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WOUNDED WARRIOR PROJECT®

WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

VETERAN SUICIDE PREVENTION:
INNOVATIVE RESEARCH AND EXPANDED PUBLIC HEALTH EFFORTS

September 22, 2021

Chairman Takano, Ranking Member Bost, and distinguished members of the House Committee on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit this written statement for the record of today's hearing on veteran suicide prevention. Suicide is a serious public health challenge that causes immeasurable pain, suffering, and grief for individuals, families, and communities nationwide. Preventing veteran suicide is among the greatest challenges WWP is working to address in the community we serve. We share and appreciate the Committee's continued commitment to bringing veteran suicide into greater focus and are pleased to share our perspective for this hearing to explore research and expanded public efforts to prevent veteran suicide.

Wounded Warrior Project was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing more than 20 life-changing programs and services to over 195,000 registered post-9/11 warriors and their families, continually engaging with those we serve, and capturing an informed assessment of the challenges this community faces. Additionally, our investments in partner organizations provide a network of support for warriors and their families, reinforce our programmatic efforts, and expand our impact. These relationships with warriors, their families, and our partners have provided us with a deep understanding of those we serve, and we are grateful for the opportunity to provide our insights to the Committee.

UNDERSTANDING THE WARRIORS WE SERVE

In 2020, WWP published the eleventh addition of our *Annual Warrior Survey* based on responses from more than 28,000 post-9/11 wounded warriors. Since its first administration in 2010, the WWP *Annual Warrior Survey* has provided us with data to identify changes and trends in the needs of the warriors we serve. The prevalence of mental health issues has been an enduring theme and reinforced our commitment to building programs, partnerships, and policy recommendations that are responsive to warrior needs.

Self-reported post-traumatic stress disorder (PTSD) continued to rank high on the list of health problems experienced by warriors (82.8%) in 2020. PTSD is likely associated with the high percentage of warriors who report sleep problems (83.6%). The percentage of warriors who reported coping with anxiety was high in 2020, consistent with previous years (76.6% in 2020, 80.7% in 2019, and 68.7% in 2018). The percentage of warriors suffering from depression has also remained high and fairly stable (72.4% in 2020, 76.5% in 2019, and 70.3% in 2018). Military sexual trauma (MST), though not in itself a mental health condition, can lead to or worsen issues like PTSD, depression, anxiety, and other illnesses. While MST is not limited to women, it is particularly noteworthy that 44 percent of the female WWP survey respondents reported a history of MST. Traumatic brain injury (TBI), which can also affect mental health and suicidal ideation[i], was reported by 64% of warriors.

Our mission at WWP is to honor and empower wounded warriors. Given the challenges above and their persistence through the years, we constantly challenge ourselves to assist and treat veterans and Service members wherever they may be in their journey to recovery, to continue promoting help-seeking behaviors that improve psychological and emotional well-being, and to reduce the burden of mental health disorders. Our work is saving lives, but we acknowledge that we only reach a small portion of our nation's wounded warriors who could benefit from support like ours. And while there is encouraging news and a beacon of hope to be found in fewer veteran suicides in 2019, some tragic trends remain. According to VA's 2021 *National Veteran Suicide Prevention Annual Report* (covering years 2001 to 2019), veterans aged 18 to 34 continue to show the highest rate of suicide per 100,000 (44.4) followed immediately by those aged 35 to 54 (33.5)[ii].

ADDITIONAL CHALLENGES OF COVID-19 AND AFGHANISTAN WITHDRAWAL

The perennial challenge of assisting veterans and Service members was unquestionably heightened by the COVID-19 public health emergency and, months later, the withdrawal of U.S. Armed Forces from Afghanistan. During this time, WWP proactively engaged with our community to address the associated challenges and gained additional insight about how these events were affecting warriors' lives.

The initial shock of the pandemic sparked financial uncertainty. WWP saw a 112% increase[1] in requests for emergency financial assistance and was able to meet a portion of these needs through providing over $11 million to 11,000 warriors in financial crisis to help cover food and shelter expenses. As social distancing and quarantine guidelines were put in place, the importance of camaraderie and connection grew. A majority (61%) of warriors felt more disconnected from friends and family since social distancing practices were put in place, and 78% reported feeling isolated[2]. To this end, WWP pivoted to deliver virtual connection programming and saw dramatic success in helping warriors cope with social distancing and quarantine (92%) protocols and relieve pandemic-related stress (91%).

