want to say thank you, Mr. Chairman. And listen, I have listened to the folks who have given testimony. Veterans are very, very lucky to have the four people who gave testimony today on their side. I cannot think of four better advocates for veterans than the folks who have testified in front of this Committee today. And I just want to say thank you all very, very much for not only your testimony but what you do every day to try to solve problems for veterans, and in this case, a very, very important problem, maybe the most important problem that we are facing right now amongst our veterans.

Matt Kuntz, who I have known for a good long time now, is somebody that I think the people on this Committee need to know, that every time he is hit with adversity he turns it into a net positive. And I have seen it time and time and time again, and the suicide of John Scott Hannon is another prime example of Matt Kuntz

going to work and trying to make the best out of a really, really bad situation.

And so I am going to start with some questions for you, Matt. I know we need to continue to make improvements to quality and timeliness in mental health provided by the VA, and I do believe this bill, through your good work, I might add, hits that mark. And I want to thank you and NAMI for urging the House to seize this opportunity to get S. 785 passed. Scott, as you have already referenced, was a friend of yours, and you have already shed a lot of light on it. But I just want to have you talk a little bit about Scott's involvement in community mental health organizations and how the provisions of this legislation would further those efforts of mental health organizations to help fellow veterans.

Mr. KUNTZ. Okay, sir. Thank you. And I could say, you know, Scott's work with us, we were a community health organization. We were exactly the kind of nonprofit that these kind of funds could go to. Our relationship got really—went beyond the professional pretty quick. I know he really did engage with his local AA group.

You know, there were a lot of different folks that were there for him, and even like the non-traditional support through his involvement with Lewis and Clark County Search and Rescue. Two weeks before he died, Scott saved the life of a young college kid that jumped in at the Passion Plunge, wearing a banana suit. And, you know, it was just one of those things that even at his worst times he was able to help others, and those community organizations allow our veterans to do that.

Senator TESTER. Thank you, Matt. I have a question for Mr. Lorraine, and it goes back to the conversation that you had with Senator Sullivan, and I do not know that we have ever heard it in this Committee before. But I think the answers to his questions would indicate—and the testimony too—would indicate that we are undercounting the number of suicides, maybe pretty significantly.

I just want you to kind of flesh that out. Am I reading what you said wrong, or do you believe that the suicide rate is much higher than we are counting?

Mr. LORRAINE. Senator, thanks. Great question. I think that based on the data that we have collected to date, it indicates that the suicide rate is higher than we think it is. What we are doing is as we are aggregating more States together, you know, you get a bigger numerator and it sort of balances out so that you can say yes in the country.

But the third-largest State for veterans in the United States was 20 percent undercount, and Minnesota, which is one of those smaller States, was 25 percent overcount. Alabama looks like it is going to be an undercount also, in the 20 percent mark.

So the point is, yes, I think it is higher than we think it is. I think we do not know as much about veteran suicide as we think we do, and I think that we need to dive deeper into understanding the community factors of veteran suicide and how they relate to the outcomes. So to Matt's point, Scott had a great community wrapped around, but what was the last year of his life? What did it look like and how could we have intervened somewhere in that? That is another part of Operation Deep Dive.

Senator TESTER. Well, I think that point further exemplifies the fact that we need to get the House to move on this bill, and we want it quickly. The more tools we have out there in people's hands who can utilize them to help veterans, the better off we are going to be. And I think if nothing else has happened today, it just shows that we have no time to wait here. We have got to get this done.

Katie and Jeremy, I just want to say thank you. I have got a bunch of questions but there are other people on this Committee that want to ask them. But I just once again want to thank you all for your advocacy. It is stellar. Thank you.

Chairman MORAN. Senator Tester, thank you very much. I recognize Senator Tillis.

SENATOR THOM TILLIS

Senator TILLIS. Thank you, Mr. Chair and Ranking Member Tester, and I thank the panel for being here. If I had time I was going to ask this question on the end but it touches on what Senator Tester finished on. I understand that we are going to have a markup in the House this Thursday, I believe. I also understand that the Chairman of the House Committee is going to introduce or allow the introduction of some 35 amendments.

And I would like to know, to the extent that you all have done the research, if there are any of those amendments that you think are particularly helpful or particularly harmful to getting this to the President's desk. And we will start with Mr. Butler.

Mr. BUTLER. Thanks, Senator. Yes, I would say kind of quickly, and to give the others time, we are not against what the House is trying to do. Our concern is that we are running out of time. We have been working on this for so long. You know that. We appreciate what the Senate has done. We, and so many VSOs, have been and are behind passage of the Commander Hannon Act.

Senator TILLIS. Mr. Butler, that is the reason for my question. There are very few things that go through this Committee that I ever have an objection to. I am worried about runway at the end of Congress, and also whether or not the amendments can be viewed as being additive to the core of what we are trying to do with Senate bill 785. If there are other good ideas then I would not necessarily want to attach it, you know, as a vehicle for getting something done at the expense of getting nothing done.

Anyone else on the panel have any comments?

Ms. PURSWELL. Yes, sir. This is Katie from The American Legion. The American Legion, we are really passionate about research, and we really strive to identify the gaps in care in order to be able to confidently support legislation like S. 785. We did extensive reviews of the House 35 additional sections, or sections that were pulled out that they did, and we are very much in support of all of the efforts that they have put in there for research, and we really want to be able to partner with them in the future to be able to get those passed.

However, we really do feel the need, as everybody else, that this bill gets passed in the 116th Congress. But again, we really do appreciate the work that they put into those additional pieces of legislation, and we really hope that they stick with it for the next Congress so that we can revisit those.

Mr. LORRAINE. This is Jim Lorraine. You know, just to answer your question, Senator Tillis, you know, we asked 600,000 veterans and their families, and 77 percent do not believe that dishonorably discharged should have access to VA health care. I do not know if everyone understands what a dishonorable or a bad conduct discharge entails in terms of punitive action and court martials and the extent of murder, rape, pedophilia, et cetera. But they are pretty serious crimes and I think when you open that up, that is in one of the bills that the House is proposing.

For us, we also look at Senate 785 allows communities to identify the best way that they should approach doing community-based care. The House companion mandates its collective impact, which works in some areas but does not work in rural areas. That has been well documented.

So if there are two things that we would focus on it would be those two. But to go to what my colleagues have said, my fellow panelists, 785 is a fully packaged, integrated bill. What I like is that it is built on each other. And I just do not see that on the other side.

And then I think most American people are not sure what is going to happen in Washington, DC within the next month to two months, and what they are interested in is let's get a bill passed while we know where we stand, before we get into a point post-election where it may be delayed out—a vote may be delayed out and get us past the 116th Congress. And then we have to start from scratch again.

This is the right bill for right now. That is the reason why we support it.

Senator TILLIS. Thank you. Any other comments from the panel, the virtual panel?

Mr. Chairman, I used all my time on that one question, but, you know, when you have thousands of veterans dying every year, losing their lives to suicide, I believe there are a lot of great ideas that we should work on. But just exactly what Jim said there toward the end, this is an integrated bill. If there are amendments that make it better, that focus on the core objectives of this bill I think that they would be welcomed. They would probably make it through conference fairly quickly. But if this becomes a vehicle for other matters that are very important, you can take a very impressive list of VSOs that support this bill and have it fragment, and then thousands more lives may be lost because we are not getting this core bill through.

So I just encourage my House colleagues and all the VSOs to go in and think about how does this make this foundation, this bill foundation better, and then let's work on all the other things. We will never fully repay the debt. We are making installments every time we do something here. I think this would be a major installment if we could move it through quickly in this Congress.

Thank you, Mr. Chair.

Chairman MORAN. Senator Tillis, thank you very much, and perhaps even more importantly, thank you for teeing up our witnesses and the comments they made in response to your question. Those comments were very helpful and needed.

Perhaps this is a point in which I should say that we have ongoing conversations with the House Veterans' Affairs Committee. My absence from time to time is an attempt to visit with Chairman Takano today. But on a staff level we have reached an understanding that the House will take up this bill on September 21st or 22nd, and pass it, presumably with the attempt to pass without any amendment. That is exactly what we are looking for.

While Senator Tillis mentioned the concept of a conference committee, the delay that could occur as a result of any amendment to the bill in the short time that we have. We are at a stage in which we—it is our understanding that this is a bill that would be signed by the President and so would become law, and any delay in getting us to that position, in my view, costs those who served our country the potential loss of life.

And we want our VSOs and community organizations, our research efforts, to have the tools that this bill, the John Hannon bill, provides. And so it is, again, my understanding that in return for that expeditious effort by Chairman Takano and the Ranking Member, Congressman Roe, that we will then make every effort to pass, by unanimous consent, a number of bills that are priorities of Chairman Takano related to this topic. Meaning that there are those that can pass by unanimous consent, and in addition to that we will work on ones that are less capable of being passed by unanimous consent, to be put in a package and considered by the Senate, all with the goal of passage, not just with the goal of consideration.

So I do not know that Chairman Takano would be listening to this conversation at the moment, but I would convey to him, again, my commitment to see that there is a victory, not for the Senate Veterans' Affairs Committee, not for the House Veterans' Affairs Committee, but a victory for those who served our country, our veterans, and the organizations that are attempting to save their lives and provide mental health care and treatment, and to accomplish a goal that both Committees, both House and Senate, have in mind.

There is no reason that whatever appreciation that comes from the passage of this legislation cannot be shared by those who serve on the Veterans' Committee in the House, and I will work in every way to accommodate the priorities that our staff have talked about today's, yesterday's, this week's conversations, of legislation that the Chairman of the House Committee is most interested in, and do what I can do in working with Senator McConnell, Republicans and Democrats, on this Committee, to see that there is a success in the items that that success could be achieved and avoid any kind of time delay in what we might be able to do in the Senate.

I do know what the Senate's schedule is going to be, but a continuing resolution is in the works, and elections are pending. Nothing ought to stand in our way of protecting those who served—protect the lives of those who served our country. And again, I would reiterate to Chairman Takano, my goal is not a victory for the Senate Committee in passage of a bill that we passed, but to utilize this opportunity where a bill that passes, as rarely happens, 19–0 in this Committee and by unanimous consent of the United

States Senate, to use that momentum to get us to a point that has long been awaited.

So again, there are developments that appear to be concluded or concluding today, and I thank Chairman Takano for his willingness to work with us in accomplishing a goal that our witnesses and many other veteran service organizations find desirable.