[1] This impact compares the period from 3/16/2020-5/15/2020 to the prior 60-day period.
[2] Based on 2020 Annual Warrior Survey data, which was gathered between May 5 and June 19, 2020.

When the pandemic began to take a toll on warriors' mental health, they turned to WWP for help. WWP saw a 38% increase in referrals to WWP mental health programs[3] and met that need by providing more than 50,000 hours of PTSD treatment[4] and conducting more than 21,400 emotional support calls between October 2019 and September 2020. During the earliest days of the public health emergency, WWP staff placed nearly 40,000 calls to warriors to break down isolation and offer a listening ear and support. Over the course of these phone calls, warriors who needed additional services were triaged as such:

- 41% referred to Connection programs, which give warriors and their families opportunities to virtually engage with peers and WWP.
- 35% referred to Financial Wellness programs, which provide career counseling services, benefits assistance, and debt and budget guidance.
- 19% referred to Mental Health programs, which include a range of mental health services, from telephonic health to intensive outpatient care.
- 5% referred to Physical Health & Wellness programs, which help warriors live healthier, more active lifestyles regardless of their injuries.

WWP is currently undertaking similar efforts in response to events in Afghanistan. To date, WWP staff have made over 12,500 calls to warriors who were deployed to or were injured in Afghanistan. These calls have resulted in over 200 referrals to internal WWP programs, and we expect more to come as we continue our outreach to more than 42,000 warriors who we believe could have at a heightened need for support. In the meantime, we continue to invest in resources to meet the demand that already exists by expanding our mental health program capabilities, training more staff in suicide prevention, launching additional family-based services, and improving our availability to warriors.

MEETING THE CHALLENGE BY BUILDING PROTECTIVE FACTORS

The discussion and figures above illustrate the critical nature of defending our nation's wounded warriors against a range of physical, emotional, financial, and social challenges that adversely impact heir health and well-being. As part of a growing commitment to address veteran suicide through a public health approach, suicide prevention strategies are created to mitigate risk factors and increase protective factors and awareness around suicide prevention protocols. WWP's approach integrates universal prevention programs targeted to our entire warrior population, as well as selective programming that targets high-risk groups, and indicated programs targeted toward individuals who have displayed significant risk.

Our efforts will continue to evolve as we recognize that there is no all-encompassing explanation or single path to suicide and that a combination of factors can lead to a crisis. Pre-existing psychiatric conditions, like depression and/or PTSD, are risk factors, but in addition

[3] This impact compares the period from 3/16/2020-5/15/2020 to the prior 60-day period.
[4] Clinical treatment is primarily provided through WWP's Warrior Care Network in partnership with four world-renowned academic medical centers.

there may be significant life stressors related to occupational functioning, relationships, the ability to live independently, or chronic medical conditions that a veteran has difficulty managing. Chronic conditions such as pain, sleep difficulties, and financial problems can wear down resolve. Sudden psychosocial changes such as a deterioration or dissolution of a relationship, sudden change in family dynamics (i.e., child custody) or job loss may all play a role in psychological crisis – especially when they occur suddenly and exceed the veteran's ability to cope.

Fortunately, our community has a growing understanding of protective factors that can help mitigate stressors. Access to mental health care, positive coping skills, and social connectedness are appropriately identified in VA's *National Strategy for Preventing Veteran Suicide* as being characteristics associated with a lesser likelihood of suicidal behaviors. As WWP has testified previously, mental health treatment works, but every individual has unique needs, and there is no one-size-fits-all solution. To that end, WWP's approach to meeting these challenges can be viewed across a foundation supported by mental health care and support, whole health and wellness, financial security, and connection and social support.

MENTAL HEALTH CARE AND SUPPORT

Veterans struggling with mental health issues like PTSD, depression, and anxiety may find themselves on a path to self-destructive coping behavior and isolation. These behaviors and isolation, which can become barriers to seeking care, are enhanced by the stigma that still surrounds mental health treatment. While many in the community are familiar with facts and figures around suicide, the truth is that the actual numbers are illusive at best, given for example premature deaths from high risk-taking behavior, which one could conceptualize as being suicidal in nature.