So thank you for your question, Senator Tillis, and thank you for the responses and the testimony of the witnesses here today, and many others in veteran service organizations around the country who are advocating for this opportunity to see this to final conclusion.

I would recognize Senator Blumenthal.

SENATOR RICHARD BLUMENTHAL

Senator BLUMENTHAL. Thanks, Mr. Chairman. I appreciate those remarks, and if I can sort of encapsulate them in five sentences or less, we are going to get the job done, whatever the steps necessary to do it, counting on your leadership, which has been really admirable, on this bill. And I appreciate it both on your part and the Ranking Member's. We are going to get it done, and hopefully we will have the good faith efforts by the House, on amendments, if necessary, that are in accordance with the purposes of the bill.

So I very much appreciate that statement, and it eliminates a number of the questions I was going to ask.

Chairman MORAN. Senator Blumenthal, that was my goal.

Senator BLUMENTHAL. We have worked together so well that you now read my mind.

Chairman MORAN. I allowed you to encapsulate my thoughts.

Senator BLUMENTHAL. Anyway, I really do appreciate your leadership.

Let me just say that this exchange and the conversation we have been having with the witnesses here I think demonstrate the very strong bipartisan tradition of this Committee, our approach to these issues, which is to hold our veterans as heroes in the highest regard.

Unfortunately, there have been statements by the President that I think belie that spirit. My recounting them is unnecessary for members of this Committee. I am sure you are aware of them. And I am also sure that you never would have called fallen heroes in cemeteries abroad "losers" or "suckers," that you never would have precluded amputees from marching in any of our parades, and that you never would have called John McCain a loser.

Nor am I in any way doubtful that you would have given the highest regard to John Scott Hannon, whose name is on this bill, and he, among all the members of our military who are driven by these invisible wounds, whether it is post-traumatic stress or traumatic brain injury or, as he did, suffer from bipolar disorder, to take their own lives. Still, 20 veterans a day do so.

I authored a veterans' protection measure with John McCain. It was passed by this Committee a number of years. It was signed by then President Obama, with John McCain at his side as he signed the bill. I stood next to both of them. Think of it for a moment—two Presidential opponents, side by side. President Obama elected, Senator McCain the loser in that race. But the bigness and stature

of his spirit, John McCain's spirit, I think was so powerful in the East Room on that day, and it is the spirit that should bring us together here. Unfortunately, it has not with the President.

So I want to say that the Senate should be proud of this measure. We should be proud that we worked together on a bipartisan basis and that every member of the Senate deserves credit for it.

I want to ask the witnesses a question about the Postal Service, which I understand my colleague, Senator Brown, asked as well, whether you have heard that there are delays in delivery of veterans' prescriptions. Eighty percent of all veterans' prescriptions are delivered by mail. Are you aware of these prescriptions being delayed by delays in the mail that may have occurred? And we can just go right down the line.

Mr. BUTLER. Yes, sir. I will very quickly respond. We did an informal survey, admittedly, on Facebook, and got mixed responses. We certainly heard from veterans who said that their prescriptions were delayed but we also heard from many who said that they have not had any trouble whatsoever. My kind of takeaway, very briefly, is that I think in many respects it is regional, the results that you are finding.

Senator BLUMENTHAL. Thank you. Others?

Mr. LORRAINE. This is Jim Lorraine. America's Warrior Partnership runs a network that is connected to 302 communities throughout the United States. We have heard nothing from the communities nor from veterans about a delay in medicine.

Senator BLUMENTHAL. Thank you.

Ms. PURSWELL. This is Katie from The American Legion. I just wanted to say that we have not, here at the national level, had any reports of our local levels stating that our members have been having delay in service with their medications. I can speak personally that my husband and I have both been receiving our medications on time. In fact, one that was supposed to be delayed ended up being shipped, I believe, UPS, which we were not expecting, and actually arrived earlier than we had expected. So for any issues that may be occurring I do believe they are trying to find ways around any types of delays.

Senator BLUMENTHAL. Why was it shipped by UPS?

Ms. PURSWELL. I am not sure why it was shipped by UPS. It was something that he needed, and that they did not tell us why. They said there might be a delay. I am not sure if that was—they did not have it in stock, you know, at the local VA pharmacy. But we did receive it well ahead of time.

Senator BLUMENTHAL. Thank you.

Mr. KUNTZ. Senator, I have not personally worked with any veterans that have delays. I certainly have seen that in some of our Facebook conversations as well, but it is not something I can personally vouch for.

Senator BLUMENTHAL. Thank you. Thanks, Mr. Chairman. I just want to say that, you know, on the bill that we are considering, all of us know someone who has been affected. My State of the Union guest was the uncle of a young Marine named Tyler Reeb, who was a sniper deployed twice, took his own life, and he was certainly a hero, and his memory, I think, will be all of us who knew him in Connecticut. Thank you.

Chairman MORAN. Thank you, Senator Blumenthal. Senator Tester, anything further from you?

Let me ask my usual question then. Do any of our witnesses have anything they would like to add, augment what they said, correct what they said, tell us something that we failed to ask them? Anything that you would like to make sure we hear before I conclude this hearing?

Mr. BUTLER. I will just very quickly say on behalf of IAVA, thank you, sir. I think it would be incredible if we could come to that bipartisan result that you discussed, especially in this Congress, I think not only passing the Commander Hannon Act but if there are additional things that can be done, as I said in my testimony. We know that the Commander Hannon Act will not solve the problem of veteran suicide. It will make great progress in getting us there. But if we can do even more this congressional cycle I think that would be incredible. So thank you for your work.

Chairman MORAN. Thank you, Mr. Butler. Anyone else?

Mr. LORRAINE. Jim Lorraine.

Chairman MORAN. Yes, sir.

Mr. LORRAINE. Mr. Chairman, Jim Lorraine here. I wanted to thank you for the opportunity to speak. I wanted to thank you also for working with the House to hopefully reach a solid conclusion to pass this bill immediately.

I think, you know, all of us working together have a big collaboration, but all of us working together—IAVA, American Legion, America's Warrior Partnership, our communities—and everyone else out there who wants to serve veterans is critically important. I think the addition in the bill of post-traumatic growth of equine therapy, of recreational therapy, and the importance in recognizing that. We do a survey every year and the top three things that veterans are seeking is sports and recreational activities, connection to other veterans, and volunteer opportunities. If this bill can help us get there, which it will, that would go a long way.

Thank you, sir.

Chairman MORAN. Senator Tillis.

Senator TILLIS. Mr. Chairman, again I appreciate the work you are doing with the House Chair, and you can count me in to support these other measures that have merit but could slow down Senate bill 785. And I also just wanted to thank the minority staff. I hear that we are making great progress on the TEAM Act, which is something that I look forward to having the same outcome, with 30 veteran service organizations also behind that. So I just want to thank the staff for working together over the recess, and look forward to bringing that before the Committee. Thank you.

Chairman MORAN. Senator Tillis, thanks for your consistent dedication to that issue and all these veterans affairs issues.

Any of our other witnesses?

Mr. KUNTZ. Yes, sir. This is Matt Kuntz and I just want to say one last thank you to everyone that was involved to help name this bill after Scott. I know it really means a lot to his family, especially to his daughter, Vida. And I also just want to say that both the majority and the minority staff have been remarkable to work with on this bill. I cannot say how just professional and in-depth they

have went in on every single section. It is just an honor to work with them. Thank you, sir.

Chairman MORAN. I appreciate you saying both of those things. Thank you very much. I met Commander Hannon's family when this bill was introduced, with Senator Tester, and every suicide has a story. Every suicide involves a human being, and their moms and dads and brothers and sisters and sons and daughter, all are worthy of our recognition. And it was an honor to utilize this bill to recognize Commander John Hannon, and I appreciate the opportunity I had to get acquainted with his loved ones.

Let me do just a couple of more things. First of all, in regard to the efforts to resolve the opportunity to pass the bill in the House, to our witnesses and other veteran service organizations, to NAMI and community organizations, our ability to do that has been helped immensely by your efforts and your work with the House Chairman and Ranking Member, and I thank you for that.

I would also indicate to my colleagues that, first of all to the House, maybe, that we need the Senate bill 785 to pass as is, and I will work hard to get—excuse me, let me say it differently. I will get a list of those House bills that have been discussed as ones that can move initially by unanimous consent and others grouped to be packaged together for consideration by the Senate. I will work to get that list to colleagues on this Committee so that you can understand the direction that we are going.

My assurance has been these bills that we have agreed to move are one that would have support of all four corners, Senator Tester and I as well as the House Chairman and Ranking Member, Mr. Roe.

And then finally, let me take a moment. I am a House member. I was a House member. I remember—I smiled a moment ago because I remember thinking that when I was a member of the House Veterans' Committee we sent bills to the Senate where they died. I am not interested in that. I am interested in results.

And it is especially a remembrance for me today, and maybe Senator Boozman will remember this, but the passing occurred this week of John Bradley, who was a Vietnam veteran, an advocate for veterans in a tireless way. He, when I chaired the House Veterans' Affairs Health Subcommittee, was my staff director. He has battled cancer for a long time. When he returned from Vietnam he went to work for the Department of Veterans Affairs, he worked for the Senate Veterans' Affairs Committee, and he was the House Veterans' Committee staff director as well. And I would use this moment to express my gratitude for this veteran who served other veterans.

There is no one that I hold in higher regard than those who serve us in uniform, perhaps other than those who served in uniform and then served other veterans as well. And John Bradley did that in innumerable ways and in a consistent manner until his health prevented him from doing so. And so I use this moment to—probably unlikely that there will be another opportunity to express my gratitude to him for his service to our Nation, for his service to other veterans, and to pay my respects to him and to honor his family now, at the time of his death.

Senator BOOZMAN. Can I say, Mr. Chairman, that I—

Chairman MORAN. Senator Boozman.

Senator BOOZMAN [continuing]. Second that, and having served with you on the House Veterans' Affairs Committee and again getting to know him very, very well, you know, it is just a very sad thing. But we do appreciate his service in so many different ways, seeing his finger in so many different bills throughout the years. He had a profound impact for our nation's veterans. It is big deal.

Chairman MORAN. I appreciate you recognizing John Bradley. Thank you, Senator Boozman.

I thank all the organizations who delivered their comments today in regard to Senate bill 785. I appreciate the important work you do each and every day in your partnership in serving those who served our Nation. I would ask unanimous consent that members be given five days to revise and extend their remarks and include any extraneous material. And with that our hearing is now concluded, adjourned.

[Whereupon, at 5:05 p.m., the Committee was adjourned.]