Community efforts to support all suicide prevention strategies recognize efficient access to effective interventions for factors that correlate to increased suicidality as a key component to successful implementation. Empirically supported mental health treatment absolutely works when it is available and when it is pursued. At WWP, we strive to promote and implement effective clinical and professional practices for assessing and treating veterans identified as being at risk for suicide. Our goal is to ensure evidence-based practices are delivered throughout all facets of WWP care delivery.

Our Mental Health Continuum of Support is comprised of a series of programs – clinical and non-clinical, both internal to WWP and in collaboration with external partners and resources – intended to assist warriors and their families along their journeys to improved mental health. The Mental Health Continuum of Support provides diverse programming and services to better meet their needs. At WWP, we understand that warriors have individualized paths of recovery, so that it may not be optimal to engage all warriors with the same program or even in a linear fashion. WWP's Mental Health Continuum of Support addresses and meets warriors where their needs are at their current stage of recovery. Warriors are engaged with the appropriate mental health program (i.e., the program that can best address current levels of psychological well-being

and resiliency). This allows for warriors to be empowered by programs that can best address their needs and increase both psychological resilience and psychological well-being.

Mental health access needs to be available through varied settings and providers as people at risk of suicide are unlikely to persist in navigating the complex mental health system. By providing a community of providers through VA, the Department of Defense, and civilian providers, we can establish "no wrong door" for accessing effective interventions. WWP will continue to invest in and deliver mental health interventions, and as we continue to innovate and expand our programmatic offerings, we also see great potential for empowering others to be key players in a broad continuum of care and support.

Looking Ahead: Training Those Who Interact with Warriors

Several objectives presented in VA's *National Strategy for Preventing Veteran Suicide 2018–2028* reinforce a growing body of research and clinical studies that have consistently demonstrated the value of military cultural competence to treating veterans. Specifically, Objectives 7.2 through 7.4 generally seek to promote the adoption of core education and training on the prevention of veteran suicide to community-based providers. VA has emphasized that point by stating that preventing veteran suicide requires that appropriate community-based and preventative clinical supports be available at the state/territorial, tribal, and local levels to assist those with suicide risk[iii]. VA simply cannot be everywhere – programs should support the active participation of a diverse range of community members in veteran suicide prevention programs, including care providers.

Wounded Warrior Project agrees with this approach and supports the *Veterans' Culturally Competent Care Act* (H.R. 4627). This legislation seeks to make use of the latest research from VA to educate private mental health care providers through a series of courses, all of which are designed to meet continuing education requirements. It would also provide opportunities for additional training in the future; within two years of the bill becoming law, VA would identify at least three clinical domains for which the need for care among veterans is high and develop training courses in those clinical domains. In sum, this bill would help drive continued progress towards ensuring that all private mental health providers uphold the standards and requirements as VA mental health providers.

Similarly, we believe that the SSG Parker Gordon Fox Suicide Prevention Grant Program (P.L. 116-171 § 201) will be a critical tool to prevent suicide and build better health and resilience in the veteran community. As VA expands its reach and support services through a new network of support organizations in the community, WWP has urged the agency to consider requiring all grantees to provide evidence-based and/or research-informed professional suicide prevention training[iv]. Crisis and suicide-specific trainings such as ASIST and safeTALK should be regularly facilitated for all staff and volunteers with the grantee organizations. WWP is committed to this approach and includes these courses in training for our own staff, reflecting our belief that an entire community being trained in suicide prevention supports a safety net and the first step in creating "no wrong door" to life-saving intervention.

Looking Ahead: Access Standards for Residential Care

The newest program in WWP's Mental Health Continuum of Support addresses a critical gap that exists in today's government programs – a consistent ability to connect warriors to inpatient and intensive outpatient mental health treatment when immediate action is needed. WWP's Complex Case Coordination Program serves warriors with complex challenges which are multi-faceted and require urgent action. The team takes an integrated approach, leveraging diverse internal and external resources, to address all components of the case concurrently. Among more than 600 warriors served, 93% are connected to VA but 69% have dealt with their complex issues for six or more months. Nearly two-thirds (63%) of those warriors needing mental health care have three or more diagnosed mental health conditions.