A P P E N D I X

Prepared Statements

STATEMENT OF
KATIE PURSWELL, DEPUTY DIRECTOR
HEALTH POLICY
THE AMERICAN LEGION
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
"S.785: LEADING THE WAY TO COMPREHENSIVE MENTAL HEALTH CARE AND
SUICIDE PREVENTION FOR VETERANS"

SEPTEMBER 9, 2020

Chairman Moran, Ranking Member Tester, and distinguished members of the committee; On behalf of National Commander James W. "Bill" Oxford, and the nearly 2 million members of The American Legion, thank you for inviting The American Legion to submit the following testimony on S. 785 – *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*. This legislation is a vital step towards combatting veterans' suicide by reducing barriers to mental healthcare accessibility.

Suicide among veterans occurs twice as often as civilian suicides. This statistic is concerning on its own; however, it becomes especially concerning when the Department of Veterans Affairs (VA) notes that veterans make up 14 percent of all suicides in the United States, while only being 8 percent of the total population.¹ In response to these alarming statistics, The American Legion instituted a nationwide program in an effort to take an active role in the fight against veteran suicide and destigmatize mental health issues. The Buddy Check program, established in May 2019, encourages dialogue on mental health and overall wellness by having members do informal wellness check-ins with their fellow veterans.² However, this awareness is not enough to curb the alarming rate of veteran suicide. Programs like The American Legion's Buddy Check program must be followed by data-driven policies that are designed to help those most in need.

BACKGROUND

The American Legion is a resolution-based organization that takes our legislative priorities and direction directly from our dues-paying members. Many Legionnaires have been personally impacted by suicide or have witnessed the impacts of suicide on close friends in the military and veteran community.³ Our support on these topics are personal and come from a place of particular concern.

¹ Fox, M. (2018, June 19). Veterans more likely than civilians to die by suicide, VA study finds. Retrieved September 01, 2020, from <https://www.nbcnews.com/health/health-news/veterans-more-likely-civilians-die-suicide-va-study-finds-n884471>

² The American Legion. (2019, May 08). Resolution No. 18: Buddy Check. Retrieved September 03, 2020, from <https://hdl.handle.net/20.500.12203/10488>

³ The American Legion. (2019). The American Legion 2019 Mental Health Survey Executive Report. Retrieved 2020.

TITLE I: IMPROVEMENT OF TRANSITION OF INDIVIDUALS TO SERVICES FOR DEPARTMENT OF VETERANS AFFAIRS

Transitioning from active service is a crucial and stressful phase in a new veteran's life. It is imperative that this period is adequately understood to ensure that VA and Department of Defense (DoD) programs provide the support that veterans need during the transition process. *Sec. 102* of this bill calls for a review of data and research relating to servicemembers and veterans who have completed suicide within one year of separation from the Armed Forces. Reviewing this data can allow VA and supporting organizations to create more data-conscious strategic plans to address suicide during the transition. Additionally, *Sec. 103* requires VA to submit an impact assessment of the REACH-VET predictive model. Assessing the impacts of previously implemented programs is imperative to ensuring that VA allocates resources to places that will best assist veterans in their transition period.

The American Legion Resolution *No. 77: Support for the Military Transition Program* urges Congress to pass legislation which "can help alleviate the employment problems faced by many veterans." Inconsistent and turbulent employment can cause additional stressors on a transitioning servicemembers' mental health. Therefore, constant program evaluation yields an opportunity for continuous improvement to provide the best services possible.⁴ The American Legion supports these provisions, including the idea that transparency and quality assurance in public reports and regular research can improve mental healthcare.

TITLE II: SUICIDE PREVENTION

VA must conduct extensive research and ongoing studies to provide accurate data to formulate appropriate programs to provide informed programmatic change. No price tag can be placed on a veterans' wellbeing. Through *Sec. 203, Pilot program veterans access to complementary and integrative health programs thorough annual therapy, aromatherapy, sports and recreational therapy, art therapy and post-traumatic growth programs* and *Sec. 204, Department of Veterans Affairs study of all-cause mortality of veterans, including suicide, and review of staffing levels of mental health professionals*, VA can introduce a data-driven environmental change in the mental health space.

The American Legion supports these measures through Resolution *No. 20: Suicide Prevention Program*. This resolution emphasizes the importance of discovering the best practices in veteran suicide that can be achieved by allowing pilot programs and promoting financial assistance when needed.⁵ Additionally, Resolution *No. 116: Post-Traumatic Growth*, encourages "VA to collaborate with nonprofit mental health organizations that implement programs designed to cultivate and facilitate post-traumatic growth."⁶ The American Legions strongly supports these provisions.

⁴ The American Legion. (2016, September 01). Resolution No. 77: Support for the Military Transition Program. Retrieved September 01, 2020, from <https://hdl.handle.net/20.500.12203/5735>

⁵ Ibid.

⁶ The American Legion. (2018, August 30). Resolution No. 116: Post-Traumatic Growth. Retrieved September 01, 2020, from <https://hdl.handle.net/20.500.12203/9898>

TITLE III: PROGRAMS, STUDIES, AND GUIDELINES ON MENTAL HEALTH

Further research and studies on suicide and mental health-related topics, such as how increased accessibility to VA services affects suicidal ideation, are necessary to provide data to identify how to best address veterans' suicide. The American Legion Resolution *No. 20: Suicide Prevention Program* encourages “analyzing best practices in veterans suicide prevention not currently used by the Department of Defense or the Department of Veterans Affairs.”⁷ The American Legion is supportive of all the provisions under this title. Specifically, reports from government agencies that provide information on the services, programs, and effectiveness of various training pieces within the VA healthcare system.

Additionally, we support the implementation of beneficial pilot programs derived from targeted research. VA must continue to be an innovative leader in the healthcare space and actively work to implement pilot programs to serve veterans mental health needs. As mentioned in Resolution *No. 165: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs*, The American Legion supports the execution of various programs that ultimately support veterans' mental health journeys.

TITLE IV: OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES

VA has many excellent programs available to veterans; however, many of these programs are not being properly advertised. This problem often leads to underutilization, lack of participation, or decreases in program performance. With the implementation of oversight initiatives, VA programs would be able to identify their shortcomings. Additional oversight of mental healthcare services would be beneficial for the sustainability of all VA programs, restore utilization, increase participation, and improve program performance. If implemented, the following provisions would provide the space these programs to flourish with the proper oversight:

- Sec. 401. Study on effectiveness of suicide prevention and mental health outreach programs of Department of Veterans Affairs
- Sec. 402. Oversight of mental health and suicide prevention media outreach conducted by Department of Veterans Affairs
- Sec. 404. Comptroller General report on efforts of Department of Veterans Affairs to integrate mental healthcare into primary care clinics

We support oversight that evaluates the functionality and the quality of government agencies, healthcare facilities, and programs accessed by veterans. Resolution *No. 142 – Department of Veterans Affairs Mental Health Services* notes that VA must “ensure comprehensive mental health services are available to veterans” and that we “urge Congress to provide annual oversight of VA’s mental health services.”⁸ Frequent assessments of programs' efficiency, ambitious yet obtainable goals, and open lines of communication should be evaluated and fashioned to serve this unique population. The American Legion urges this provision's execution to ensure no veteran falls through the cracks.

⁷ The American Legion. (2018, May 01). Resolution No. 20: Suicide Prevention Program. Retrieved September 01, 2020, from <https://hdl.handle.net/20.500.12203/9286>

⁸ The American Legion (2016, August 30). Resolution No. 142: Department of Veterans Affairs Mental Health Services. Retrieved September 01, 2020, from <https://hdl.handle.net/20.500.12203/5483>

TITLE V: IMPROVEMENT OF MENTAL HEALTH MEDICAL WORKFORCE

The quality of VA care is often impacted due to the many vacancies among its staff of healthcare professionals. While the hiring process was expedited during the initial stages of COVID-19 to respond to the significantly increased demand for healthcare professionals, the same urgency should be sustained to fill any remaining staff positions with specific emphasis on mental health professionals. Mental health is too important to be omitted due to hiring delays. The American Legion encourages VA staff diversity to allow cultural and gender representation in mental health settings as advocated by *Sec. 502*, Establishment of Department of Veterans Affairs Readjustment Counseling Service Scholarship Program.

The implementation of programs to improve VA employees' quality of life as offered in *Sec. 501*, *Sec. 506*, and *Sec. 507* are crucial for these recruitment and retention goals. Through Resolution No. 115: *Department of Veterans Affairs Recruitment and Retention*, The American Legion believes VA must have the necessary resources to obtain the best-qualified individuals to care for our veterans.⁹ The effort to retain qualified healthcare professionals is of the utmost importance and financially driven retention efforts are a useful tool that VA should have at its disposal.

TITLE VI: IMPROVEMENT OF CARE AND SERVICES FOR WOMEN VETERANS

The American Legion is pleased to see that provisions specifically targeting women veterans are included in *Sec. 601*, *Sec. 602*, *Sec. 603*, and *Sec. 604*. There is a significant gap in gender-conscious care and outreach programs among VA's programmatic offerings. The passing of this legislation is a step in the right direction. Providing data on where women veterans are utilizing healthcare services will give an accurate needs assessment to ensure programs better serve this specific veteran population better.

Through Resolution No. 147: *Women Veterans*, we applaud the initiative to diversify the scope of VA services to include care for all of our nation's heroes and "ensure that the needs of the current and future women veteran populations are met."¹⁰ Women have served this nation honorably since the revolutionary war. It is time to create an inclusive environment for them in VA facilities and represent them in staffing positions, programmatic design, and research.

TITLE VII: OTHER MATTERS

Many veterans in rural areas struggle to make their appointments because the distance needed to travel to the nearest VA facility makes it inconvenient and unrealistic. To address this issue, The American Legion is working with VA to bring healthcare to veterans in a familiar setting – their local Legion posts. Through Project ATLAS (Accessing Telehealth through Local Area Stations), VA will install video communication technologies and medical devices in selected

⁹ The American Legion. (2016, August 01). Resolution No. 115: Department of Veterans Affairs Recruitment and Retention. Retrieved September 01, 2020, from <https://hdl.handle.net/20.500.12203/5772>

¹⁰ " The American Legion (2016, August 30). Resolution No. 147: Women Veterans. Retrieved September 01, 2020, from <https://hdl.handle.net/20.500.12203/5488>

posts to enable remote examinations through a secure, high-speed internet line. Veterans will be examined and advised in real-time through face-to-face video sessions with VA medical professionals, who may be located hundreds or thousands of miles away. *Sec. 701, Sec. 702, Sec. 703, Sec. 704, and Sec. 705* reiterate this widely held belief by The American Legion.