In a typical case, a warrior presents in urgent need and with a desire for assistance in navigating and advocating on their behalf to get into care. WWP will work directly with VA on behalf of the warrior to facilitate their appropriate care needs. While warriors are generally placed into care within 8 to 10 days of connecting with WWP, an impediment to accessing care sooner is the absence of an access standard that applies strictly to residential/inpatient mental health care – and most often seen when a veteran presents with co-occurring mental health and substance use disorders (SUD).

Mental health treatment facilities – particularly within VA's community network – often require veterans to abstain from substance use; however, veterans may be using substances to manage their mental health symptoms. Veterans who receive substance use treatment alone may be at risk for failing to meet their treatment goals if their mental health symptoms are not addressed. Addressing both conditions simultaneously can be necessary for lasting improvement. It is critical that veterans can access programs and facilities that are equipped to treat the veteran population and that post-care plans are strong and coordinated with VA to help prevent relapse. VA's access standards, as currently practiced around the country, do not always allow veterans to receive concurrent treatment like this in a timely fashion. The waiting period for a placement/referral to the most appropriate care setting can sometimes take up to 60 days.

Co-occurring SUDs and mental health disorders are common among post-9/11 veterans[5]. Substance use disorder is often present in veteran suicide[6]. Additionally, screening positive for PTSD or depression has been associated with being almost 20 percent more likely to also screen positive for hazardous alcohol use or a potential SUD. As the Committee explores the performance of VA's access standards and weigh potential adjustments, WWP urges close consideration of how those standards serve veterans requiring residential care for co-occurring mental health and SUD, as well as those with severe mental illness.

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[5] For an in-depth review of the impact of co-occurring mental health and substance use disorders, see *Improving Substance Use Care: Addressing Barriers to Expanding Integrated Treatment Options for Post-9/11 Veterans*, available at https://www.rand.org/pubs/research_reports/RR4354.html.

[6] Although not reported in the 2021 report, the *2020 National Veteran Suicide Prevention Report* (U.S. Department of Veterans Affairs) reflects that opioid and substance use disorders are more prevalent in veteran suicide than many common mental health disorders including PTSD, depression, and anxiety (see Graph 13 in the report, available at https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf).

Looking Ahead: Telehealth

One of VA's greatest strengths in meeting veterans' care needs has been its progress on telehealth delivery. In 2018, VA implemented new rules to allow their providers to practice telehealth over state lines regardless of where in the United States the provider or the veteran patient are located. COVID-19 has created a surge in demand for telehealth care and while much of that may very well be due to necessity, there are surely thousands of veterans who have now used these services for the first time. And as veterans – just like many non-veterans – have struggled with mental health challenges during this unprecedented disruption, the heightened accessibility to mental health care and suicide prevention services offered through the VA has unquestionably helped connect more veterans to care faster and easier than if they had to rely on other health systems.

Despite this success, accessibility gaps remain. A majority of veterans do not use VA for health care, including a majority of veterans who die by suicide. Across 734 rural counties in the United States, 93% have no licensed psychologists[v]. Approximately 1 in 4 veterans, or nearly 5 million veterans, live in rural or highly rural areas. Telehealth can create more mobile access points to care and help overcome barriers such as travel time and distance, but for those who do not currently use VA for health care, the agency's progressive telehealth laws do not afford a benefit. Congress can help.

First, Congress should act to extend all telehealth flexibilities for mental health and substance use disorders at least one year (and ideally longer) beyond the end of the public health emergency. Soon after the federal government declared a Public Health Emergency, Congress and the Centers for Medicare & Medicaid Services (CMS) expanded traditional Medicare's coverage of telehealth services. Among other flexibilities, they waived the Medicare requirement that a clinician be licensed in the state where the patient is located. In March 2020, CMS began implementing policies to expand telehealth access and delivery across states. As a result, some states have ordered temporary waivers on certain licensure requirements, including temporary interstate license reciprocity and endorsement.

Second, Members should encourage policymakers in their home states to join the Psychological Interjurisdictional Compact (PSYPACT). PSYPACT is an interstate compact designed to facilitate telehealth and temporary in-person, face-to-face practice of psychology across state boundaries without requiring that an individual provider become licensed in every state to practice. While there are additional efforts to address licensure and reimbursement, PSYPACT legislation at the state-level has had promising momentum that can hopefully continue with persistent advocacy from stakeholders at the national level.

Lastly, Members should support legislation to strengthen the Veterans Crisis Line. In August 2021, calls to the Veterans Crisis Line increased by 7%, chats increased 40%, and texts increased by 98%, compared to August 2020. The *REACH for Veterans Act*, H.R. 5073, would better prepare the Veterans Crisis Line to handle these higher call volumes and to transition to the 9-8-8 national suicide prevention hotline by making improvements to staff training, quality

review and management, and guidance for high-risk calls. We are pleased to see that the House has already passed the *Suicide Prevention Lifeline Improvement Act of 2021* (H.R. 2981) and urge Committee members to speak with their Senate peers about the importance of bolstering the quality of the National Suicide Prevention Lifeline Program's crisis line support and ensuring that ongoing information and referral for suicide risk is available to individuals at risk for suicide.

WHOLE HEALTH & WELLNESS

The public health model for preventing suicide advocates for multidisciplinary collaboration, convening many different disciplines across multiple sectors. Since risk and protective factors interact in a complex way, the Veterans Health Administration (VHA) adopted a whole health approach based on current research showing how targeting components like physical health, personal development, social support, and non-clinical approaches can complement clinical care.[vi] Similar efforts in the community, including at WWP, are helping expand the range of services available to help mitigate the risk of suicide.

While WWP's biggest programmatic investment is in direct mental health programs, other programming investments assist us in delivering a holistic approach to wellness that also serve as upstream interventions to build resilience and quality of life. Programs including Physical Health and Wellness, Soldier Ride, and Adaptive Sports aim to engage warriors through physical programming interventions. Through consistency in movement, improved nutrition, and a focus on overall wellbeing, the most obvious outcomes include improved body composition, minutes of daily physical activity, improved mobility, and physical wellbeing (as measured by the Veterans Rand 12 index). Perhaps most importantly, additional impacts include improved psychological wellbeing (as measured by VR-12), reduced symptoms of depression, decreased dose of medication, decreased pain, improved sleep, and improved confidence, all indicating an improved quality of life. To augment WWP's offerings in mental health and complement our own whole health wellness program model, we also invest in several organizations that provide individualized case management, or wraparound services, to veterans and their families, which continues to be a pressing need within the military and veteran community.

The primary motivation for most warriors to join these programs is to improve physical outcomes; body composition, mobility, strength, or acquiring a new skill/sport. However, warriors are quickly surprised at the dramatic increase to mood, motivation, and psychological wellbeing, which is what typically connects them to longer term behavioral change. Two areas that will factor into new approaches in these programs are sleep and chronic pain.

Looking Ahead: Chronic Pain

Education and awareness of the physical and psychological impacts of pain should be strongly considered to improve overall quality of life and reduce the severity of interference of chronic pain in daily activities. Veterans are especially vulnerable to injury and trauma with catastrophic and adverse health impacts linked to service-connected injuries, making them a

high-risk population for chronic pain. As such, WWP is committed to incorporating pain management and prevention to programming ultimately designed to improve mental health.

According to *Annual Warrior Survey* data, nearly all of warriors who have registered for WWP services (99%) are affected by one or more pain-related conditions with WWP veterans reporting four pain-related injuries, on average. Veterans compared to non-veterans have a higher risk for injuries, with military service resulting in numerous injuries, many of which led to at least one of the top three common types of chronic pain: low back pain, severe headaches or migraines, and neck pain. Among injured and wounded post-9/11 veterans served by WWP, 74% of warriors reported back, neck, or shoulder problems, 50% reported migraines or severe headaches, and 64% reported a head injury or TBI.

Unmanaged, chronic pain can have a cascade effect and is associated with depression, anxiety, decreased quality of life, poor sleep patterns, and substance use disorders[vii]. Studies have indicated that chronic pain is highly comorbid with other psychological disorders such as posttraumatic stress disorder (PTSD) and depression, and the presence of emotional distress can contribute to more intense feelings of pain[viii]. Further evidence indicates that PTSD, depression, and pain can have additive and deleterious impacts on health and even contribute to suicidal thoughts and behavior[ix]. Additionally, chronic pain can lead to self-medication through alcohol or substance use disorders and further inhibit sleep quality and increase risk for suicide or suicidal ideation[x]. Physical activity, unlike prescription medications avoids the negative physiological side effects and increased physical activity, even in modest amounts may provide protective effects against psychological disorders commonly associated with chronic pain, such as depression[xi].