The ability to launch and participate in this excellent program was made possible by our Resolutions *No. 20 – Suicide Prevention Program* and *No. 75 – Department of Veterans Affairs Rural Health Care Program*.^{11 12} We are glad to see this legislation reaffirm our beliefs that all veterans, regardless of geographical location, should receive quality healthcare.

CONCLUSION

The American Legion, like many other VSOs, has a deep concern on the rate of suicide among servicemembers and veterans. It is unfortunately a number that has been consistent for years and it is time for it to decrease.¹³ We believe that a decrease in suicide midst servicemembers and veterans is achievable by implementing the legislation discussed today. We support *S. 785 – Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* as currently written. However, we strongly urge that the committees in both chambers of Congress move expeditiously to reconcile their versions of the S. 785 to ensure that this critical legislation is passed before the end of the 116th Congress. The American Legion is thankful for the invitation to submit this statement for the record and stand ready to assist when needed on these issues and any other issues. For additional information regarding this testimony, please contact Legislative Associate Ms. Alexandria Evers at (202) 263-2990 or aegers@legion.org.

¹¹ The American Legion. (2018, May 01). Resolution No. 20: Suicide Prevention Program. Retrieved September 01, 2020, from <https://hdl.handle.net/20.500.12203/9286>

¹² The American Legion (2017, August 30). Resolution No. 75: Department of Veteran Affairs Rural Health Care Program. Retrieved September 02, 2020, from <https://hdl.handle.net/20.500.12203/6926>

¹³ U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention (OMHSP). (2018). Facts About Veteran Suicide: June 2018. Retrieved 2020, from https://www.mentalhealth.va.gov/docs/FINAL_VA_OMHSP_Suicide_Prevention_Fact_Sheet_508.pdf



Statement of Jeremy Butler
Before the Senate Veterans' Affairs Committee
 September 9, 2020

Statement of Jeremy Butler
Chief Executive Officer
of
Iraq and Afghanistan Veterans of America
Before the
Senate Veterans' Affairs Committee

“S. 785: Leading the Way to Comprehensive Mental Health Care and Suicide Prevention for Veterans”

September 9, 2020

Chairman Moran, Ranking Member Tester, and distinguished members of the Committee, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members, I would like to thank you for the opportunity to testify here today.

For nearly a decade, IAVA and the veteran community has called for immediate action by our nation's leaders to appropriately respond to the crisis of over 20 military and veterans dying every day by suicide. Thanks to the courage and leadership of veterans, military family members and our allies, there has been progress.

Yet, the problem continues to loom. According to the most recent VA data, the youngest cohort of veterans, post-9/11 veterans aged 18 to 34, continue to have the highest rate of suicide. And while not always an indicator of suicide, mental health injuries continue to impact the post-9/11 generation disproportionately. In our latest Member Survey, a stunning 65% of IAVA members reported service-connected PTSD and over half report anxiety (65%) or depression (56%). Additionally, 65% of IAVA members know a post-9/11 veteran who attempted suicide. Sixty-Two percent know a post-9/11 veteran who died by suicide, an alarming 22% rise since 2014. Every day, we are losing more of our brothers and sisters to suicide. Now is not the time for America to let up. Instead, this is a time to redouble our efforts as a nation and answer the call to action. IAVA will continue to maintain our leadership on that charge.

In March of this year I testified before a joint hearing by the Senate and House Veterans Affairs Committees on IAVA's Big Six priorities for 2020. The number one issue for IAVA remains our Campaign to Combat Suicide and the centerpiece of that campaign - the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (S. 785). IAVA is encouraged that this bill will bring even greater attention and resources to VA to combat the veteran suicide crisis. Key provisions of S. 785 include the creation of a community grant program within VA to help identify isolated veterans and provide mental health services. It establishes and expands partnerships with



Statement of Jeremy Butler
Before the Senate Veterans' Affairs Committee
 September 9, 2020

organizations to deliver increased telehealth capabilities to veterans, which is critically important now more than ever. IAVA believes that the bill's investment into a number of studies, such as a study on Vet Centers' Readjustment Counselors efficacy, and increased number of tracking metrics to ensure that VA is providing the best possible mental health care, is critical to understanding the current suicide epidemic in our community. IAVA is also pleased with the focus of this legislation on studying the connection between traumatic brain injury (TBI) and mental health, including creating brain health bio markers to better track those who suffer from TBI. Over a quarter of IAVA members report suffering from TBI and these invisible wounds of war continue to be misunderstood. This legislation will not only create a center of excellence for TBI and PTSD, but also create brain health biomarkers to track servicemembers' and veterans' brain health.

IAVA is extremely proud to have worked with both Chairman Moran and Ranking Member Tester on this landmark legislation, and we thank them for their important leadership on this critical issue. In March I applauded this Committee on its unanimous passage of S. 785 and urged your House colleagues to follow and for the President to sign it into law. I am here today to reiterate our strong support for this legislation and to thank the Committee again for your support which led to unanimous passage out of the Senate a month ago.

IAVA believes that it would be completely irresponsible if the 116th Congress ends its legislative work this December without having at least passed the Commander Hannon Act. There has been plenty of talk but not nearly enough action to address the worsening crisis of veteran suicide and we are literally at a crossroads. 2020 can be the year where we joined together to pass much-needed legislation to take the next big step to combat veteran suicide.

IAVA is deeply concerned for the current path forward for the Commander Hannon Act to become law. While we appreciate the House Committee's well-intentioned efforts to add new provisions to the legislation, we have strong concerns that given the limited number of legislative days and the upcoming elections in November, there may not be enough time to negotiate and pass this legislation by the end of the year. We believe that the best and most responsible way forward for our nation's veterans is for the House to take up S. 785 as passed unanimously by the Senate. Following enactment, we encourage the Committees to work with VSOs and consider additional provisions in a new package of legislation.

Thank you again for the opportunity to share IAVA's views and the importance of passing the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* now. I look forward to answering any questions you may have and continuing working with the Committee in the future.

Written Testimony of
Lt Col James Lorraine, USAF (retired)
President & CEO
America's Warrior Partnership
Augusta, GA

Before the
U.S. Senate Committee on Veterans Affairs

September 9, 2020

Testimony on "S.785: Leading the Way to Comprehensive Mental Health Care and Suicide Prevention for Veterans".

Chairman Moran, Ranking Member Tester, and Members of the Committee. Thank you for the invitation to testify today. I would like to ask that my written testimony and our Joint letter of August 18, 2020 be added for the record.

Since the 116th Congress convened on January 3rd, 2019, the President, Department of Veterans Affairs, and both the Senate and House Veterans Affairs Committees committed to addressing the veteran suicide epidemic. In those 615 days, approximately 12,300 veterans died by suicide, and despite increasing the VA's suicide prevention budget to stem veteran suicides, the number continues to rise.

In the last eighteen months, the President signed an executive order to prevent veteran suicide, the VA established the PREVENTS Task Force, and the Senate passed one of the most impactful veteran suicide prevention bills of the last ten years, yet we continue to lack a comprehensive, integrated law that can be implemented by the VA to end veteran suicide.

In early August, America's Warrior Partnership and thirty of our community partners provided this committee and the House Veterans Affairs Committee a letter strongly supporting Senate Bill 785, also known as the "Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019."

Senate Bill 785 is essential in both breadth and depth to getting upstream of veteran suicide. Section 201 provides structure and authorization of community grants similar in structure to the highly successful Department of Veterans Affairs "Supportive Services for Veterans and Families" Program, also known as "SSVF." These grants virtually ended veteran homelessness in many communities, and they also created an environment of community collaboration by integrating government and non-government resources around the crisis of veteran's homelessness. Additionally, the bill contains critical community enablers such as next-level research studies correlating opioid related deaths; pilot programs providing veterans access to complementary and integrative health services through animal therapy, agri-therapy, sports, post-traumatic growth, and recreation therapy; directs the VA to bolster their research on mental health biomarker work to increase the accuracy of care and to improve the treatment of mental health conditions; and increases the capacity of the VA and Vet Center counselors.

Solving the veteran suicide crisis requires a holistic solution. Veterans, their families, and the Nation are losing hope that the government will act, especially during these unknown times. You've done your job, and I hope the House of Representatives will do their job.

The need is now and the need is great. America's Warrior Partnership is leading a nation-wide veteran suicide study called "Operation Deep Dive." In partnership with the University of Alabama and funded by the Bristol Myers Squibb Foundation, this four-year study is showing that some states are under-counting veteran suicides by as much as 25 percent. To date, we've learned that the suicide rate among those dishonorably discharged is far less than that of an honorably discharged veteran; veterans younger than 64 die from all causes of death at a rate 4 times greater than non-veterans, and sadly, veterans between the ages of 18-34 die at a ten-times greater rate than non-veterans. We are diving deeper into data that indicates 25% of newly transitioning veterans who die within 5 years of discharge die by suicide. I would like to publicly thank Dr. Karin Orvis and her suicide prevention team at the Department of Defense for partnering with us as we peel back another layer of the suicide onion. Without DoD, these findings would not be possible. The military service experience data we've correlated to the deaths of veterans will provide us the ability to implement preventive measures tailored to the community and the individual. There is more work to be done and I encourage the committee to push for greater data sharing between public and private initiatives. Operation Deep Dive is currently working with four state data-sets (Florida, Minnesota, Massachusetts, and Alabama) with another four pending (North Carolina, Wisconsin, Montana, and Tennessee). Prospectively, we are working with thirteen states (Florida, Alabama, California, New York, South Carolina, North Carolina, Indiana, Minnesota, Ohio, Kentucky, Georgia, Texas and Nevada) and we welcome incorporating the Committee members states in the future.

Operation Deep Dive seeks to provide communities insight to help them get upstream of veteran suicide and to increase the hope and quality of life for veterans and their families. Getting upstream is reducing homelessness, increasing access to reliable transportation, maximizing education opportunities, working in sustainable employment, increasing volunteer opportunities, and having access to 22nd century physical and mental health care. Getting upstream is achieved when veterans look to the future with hope. America's Warrior Partnership leads the nation with our Community Integration approach refined with the assistance of the Center for Disease Control goes beyond a Collective Impact approach by not only focusing on coordinating community services, but focusing on relationship building with community veterans and their families. Getting upstream is more than a website, a collaborative network, or waiting for the veteran to reach out for assistance. We have seen great success in urban regions such as Orange County California, Greenville South Carolina, or Buffalo New York and we're very proud of our Community Integration work in the Navajo tribal areas of Arizona. There are many emerging programs gaining traction in preventing suicide. One program that we are proud to partner with is ETS

Sponsorship. This program created by a Department of Veterans Affairs psychologist mirrors the Department of Defense Permanent Change of Station sponsorship program providing a smooth transition to new duty stations. This program seeks to establish volunteer sponsors in communities across the nation to provide proactive engagement to transitioning service members and their families. But again, on this issue, time is not our friend.

Our Nation's veterans and their family provided their opinion through our program Mission Roll Call. We asked over 600,000 veterans and their families, we learned that 95% do not believe our country is doing enough for the mental health of our Veterans; 77% do not believe dishonorably discharged service members should receive VA healthcare, and 86% feel that the VA must partner with non-government organizations to prevent veteran suicide. Mission Roll Call seeks to unify the opinions of veterans and their families about issues they identify as important.

In summary, the time to act is now! The Senate Bill 785 is the right bill for right now. I join the leaders of our country's largest veteran community collaboratives in urging the House of Representatives to adopt and pass Senate Bill 785 immediately.

I am hopeful. Hopeful for our military, hopeful for our veterans, and hopeful for our success in ending veteran suicide. Thank you for the opportunity to present to the committee.



Statement for the Record

Matt Kuntz, J.D., Executive Director, NAMI Montana
On behalf of NAMI (National Alliance on Mental Illness)

before the

U.S. Senate Committee on Veterans' Affairs

on

"S.785 - Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019"

September 9, 2020

Chairman Moran, Ranking Member Tester and distinguished members of the Committee, on behalf of NAMI, the National Alliance on Mental Illness, I would like to extend our gratitude for the opportunity to share with you our views and recommendations regarding "S.785 – The Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019." NAMI applauds the Committee's dedication in addressing the critical issues around veterans' suicide. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to treatment, support and research, and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

As NAMI Montana's Executive Director, I serve as a member of the Coalition to Heal Invisible Wounds (Coalition). I also serve on the Secretary of Veterans Affairs National Research Advisory Council (NRAC) and served as a member of the Creating Options for Veterans Expedited Recovery Commission (COVER Commission). I am not speaking on behalf of the Coalition, NRAC, or the COVER Commission, but am speaking on behalf of NAMI.

Commander John Scott Hannon

I met Commander John Scott Hannon in the fall of 2013 when he retired from his service with the Navy SEALs to live on his family's homestead in Colorado Gulch outside of Helena, Montana. Commander Hannon's family and friends called him by the name "Scott." I will use that name throughout this testimony.

Scott and I met for coffee in the fall of 2013 because his mother, Gretchen, thought we might strike up a friendship. Neither Scott or I were especially social, and we struggled to find something to talk about. Thankfully, we realized that we both loved designing custom outdoor adventure gear. That mutual obsession formed the basis of what would become a strong friendship in the following years.

Scott served in the SEALs from 1991-2012. He accrued major awards during this service and more than his fair share of hidden wounds that followed him back to his family's idyllic mountain hideaway. His journey towards recovery was courageous. It was amazing, even for someone like me who works every day in this field.

Scott was able to turn the tide against his post-traumatic stress injuries and alcohol addiction. He had amazing therapists and a broad traditional treatment team both in and outside of the VA that provided for his care. Scott really benefited from his experience helping heal injured raptors at the Montana Wild rehabilitation center. He teamed up with the Montana VA to incorporate this type of experience into the traditional dual diagnosis treatment program and worked to help document the outcomes of this important effort. I can imagine Scott's broad smile while looking at Section 203 of this legislation which provides a pathway for research-proven complimentary treatments.

Scott was adamant that the system for caring for veterans' brain health issues needed to improve. Scott volunteered with NAMI Montana in our efforts to support, educate and advocate for Montanans who live with mental illness and their families. Scott also talked about how NAMI's Family-to-Family program helped his family better understand his condition and support his journey towards recovery.

Through all the work to regain his health, Scott was able to hit the point of his recovery where he was able to rebuild the bond with his daughter Keira Vida Hannon White. I can still remember the twinkle in his eyes when he described how amazing it was to spend weeks of the summer of 2017 with her. Those wonderful weeks with Vida were the best weeks of his life.

Part of Scott's successful recovery after years of struggling in care was that his clinicians were finally able to diagnose and treat the bipolar disorder that was hiding behind the post-traumatic stress and alcohol addiction. Unfortunately, Scott's symptoms of bipolar disorder reemerged hard in the fall of 2017. Scott, his family, and his support system worked to help him overcome the mania that began the episode and the deep depression that followed, but we lost him in February of 2018.

Scott's family and I have cried and laughed together in remembering him. One of those conversations remains with me and is essential to understanding the Precision Medicine Initiative in Section 305 of this bill. Scott's sister Kimberly Hannon Parrott said, "I just wish that we had known about the bipolar disorder earlier. Scott overcame everything else. He just needed more time to work on that one." I couldn't agree with her more. Scott had spent over half a decade in intensive mental health and substance abuse treatment both in the VA and the Department of Defense. How much different would his trajectory have been if Scott, his loved ones, and his care team knew exactly which mental health conditions he had at the beginning of his treatment and

what types of care they would respond to. Instead, the care and his recovery flailed for years with treatments that were not targeted towards one of his key conditions.

I believe that Section 305 of this legislation will help more veterans receive the right care at the right time, helping to ensure that the hidden wounds of war will not take them away from their life and the people who love them. It will be a powerful and appropriate legacy to a dear friend who served this country honorably.

The Promise of S. 785

NAMI's forty years of work across the United States has focused on improving community-based mental health support and infusing care with the lessons of scientific research. We are pleased that this legislation addresses multiple issues that affect mental health care for veterans. NAMI applauds all of the important components in the bill, but will focus particularly on two: Section 305, the "Precision Medicine for Veterans Initiative" and Section 507, "Safety Planning in Emergency Departments."

The Precision Medicine for Veterans Initiative

According to the authors of "Suicide Among Soldiers: A Review of Psychosocial Risk and Protective Factors," "The fact that the vast majority of suicides occur among people with a current mental disorder makes this risk factor a prime target for screening and prevention efforts."¹ However, as Scott's experience shows, it can be difficult for clinicians to diagnose appropriately, particularly for veterans with co-occurring mental health and substance use disorders and PTSD.

The legislation's "Precision Medicine for Veterans Initiative" (the "Initiative") was crafted to better identify—and more effectively treat—our veterans with hidden wounds. The Initiative will "identify and validate brain and mental health biomarkers (measurable indicators of a state or condition) among veterans, with specific consideration for depression, anxiety, post-traumatic stress disorder, bipolar disorder, traumatic brain injury, and such other mental health conditions as the Secretary considers appropriate."ⁱ

The Initiative will ensure that the VA is conducting biomarker research, specifically "brain structure and function measurements, such as functional magnetic resonance imaging and electroencephalogram[.]"ⁱⁱ The Initiative "shall [also] coordinate with additional biological methods of analysis utilized in the Million Veterans Program of the Department of Veterans Affairs."ⁱⁱⁱ

The Initiative will ensure that data is stored and shared in a manner that protects each veteran's privacy while still allowing for dynamic collaboration between a broad conglomeration of

researchers capable of advancing the science of veterans' brain health. The Initiative's policies and procedures for "large-scale collection of standardized data and open data sharing" will "be modeled on the All of Us Precision Medicine Initiative administered by the National Institutes of Health."^{iv} In summary, the Initiative will use the power of anonymous data-driven research to enable clinician's to determine more precisely what condition(s) a veteran has and what treatments they will respond to.

Implementing Safety Planning in Emergency Departments

Emergency departments (EDs) often function as the "primary or sole point of contact with the health care system" for people struggling with suicidality.^v The Veterans Healthcare Administration (VHA) has implemented a Safety Planning in the Emergency Department (SPED) program for "veterans presenting to the emergency department who are assessed to be at risk for suicide and are safe to be discharged home."^{vi} This program "includes issuance and update of a safety plan and post-discharge follow-up outreach for veterans to facilitate engagement in outpatient mental health care."^{vii}

The VHA had identified expanding the implementation of the SPED program as one of its top to clinical goals for suicide prevention.^{viii} Specifically, "By September 30, 2021, VA will increase implementation of Safety Planning in the Emergency Department (SPED), to ensure completion of safety planning for eligible Veterans in the ED/Urgent Care Center (UCC) from a baseline of 34% to 90%."^{ix}

The SPED effort included the clinical demonstration project "Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment (SAFE VET)."^x This program was specifically designed to address the issue of the "dearth of empirically supported brief intervention strategies to address this problem in health care settings generally and particularly in emergency departments (EDs), where many suicidal patients present for care."^{xi}

In September of 2018, *JAMA Psychiatry* published the results of a large-scale cohort comparison study to determine whether the SAFE VET intervention was associated with reduced suicidal behavior and improved outpatient treatment engagement in the 6 months following discharge, an established high-risk period.^{xii} The study found that SAFE VET was associated with 45% fewer suicidal behaviors, approximately halving the odds of suicidal behavior over 6 months (odds ratio, 0.56; 95% CI, 0.33-0.95, $P = .03$). Additionally, veterans that received the SAFE VET intervention had more than double the odds of attending at least 1 outpatient mental health visit (odds ratio, 2.06; 95% CI, 1.57-2.71; $P < .001$).

Section 507 of this legislation requires the Secretary of the Department of Veterans Administration to present an in-depth report on the VHA's efforts "to implement a suicide prevention program for veterans presenting to an emergency department or urgent care center of the Veterans Health

Administration who are assessed to be at risk for suicide and are safe to be discharged home, including a safety plan and post-discharge outreach for veterans to facilitate engagement in outpatient mental health care.”^{xiii} This report requires analysis of the SPED’s program distribution throughout the VA system and fidelity to the research-based model.

NAMI applauds the inclusion of this report language in the legislation. Effective emergency room interventions are essential to reducing suicide. This report will complement the VA’s multi-year initiative to translate this critical suicide prevention research into practice and ensure that the VHA has the requisite support for the rollout of effective suicide prevention interventions in VHA Emergency Departments across the country.

Thank you again for the opportunity to testify in front of this honorable Committee. Your attention to this issue means a lot to me, the Hannon family, and the NAMI organization. We look forward to working with you to save the lives of America’s injured heroes.