In this context, WWP encourages Congress to continue working with VA to ensure that its Whole Health initiative evolves and becomes more integrated into the agency's health system. Incorporating physical activity and alternative and complementary programming, whether within VA or through community partners, can have a demonstrable impact on improving mental health. As indicated by Oregon Pain guidance, physical activity can reduce pain intensity by 30-60%, mindfulness and mediation can reduce pain intensity by 30-50%, sleep restoration can reduce pain intensity by 30-40%, where opioids only reduce pain intensity by less than 30%[xii]. With research like this in mind, VA should invest more in its own non-clinical engagements and raise its awareness of those being offered by private institutions, nonprofit organizations, and state and local governments in the communities where veterans live.

Looking Ahead: Sleep

The persistence of poor sleep quality is a public health issue that has a negative impact on physical and psychological function. Overwhelmingly, veterans do not get enough sleep to meet guidelines to promote good health; specifically, 35% of US (civilian) adults compared to 69 to 71% of veterans with varying combat experience reported sleeping less than the 7 hours per night recommended by the American Academy of Sleep Medicine and Sleep Research Society[xiii].

Sleep deficits can exacerbate or increase the risk for chronic conditions such as pain, anxiety, PTSD, depression, and unhealthy weight, which affect most veterans served by WWP. According to the National Veteran Sleep Disorder Study, veterans are six-times more likely to suffer from sleep disorder than the general population. Veterans who suffered from PTSD and other mental health issues or chronic diseases experiencing higher rates of sleep disorder diagnosis[xiv]. Environmental and physical hardships along with emotional distress and anxiety (often as a result of trauma) have been shown to have a statistically significant negative impact on sleep quality among deployed military personnel[xv]. Further analysis also suggests deployment and sleep quality are mediated by combat exposure and mental health symptoms[xvi].

In sum, there is a growing need for integrated care, specifically treatment and programs that include sleep hygiene or sleep disorder management with veteran care. Knowledge of how quality sleep and awareness of sleep disorder treatment is the first step in impacting change for better health outcomes. Minor, incremental changes in behavior leveraging non-pharmacological treatment methods such as exercise and behavior-based sleep therapy to improve sleep quality and ultimately support improved health outcomes should be promoted.

FINANCIAL SECURITY

Recent research shows that meeting basic financial needs and resilience were related to lower suicidal ideation in veterans who served after September 11, 2001.[xvii] WWP has been highly attuned to this perspective and has had an enduring segment of its programming dedicated to mitigating economic stressors in veterans' lives. WWP staff currently work with veterans to gain access to meaningful employment by helping to develop resumes, interview skills networking opportunities, dressing for success, and transportation breaking down barriers to employment. WWP also works hand-in-hand with warriors to educate them on how to manage their finances to build a strong foundation for themselves and their families.

Wounded Warrior Project staff involved with these programs are a crucial touchpoint for additional suicide prevention support given their interaction relationship building with veterans. Similar to the discussion above relating to the SSG Parker Gordon Fox Suicide Prevention Grant Program (P.L. 116-171 § 201), VA and Congress must be aware that suicide prevention services rightfully encompass programs that assist veterans with financial security and benefits counseling. As such, WWP believes that new community partners providing services like these must understand the role of employment and financial security as protective factors for suicide risk, how to assess if a veteran they are working with is at risk for suicide, and how to provide support if someone needs it.

Additionally, WWP partnerships address financial wellness and augment WWP programs by addressing housing and food insecurity and supporting employment opportunities. Our partners have noted the increase in housing assistance requests due to COVID protections being lifted. These protections vary at the state and local level and require significant attention to ensure veterans are getting the most relevant information and resources available. Separately, according to the 2019 Military Family Support Programming Survey conducted by our partner Military Family Advisory Network (MFAN), one in eight survey respondents said they were

experiencing food insecurity[xviii]. MFAN found that the pandemic has further compounded the issue of food insecurity and is actively addressing this challenge through our collaborative regional food distribution events.