Sincerely,



Matt Kuntz, J.D., Executive Director
NAMI Montana

ⁱ “S.785 - Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019” as accessed at <https://www.congress.gov/bills/116th-congress/senate-bill/785/text?q=%7B%22search%22%3A%22S.785%22%7D&r=4&s=1#toc-ide08038501f8349a9a9ae4d0c4d19d5cb> on August 31, 2020.

ⁱⁱ *Ibid* at Section 305(c).

ⁱⁱⁱ *Ibid*.

^{iv} *Ibid* at Section 305(b)

^v Knox, K., L., Stanley, B., Currier, G., Brenner, L., Holloway, M., & Brown, G.K. (2012). An emergency department based brief intervention for Veterans at risk for suicide (SAFE VET). *American Journal of Public Health*. 102 suppl(1): S33-7, 2012.

^{vi} “S.785 - Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019” at Section 507.

^{vii} *Ibid*.

^{viii} “Suicide Prevention: FY2020: Q1-Q2 Update,” July 2020.

^{ix} https://www.performance.gov/veterans_affairs/FY2020_july_Suicide_Prevention.pdf. Accessed on August 31, 2020.

^{ix} *Ibid* at page 2.

^x *Ibid*.

^{xi} Stanley, Barbara, et al. “Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department.” *JAMA psychiatry* 75.9 (2018): 894-900.

^{xii} *Ibid*.

^{xiii} Sec. 507(b)

Statements for the Record

Senator Blackburn Statement for the Record
RE: SVAC Hearing, September 9, 2020, “S.785: Leading the Way to Comprehensive
Mental Health Care and Suicide Prevention for Veterans”

Our veterans make sacrifices for this nation, and they deserve the high quality care that they have been promised – at the right place and at the right time – to alleviate the burdens they may carry physically, spiritually, and emotionally.

Unfortunately, there is no indication of a decline in the suicide rate among servicemembers and veterans. I am following closely a report recently released that details a lack of care coordination that may have led to a veteran in need taking his own life.

One tragic death is one too many.

And that is why my colleagues and I continue to discuss this important legislation that would improve oversight of mental health care and improve the mental health medical workforce within VA. S.785 would also make meaningful investments in veteran-serving community organizations across the nation - organizations like Operation Stand Down in Nashville, Tennessee.

Veterans are at greatest risk within their first year of leaving the service. Adequately providing services and care to veterans begins with deliberate efforts from the Department of Defense and existing models such as Transition Assistance Programs (TAP). According to a Pew Research survey, nearly half of post-9/11 veterans experience difficulty adjusting to civilian life. Early and frequent contact with the Veterans Affairs is critical to connecting veterans with the services they need during this unique period of transition.

Still, for women veterans, the existing care offered by VA is fractured and limited in its ability to meet their needs. The growing population of women veterans have been trying navigate these limited resources for far too long. S.785 would improve the care and services they receive through VA and those partnered with VA.

Lastly, as indicated by unfortunate losses, there is an acute need for improved suicide prevention efforts within VA emergency departments. Interventions in these emergency and urgent care centers are critical for those at risk, and policies to address veterans experiencing mental duress – and with a history of mental disorders – should be clear and well established. Warm handoffs to other inpatient or outpatient departments should be required at a minimum, and no at-risk veteran should ever leave a VA facility without a clear and confirmed plan for follow-up.

I appreciate the witnesses’ passion and advocacy for veterans across the nation on these urgent matters. It is essential that they, and those whom they represent, continue to have a voice in Congress.



**STATEMENT OF COMBINED ARMS BEFORE THE
VETERANS' AFFAIRS' COMMITTEE
U.S. SENATE
LEADING THE WAY TO COMPREHENSIVE
MENTAL HEALTH CARE AND SUICIDE
PREVENTION FOR VETERANS**

September 9, 2020

Chairman Moran, Ranking Member Tester, distinguished members of the Committee: Thank you for this opportunity to discuss the important topic on how communities leverage networks and systems to proactively improve access to quality mental health care and achieve greater outcomes to include the prevention of veteran suicide.

After serving in the government and veteran nonprofit space for over 20 years, and now as the CEO of Combined Arms, I am excited to report that in Texas, community collaboration with the VA has never been stronger. It's stronger because of the work of our local VHA and VBA leadership to understand the value that our 89 member agencies composed of state and local government agencies and vetted nonprofit organizations can serve as agile and effective force multipliers for VA programming and customer service statewide.

The Combined Arms Model

Dr. Richard Stone, Veterans Health Administration Executive in Charge recently stated *"We need to reconnect the veteran to the community around them."* By curating a coordinated service and backbone organization model, Combined Arms has always focused on the principles of **prevention**. We know that if we can ensure that services are accessed and delivered to



veteran clients faster and more effectively while at the same time holding the agencies (our Member Organizations) accountable for that speed and efficiency of service, we will collectively be able to **prevent** unemployment and underemployment, substance abuse, family challenges, homelessness, criminal behavior, and most importantly suicide.

Combined Arms is a dynamic, ever-evolving collaborative impact organization that is using an innovative approach of technology and service delivery to disrupt the veteran transition landscape in Texas, the second largest and fastest growing population of veterans in the US. By providing a holistic online assessment that efficiently connects veterans to member organizations, Combined Arms is accelerating veteran transition in order to deliver maximum impact in Texas. Combined Arms operates its collaborative system through four major pillars:

1. Combined Arms serves as the Community Veteran Engagement Board (CVEB) for the Greater Houston and Gulf Coast Regions which represents 60 government and nonprofit organizations serving over 300,000 veterans and their families across 44 counties. We are connected to the other CVEBs throughout the state and region and consistently share best practices on how community-based nonprofits and state government agencies can proactively work with VA to more effectively engage veterans and ensure they seek care.
2. Combined Arms created a Salesforce-based integrated technology platform that ensures thousands of military veteran families coming to or living in Texas have access to 450+ customized resources provided by our 89 vetted member organizations. Combined Arms has flipped the accountability from the veteran to the service organizations through their unique data driven methodology.



3. Combined Arms runs a co-working space for 89 government and nonprofit agencies that is centrally-located and creates intentional collaborative collisions for those professionals that serve military veteran families. The Combined Arms Center is also a single point of entry from transitioning service members, veterans, and their families.
4. Combined Arms has developed an innovative marketing campaign that reaches further upstream to attract more military veteran families still on active duty or looking for their next opportunity in Texas. Combined Arms is serving the community by attracting more military talent to Texas as a means of economic development for our state.
5. Combined Arms is recruiting, training, and deploying community leaders who have successfully made the difficult transition from military to civilian life to engage those veteran families still making the transition at the neighborhood level using our mobile app to connect them to the 450+ critically needed resources. This model not only positively activates hundreds of successful veterans to volunteer and make a social impact on our community but also ensures more veterans in transition have direct access to the resources provided by our member organizations.

These five pillars have effectively connected over 50,000 unique veteran clients to the 100,000+ resources provided by the 89 member organizations in the past ten years. It is self-driven by the veteran and custom-fit for their needs based on how they answer the assessment. Little effort is required on behalf of clients who may not yet be in crisis mode, unable to access other services, or unaware of services that exist. If a client reports a score less than 13 (out of a possible 25) from the World Health Organization wellbeing index or "WHO 5", then an alert is sent to the intake team for additional follow up on mental health. Every time a client returns to our system 15 days apart, the



system automatically asks for an update on the WHO 5 and tracks the data so we can see trends of their responses. Similarly, if clients report being homeless or living in a shelter, then an alert is sent to the Intake Team for additional follow up and assessment to ensure the client is properly referred to vetted housing programs. The Intake Team provides ongoing follow up with veterans reporting they are homeless until permanent housing has been confirmed. The Combined Arms Intake Team is trained on STRONG STAR's [Crisis Response Plan](#) if they engage with clients demonstrating suicidal ideation.

The Combined Arms system actively prevents client re-traumatization, as pertinent information can be shared between the Combined Arms system and the member organization delivering services. Clients are not asked the same questions multiple times, thus reducing frustration and increasing speed and efficiency of service delivery. The standard procedure is that Combined Arms member organizations follow up with the referred client within 96 hours per the contract agreed upon, however the average response time across all 89 agencies is under 30 hours. All of the aforementioned components act as "prevention nudges" - minor yet impactful structural supports that keep clients engaged in care and community which are both preventative measures and facilitators of veteran health. Case progression is monitored by Combined Arms regularly to ensure that no clients are slipping through the cracks. Because of this experience, we firmly believe that suicide prevention lies in the ability to provide direct access to social services to the veteran as far upstream in their transition process as possible. If we can prevent unemployment and underemployment, substance abuse, family challenges, homelessness, and criminal behavior by accelerating veteran access to critically needed



resources in a faster, more efficient way than we will prevent veteran suicides.

Additionally, complex problems like social isolation, access to quality mental health care, financial strain, and overcoming the stigma of asking for help can also be prevented by the combination of Combined Arms collaboration methodology and technology platform. **Community Leaders** are veterans and family members who have made the successful transition from military to civilian life and engage veterans and families at the neighborhood level through in-person and virtual events. These Community Leaders leverage the Combined Arms Mobile App (EchoLink) to ensure those still making that difficult transition have faster, more effective access to resources in real-time. These Community Leaders ensure there is **connectedness** in the veteran and family space across Member Organizations.

Combined Arms has collected service and resource demand by category from over 25,000 unique clients since 2017. The data has produced significant alignment with the Veteran Metrics Initiative (TVMI) findings that suggested four components of well-being:

1. Social relationships (social life + volunteer engagement)
2. Health (mental + life wellness)
3. Finances (financial + veteran benefits assistance)
4. Vocation (career and employment services + workshops)

VA Collaboration

Dr. Keita Franklin, the VA's Former National Director of Suicide Prevention also recently stated *"To save lives, VA needs the support of partners across sectors. We need to ensure that multiple systems are working in a coordinated*



way to reach veterans where they live, work, and thrive.” Based on many research studies, we know that veterans who don't access VA health and mental health care are much more likely to attempt and complete suicide. We also know that a majority of those veteran clients who access the 450+ resources provided by the 89 Member Organizations in the Combined Arms ecosystem also do not access VA care. In order to mitigate that deficit, Combined Arms partnered with the Veterans Health Administration and Veterans Benefits Administration to ensure more veterans had direct, accountable access to VA care when accessing our platform.

15 different VA programs and clinics have been assigned to work within the Combined Arms system ranging from the Post Deployment Clinic to Womens Clinic to the Mental Health, TBI and Benefits programs and other peer support or outreach programs. The objective is for the VA to utilize the Combined Arms system to refer veteran patients to vetted government and nonprofit agencies delivering social services not provided by VA directly. Similarly, other agencies can refer veteran clients into the VBA and VHA programs. Additionally, on a monthly basis, Combined Arms, VA, and many of our state government and nonprofit partners join forces on “VetConnect Days” to make VBA and VHA programs and care more accessible to veteran clients seeking services through the Combined Arms system. These events increase client enrollment into VA programs. Finally, through the work of the Governor’s Challenge and Mayor’s Challenge task forces, the Combined Arms Transition Center is a distribution site for gun locks from the VA.

In partnership with the CDC and the University of Texas at Austin, Combined Arms is leading an innovative project to develop research questions to analyze existing client data from our Salesforce platform. This work has led us to identify standardized assessment tools to understand the value of



connection that is provided through Combined Arms resources in reducing risk factors for suicide. Through this research, we anticipate that the rate of suicide risk will be reduced because veterans and their families are able to obtain quality services and resources that address their essential services (food, housing, financial support) and obtain mental health and other supportive services as well as support for their employment goals.

In Texas, some of the few VA hospitals in the nation that work with local organizations like Combined Arms and the County Medical Examiner to track, analyze, and report veteran suicides in the regions they serve. For example, based on the data available to these partners, the Combined Arms team and VA partners discovered that approximately 65 veterans died by suicide in Harris County (Houston) - the fourth largest veteran population in the United States - last year. Their average age is 53 with the most vulnerable populations being the youngest and oldest generation of veterans, aged 25-33 and 65+ years. This data is important for Combined Arms partners to better understand what programs and services can be deployed to actively engage more at-risk clients and effectively ensure that the number of deaths by suicide each year continues to decline.

Conclusion

Combined Arms remains in constant communication with our member organizations and the community and provides real-time reports of incidents of veterans in crisis in need of outreach including via social media, suicides, and attempted suicides. The Combined Arms Intake Team will follow up, assess needs, and connect to appropriate partners including the VA who are notified in advance of the system referral regarding the severity of the situation to ensure immediate follow up by our partners. This innovative model can better prevent suicide if our member organizations are given the



opportunity to provide direct access to social services to veterans as far upstream in their transition process as possible. If we can prevent unemployment and underemployment, substance abuse, family challenges, homelessness, and criminal behavior by accelerating veteran access to critically needed resources in a faster, more efficient way then we will prevent more veteran suicides in the communities veterans return to.

We support S.785 because our data shows that investing in communities, networks and systems like Combined Arms not only improves access to quality mental health care, prevents veteran suicide but most importantly saves lives. Thank you again for your consideration of this written testimony and for your continued service to our military veteran community.

Very Respectfully,

John Boerstler
CEO, Combined Arms



DAV Dept. of Arkansas Statement for the Record Suicide Prevention in North Central Arkansas

Executive Summary

I would like to thank Chairman Moran, Ranking Member Tester for the opportunity to submit this testimony in support of this important hearing. I applaud the Senate Veterans Affairs Committee and the U.S. Senate for the recent passage of the Commander John Scott Hannon Mental Health Improvement Act, S. 785. This critically important piece of legislation will provide the assistance to organizations and communities like mine in helping to reduce and prevent veteran suicide. Specially, Section 201 of the S. 785 authorizes the VA to provide financial assistance through a grant structure for organizations to conduct outreach and coordinate services and resources available to veterans either through the VA or the community. I strongly encourage the House Veterans Affairs Committee and the House of Representatives to pass this vitally important legislation before more veterans needlessly lose their life to suicide.

What We Did

Disabled American Veterans, (DAV) Chapter 30, Mountain Home, Arkansas has developed and is executing a Veterans suicide prevention outreach simple known locally as the Veteran Outreach Program. This effort is based on the best principles and practices of both Clinical and Community Psychology. In three years time this effort has reduced Veteran suicides in Baxter County, Arkansas by approximately 30%. Over the duration of the program I became the coordinating effort throughout the community for any and all Veteran related problems. This was achieved by serving as the Veteran Service Officer for both local DAV and VFW chapters putting myself in a position to contact Veterans at risk. Now, three years later, referrals come from a wide variety of sources including various types of support groups and word-of-mouth. Each at risk Veteran is closely followed with personal visits, phone calls, or email at least weekly. Veteran Outreach is currently expanding into neighboring counties. Personal contact at the grassroots level is what makes this work.

In 2016 Arkansas ranked #8 nationally in Veteran suicide and Baxter County was #1 in Arkansas at three times the national rate. Early in 2017, DAV Chapter 30 decided to move forward with a county wide prevention effort not in partnership with VA. A small grant from DAV National covered some of the gas mileage reimbursement and we raised a money from the community. Since this start, I have driven thousands of miles making hundreds of face to face, peer to peer contact with Veterans at risk and their families. This continues today in spite of COVID risk. It is this personal contact at the local level that has made the difference.

Prevention posters, books, and some other supplies were provided by the regional VA office and the Arkansas Department of Health (ADH) and have been especially helpful. These materials help with community awareness along with multiple presentations at civic organizations and area businesses. Hundreds of refrigerator magnets with the 800 suicide prevention number were handed out and people were encouraged to put the number in their phone in case they encounter someone at risk.

Fortuitously timed with COVID, the local VA Community Based Outpatient Clinic (CBOC) provided tiny bottles of alcohol hand wash, Chapstick, and other minor materials. Since the majority of Veterans who commit suicide are not engaged in the VA health-care system, these materials were distributed in hopes of encouraging Veterans to enroll in VA care.

Once a year, DAV Chapter 30 puts on an All Veterans and Family Cookout. Last year an estimated 750 attended. outgrowing the largest city park and was moved to the local Arkansas State University campus. Veteran and health related vendors participated offering their services. Funding for this event has come from Good Samaritan Nursing Home in our community when it was discovered that 70% plus of the men there were Veterans. Immediately following this cookout last year, 17 new people enrolled in VA health-care. With additional money through grants, we could hold these types of events more frequently, helping more veterans enroll with the VA and receive the care they need.

Results to Date

Since 2017 to date, the Veteran Outreach Program has reduced Veteran suicides in Baxter County, Arkansas by approximately 30%. The numbers are not in for 2020 yet, but it looks like the COVID enforced isolation may have negatively affected our recent positive trends in reducing suicides. Isolation is a major factor in suicides and when coupled with a rocky relationship and poverty issues that's may lead to suicide are enhanced. Under ordinary circumstances, our community outreach is expected to reduce Veteran suicides to less than half of the national rate.

Going Forward

A coordinating individual operating out of an upright institution. In Arkansas, I recommend UAMS, a reliable university, or perhaps an existing state agency. A central hub or clearinghouse for data, funds, ideas and solutions unique to each community, supported by financial assistance through grants and partnered with the local VA can ensure more veterans have access to care.

Over the last four years, I have averaged about 200 to 230 hours a month volunteering. At this rate volunteers ~~in this~~ will eventually fade away. A more dedicated support staff supported by additional funding through a grant program will enable greater outreach, not only throughout Baxter Country, but the rest of Arkansas. -As private community funding decreases, it became more important, especially because of COVID, for new funding streams to support the on-going Veteran Outreach Program. In order to continue to travel to meet veterans where they live in their communities, additional funding is critical and needed. Legislation recently passed out of the Senate is vital to providing the help we need to continue to engage with veterans in the community.

Qualitative Comments from Dr George Wolford

Meetings: COVID19 has very seriously impacted the function of this outreach. We have done our best to compensate by driving to individual homes and bringing a 'carry out' breakfast, but the fact is, F2F meetings are increasingly difficult and still poorly attended. These 'personal' meetings with veterans at risk are a cornerstone of this effort. Improving communication lines, the use of personal cell phones, ZOOM, (a computer based video conference calling software) and email have been the thrust during COVID and continue in addition to personal contact despite COVID risk.

I strongly urge support for S785 which will allow replication of this demonstrated, cost effective, successful outreach nationwide. This bill contains the essence of Senator Boozman's S. 1906 which was specifically designed for grassroots suicide prevention.

Thank you for your very valuable time and attention.

V/R,

George Wolford, PhD
DAV Vice Commander, Dept. of Arkansas
DAV Vice Commander, Chapter 30

SPONSORSHIP



The ETS Sponsorship Program
2600 Virginia Ave NW B200
Washington D.C. 20037

September 7, 2020

Senator Moran
Chairman, Committee on Veterans' Affairs
United States Senate
Washington D.C. 20510

Dear Senator Moran,

I am writing you to provide testimony for the Senate Committee on Veterans' Affairs hearing *S.785: Leading the Way to Comprehensive Mental Health Care and Suicide Prevention for Veterans* commencing on September 9, 2020 at 3:00 p.m. in Room 106 of the Dirksen Senate Office Building.

The provisions in the bill that will reduce suicides among Veterans are found in Title II – Suicide Prevention. Veteran suicide can be reduced through community-based grant programs that award grants to eligible entities to provide or coordinate suicide prevention services to eligible individuals and their families.



The Expiration Term of Service Sponsorship Program (ETS-SP), modeled on in-service sponsorship programs familiar to the Veteran, has demonstrated the ability to assess the impact of such a community-based program on suicide risk factors (e.g., reintegration difficulties, social support) among post-9/11 veterans. The initial results have demonstrated the effectiveness of the ETS-SP and have facilitated the expansion of the program to eight states. This work continues with the *Governor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families* and other key stakeholders. The ETS-SP template can be replicated and grant-supported locally.

Veterans face the highest risk of suicide during their first year after exiting military service, in part due to reintegration difficulties such as finding housing and employment. The ETS-SP connects transitioning service members *before they become Veterans* to VA-certified sponsors and community services in their post-military hometowns to address the reintegration difficulties that contribute to suicide risk.

The ETS-SP unifies on these mutually-reinforcing ingredients:

- pre-transition service member-sponsor interaction grounded in service member consent
- destination-community sponsors that are supported by local collaborative organizations anchored in government, specifically at county level.

The ETS-SP has developed a technology platform that connects and compliments service member/Veteran-sponsor interaction. Through application of this framework – a framework that is applied uniquely to service members/Veterans, sponsors, and community collaboratives – the ETS-SP is better able to understand the challenges faced by the transitioning service members and thereby mitigate the risks of suicide.