Looking Ahead: Economic Recovery

The 2020 *Annual Warrior Survey* was administered during a challenging time for the WWP warrior population. The survey was administered from May 2020 to June 2020, at the peak of the coronavirus pandemic and social distancing measures. Employment has been a significant concern among most Americans during this time, and for warriors, health challenges only add to these concerns. Those who reported their health status as fair or poor were more likely to report challenges related to employment and finances than warriors with good, very good, or excellent health status. Our survey results indicate that the warrior unemployment rate has increased significantly over last year, reaching 16.5%, compared to 11.5% in 2019. Overall, one-third of warriors reported that they either have or expect to run out of money for themselves or their family's necessities.

Unsurprisingly, COVID-19 has had an impact on sustained employment of the warriors served by WWP's Warriors to Work program. We saw a drop from 64% to 55% sustained employment (measured as 11 months of employment post placement) due to the impact of COVID and the resulting layoffs and furloughs across the nation. Although the average full-time salary increased during this period, COVID has highlighted the need to ensure that warriors are trained and recruited to jobs that are meaningful and enduring in spite of the pandemic. This has translated to an increased focus on finding more work-from-home jobs, non-hospitality related employment, and working with national employers that have veteran-hiring goals with good career options.

Full economic recovery is critical to the continued employment and financial well-being of warriors. Over the last fiscal year, financial and housing support organizations have been the top two external referral destinations for warriors calling WWP for help. Congress should be mindful of these trends when monitoring the economic recovery – and the easing of policies like the national eviction moratorium – from the public health emergency.

CONNECTION AND SOCIAL SUPPORT

Recent research provides increasing evidence of the benefits of social support on mental health outcomes and in decreasing risk of suicide.[xix] Both transitioning Service members and veterans who have been separated from the military for some time need support when integrating into the community. WWP's programs and partnerships follow a coordinated approach to connect the veteran and military population with others who have similar experiences, as well as customized trusted resources to meet their unique needs.

While in the military, many Service members form bonds with one another that are as strong as family ties. WWP helps re-form those relationships by providing warriors opportunities to connect with one another through community events and veteran support groups

housed within our Alumni Program. WWP also funds partner organizations and programming that empower veterans and their families to become leaders in their community through youth mentorship and volunteerism, as well as social and physical activities. Regardless of where they are established, these connections provide meaning, purpose, and camaraderie, something that veterans strive to find after military service.

Everything WWP does, including initial or ongoing participation for warriors in the Alumni Program, is focused on creating a life worth living with a purpose worth living for, thereby creating a protective fabric in the battle against veteran suicide. Obstacles to seeking mental health care support may be difficult to overcome, especially when amplified by stigmatizing messages. In many ways, these obstacles can seem monumental to overcome to veterans and serve to further isolate those who may already feel marginalized – yet there is hope to be found through engagement with peers.

Looking Ahead: Peer Engagement

A possible first step to overcome those hurdles is engagement with peers. During such peer engagement, warriors may be exposed to peer testimonies that can, in turn, serve to break some barriers to seeking mental health care such as stigma. Engagements may also provide a specific strategy and action items that can assist the veteran in feeling empowered as they traverse a system that may feel complicated and foreign. Interaction with peers can also decrease isolation, encourage recovery, and foster a greater sense of community that can be critical to building a deeper sense of awareness of supports and other services that are available.

Since September 2019, WWP has facilitated more than 160,000 engagements through more than 14,000 events and programs designed to build connection and camaraderie among those we serve. We believe these engagements are a key reason why so many warriors believe that there are people they can depend on to help if they really need it (79.9%) despite often feeling isolated from others (37% versus 63% who hardly ever or sometimes feel isolated). In further recognition of the power of peer support, WWP has built a robust peer support program and network. This peer support is available in rural areas and through expanded peer support groups in more than 100 locations around the country. Peers are trained and available to support veterans.

Congress and VA can continue to support similar efforts at VHA. While a friend or informal peer or group can be supportive and offer assistance, the availability of trained, certified Peer Support Specialists increases the odds that a person needing assistance will receive exactly what they need and be re-directed to appropriate resources if the situation warrants. Section 506 of the *VA MISSION Act* (P.L. 115-182) established a peer counseling program to better combat the risks of suicide and treat associated mental health conditions. Under this authority, Peer Support Specialists are included in Patient Aligned Care Teams within VA medical centers to promote the use and integration of mental health and substance use treatment services in the primary care setting.