Sincerely,

A handwritten signature in blue ink that reads "W. H. Buck".

William H. Buck
Director

Enclosures:

Attachment A- ETS-SP Regional Sponsor Coordinator Example
Attachment B- Enrollment Procedures
Attachment C- Service Member Dashboard and Profile

cc: The Honorable Jon Tester



Attachment A - ETS-SP Regional Sponsor Coordinator Example



Local Collaborative Example Key



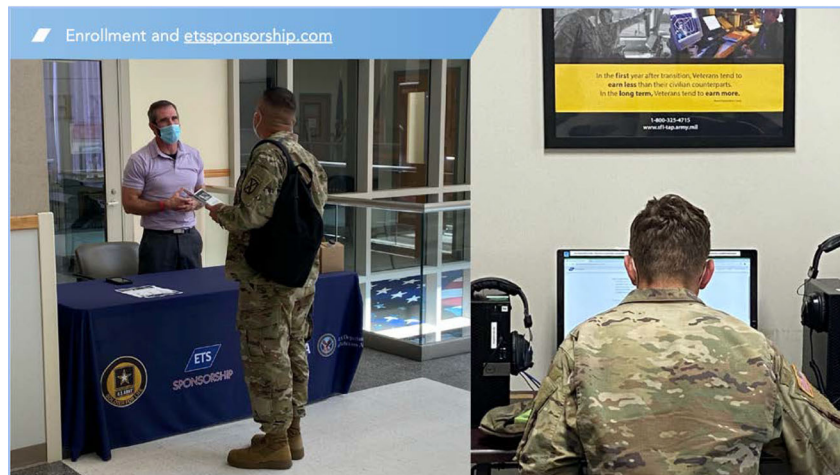
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ETS SPONSORSHIP

 City of San Antonio	 United Way	 Military Health Advisory Board - SA, TX	 Texas Workforce Commission
 Army Soldier For Life Programs	 Department of Veterans Affairs	 VISN17 Center of Excellence	 Civilian Aides to the Secretary of the Army

Note: the Army is the DoD Expert Agent for the first ETS-SP pilots.

Attachment B - Enrollment Procedures



The ETS Sponsorship Program

etssponsorship.com



Attachment C - Service Member Dashboard and Profile

The screenshot displays the ETS Sponsorship dashboard for a user named Katie Baker. The interface includes a top navigation bar with links for Sponsor Information, Welcome Basket, Community Events, Sponsor Meetings, and Data Vault. A chat icon and the user's name are also present.

Welcome Katie

ETS Sponsorship

Welcome to the ETS Sponsorship Program

- Sponsor Messages:** You have 3 unread messages from your sponsor.
- Sponsor Meetings:** Schedule or manage meetings with your sponsor.
- Welcome Basket:** View relevant offers and gifts in your area.

ETS News

A SOLDIER FORUM

September Newsletter: ETS Transition Tips

Transitioning from military to civilian life can seem like a daunting task. If you need some transition inspiration, here are some of our top tips for a successful military transition. [See More](#)

State and Local News

Virginia Employers Committed to Hire More Vets

More than 900 businesses, state and local agencies, and educational institutions are part of the Virginia Veterans Veterans (V3) Program to hire more Veterans and provide better... [See More](#)

Department of Labor News

DOL Solutes National Hire a Vet Day

America's veterans are ready to work! As we recognize National Hire a Veteran Day, the U.S. Department of Labor's Veterans' Employment and Training Service (VETS)... [See More](#)

Service News

Creating a Self Care Plan

Need resources to help you create a self care plan? Visit the National #SelfishMonth! The Health and Wellness page on the Soldier For Life website has dozens of resources to... [See More](#)

Upcoming Meetings

Action Plan Update (Sponsor Meeting)	Family Financial Plan (Virtual Meeting)
September 7 12:00 PM - 1:00 PM	September 29 12:00 PM - 1:00 PM
View Details	View Details

My Action Plan

My Action Items

Employment

- ☒ Resume
- ☒ Corporate History

Health

- ☒ Register with VA
- ☐ Health Insurance Concerns

Family

- ☐ Transitioning Family Needs
- ☐ Child Care

Suggested Transition Checklist

12 months or more

- ☐ TAP Scheduled
- ☐ ITP-Individual Transition Plan
- ☐ Pre-Separation Counseling
- ☐ Create LinkedIn Account
- ☐ Begin Exploring Career Options
- ☐ Explore SkillBridge Program
- ☐ Review Finances

6 - 12 Months

- ☐ Begin and refine job search
- ☐ Use master resume to begin drafting target resumes
- ☐ Schedule household goods counseling
- ☐ Schedule medical checkups

Destination Community Events

Event	Date	Time	Location
Washington D.C. Job Fair	Sept 6	9:00 PM	1000 1st St NW, Washington, DC 20004
Sept 14 - 15	Sept 14 - 15	10:00 AM	1000 1st St NW, Washington, DC 20004
Sept 18 - 19	Sept 18 - 19	10:00 AM	1000 1st St NW, Washington, DC 20004

Helpful Resources

VA Home Page	eBenefits	My HealthNet
Home Loan Guaranty	Education Benefits	VA Forms
Homeless Veterans	Military Records	VA State Departments

The ETS Sponsorship Program

etssponsorship.com

Written Testimony of
Garrett Cathcart
Executive Director
Mission Roll Call
Augusta, GA

Before the
U.S. Senate Committee on Veterans Affairs

September 9, 2020

Testimony on "S.785: Leading the Way to Comprehensive Mental Health Care and Suicide Prevention for Veterans".

Chairman Moran, Ranking Member Tester and Members of the Committee:

Thank you so much for your invitation to Mission Roll Call to provide written testimony on the veteran suicide epidemic and how our Country can effectively address it. I request my testimony be added for the record.

It is my great honor as Executive Director to represent Mission Roll Call and our members—1,134,546 of them. Mission Roll Call is a new model for advocacy for a new era. We are a non-partisan digital grass roots movement that leverages technology to communicate individually and directly with veterans and their families. Mission Roll Call's first survey asked what issue was most important to our members, and the response was overwhelmingly clear—the veteran suicide crisis. As a veteran of Operations Iraqi Freedom and Enduring Freedom, and currently serving as a Major in the United States Army Reserves, I am experiencing losing those with whom I have served in combat by taking their own life. For them and for my Soldiers who will separate from service—I thank you for your work on S785, and hope that it can be implemented immediately and address the House draft and proposed changes separately, but concurrently.

Following our first poll, Mission Roll Call led a petition that received 200,000 signatures calling on Congress to acted bipartisantly and bi-camerally to rapidly pass meaningful suicide prevention legislation. You have taken a great step towards that with the unanimous passing of S785, and our members agree. Last month, Mission Roll Call polled 600,000 veterans and their families with 87.2% of respondents believing that the Department of Veterans Affairs should partner with community based non-profits and non-government organizations to help prevent veteran suicide.

The Commander John Scott Hannon Mental Health Care Improvement Act (S785) is the most comprehensive and integrated veteran suicide prevention measure to date. The proposed solutions in S785 are full spectrum and will meet the needs of veterans no matter where they in their lives. Programs in Section 202 such as recreational therapy and post traumatic growth programs are effective upstream to not only prevent veteran suicide but also promote thriving and vibrant veteran lives.

Senate Bill 785 also provides for an increased capacity of mental health care at the Department of Veterans Affairs (Section 501). An overwhelming majority of our members that responded to our survey, 94.8%, agree that we are not doing enough for the mental health care of our veterans. Increased access and capacity to mental health care is critical to help stem veteran suicide.

In addition to leveraging technology to understand the needs and views of our members, Mission Roll Call travels the United States to speak with, capture, and tell individual stories of veterans.

One of our most profound interviews was with Mike Daly, a Vietnam veteran, a 30-year employee of the Department of Veterans Affairs, and current Executive Director of the Philadelphia Vietnam Veterans Memorial. When asked how we can help solve the veteran suicide crisis, Mike said it best, "...veterans need to find a group to be a part of, and to seek counseling if they need it from the VA. We've got a lot of really great counselors from all the wars, but most importantly, don't ever give up."

S785 supports the community groups that know their veterans best and who can reach out and engage them, as well as increasing capacity for mental health programs at the Department of Veterans Affairs.

Mission Roll thanks you for your to passage of S785 to comprehensively help stem veteran suicide. Time is of the essence with a shortening legislative calendar, and the House of Representatives has opportunity to fulfill our sacred duty to our veterans and their families. The veteran suicide crisis is a national security issue, as it prevents our very best citizens from joining the Armed Forces.

We placed our trust in you when we joined the Armed Forces to serve, and we place our trust in you now. We must act swiftly to counter the veteran suicide epidemic.

Thank you for the opportunity to submit written testimony.

Garrett D. Cathcart
Executive Director, Mission Roll Call



Mr. Barry Walker
Chief Clerk
Veterans Affairs Committee

September 8, 2020

As President and CEO of The Warrior Alliance, Inc. (TWA), I am respectfully requesting your support to pass the John Scott Hannon Veterans Mental Health Care Improvement Act (S. 785) to expand mental health treatment access for veterans. The immediate approval of the Bill is paramount to preventing and ending veteran suicides, a national crisis that our nation has been battling for close to two decades. Our veterans need better solutions as the current system of veteran care is not adequately meeting the challenge.

Our mission at TWA is to help Warriors and their families to achieve a fulfilling civilian life by collaborating with the organizations that provide services to support their transition from military service. We have experienced firsthand that a holistic community integration approach and public/private sector collaboration is the best method to solve this problem. The impacts are measurable and the veterans we serve are realizing improved quality of life outcomes.

TWA is eager to work with Congress and our fellow Veteran Service Organization leaders to make the implementation of S.785 a historical turning point for those who served in the United States Armed Forces. The time to act is now! With the rapidly approaching 2020 deadlines facing the 116th Congress, we need to get this legislation to President Trump's desk in the month of September for approval.

As an affiliate of America's Warrior Partnership, we share the commitment to doing the work that is necessary to help vulnerable veteran populations succeed in life after military service. While we are making great strides, there is much more work to be done to be in position to prevent and reduce veteran suicides over the next five years. Passing S.785: Leading the Way to Comprehensive Mental Health Care and Suicide Prevention for Veterans, will provide the needed support to expand the available resources and make our important work possible.

Thank you for your consideration.

In Service,

Scott Johnson
President/CEO
The Warrior Alliance

1000 Abernathy Road, Suite L-10 Sandy Springs, GA 30328