Although this peer support can promote recovery and empowerment, additional authority is needed to make the program available at all VA medical centers. The *Veteran Peer Specialist*

Act (H.R. 4575) would create that authority as well as prioritize expansion to rural areas, areas not near an active military installation, and the hiring of peer specialists that reflect the racial and ethnic demographics of the veteran population. WWP supports this legislation as well as other peer-focused legislation including H.R. 3405, which would establish "Battle Buddy Check Week," and H.R. 1476, the *PFC Joseph P. Dwyer Peer Support Program Act*, which would authorize VA to make grants to State and local entities to carry out peer-to-peer mental health programs.

Looking Ahead: Navigating Systems of Support

In our experience as a program provider and connection source for veterans, WWP recognizes that navigating the array of resources can be daunting and overwhelming for many veterans and military families. Even with a single organization, training and awareness of intraorganizational programs may not be widespread enough to ensure a smooth and efficient experience for the veteran user. WWP has taken efforts in consideration of these factors and we believe VA can do the same.

Two examples can be found in our Mental Health Triage team and a new Program Navigation pilot. Our triage team was launched with the intention of streamlining warrior referrals to the most appropriate WWP mental health programs and minimizing the number of hand-offs and information gathering required from other program departments. A more standardized assessment and intake process has proven helpful to our commitment to putting warriors at the center of what we do, minimizing the amount of effort on their parts to identify and participate in the program(s) best suited for their needs, and decreasing the amount of time between their initial outreach and their placement in a WWP program.

Similarly, WWP has implemented a Program Navigation pilot for warriors with multiple needs to ensure warriors stay engaged with programs and do not get overwhelmed. A program navigator will develop a plan with the warrior, obtain their buy-in, and follow up with the warrior as agreed. In the past, a Warrior might receive up to five different phone calls in response to five separate, uncoordinated referrals. The Program Navigation team captures a warrior's multiple needs and builds a navigation plan that results in making the highest referral connections up front so as to not overwhelm the warrior. Two-way engagements – where WWP staff are talking directly to the warrior about needs – have increased by 66% with this pilot versus our standard process.

Congress and VA can take certain steps to improve veterans' ability to navigate the care and support system. First, within the new SSG Parker Gordon Fox Suicide Prevention Grant Program (P.L. 116-171 § 201), grants to organizations with the ability to coordinate suicide prevention services are prioritized. WWP supports this approach and similarly funds community integration efforts which connect veterans, Service members, and their families to diverse local resources to ensure the success of veterans within the community. Second, we encourage a fresh assessment of VA's ability to coordinate multiple programs and services for veterans with complex needs. The Federal Recovery Coordination Program has had a history of success in this pursuit; however, that office has since transformed into the Federal Recovery Consultant Office in February 2018 in response to the Presidential Executive Order, "Comprehensive Plan for

Reorganizing the Executive Branch." While this shift may have created some efficiencies, WWP encourages a fresh assessment of whether the FRCO is sufficiently resourced to meet the needs of veterans with complex needs, including those who may be at risk for suicide because of comorbidities like TBI, SUD, and mental health disorders.

CONCLUDING REMARKS

Wounded Warrior Project thanks the House Committee on Veterans' Affairs, its distinguished members, and all who have contributed to the policy recommendations about reducing veteran suicide. We share a sacred obligation to serve our nation's veterans, and WWP appreciates the Committee's effort to identify and address the issues that challenge our ability to carry out that obligation as effectively as possible. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

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[i] G. Simpson & R. Tate, *Suicidality in People Surviving a Traumatic Brain Injury: Prevalence, Risk Factors and Implications for Clinical Management*, BRAIN INJURY (Dec. 21, 2007), available at https://www.ncbi.nlm.nih.gov/pubmed/18066936; A.W. Engberg & T.W. Teasdale, *Suicide After Traumatic Brain Injury: A Population Study*, J. OF NEUROLOGY, NEUROSURGERY, AND PSYCHIATRY (Oct. 2001), available at https://www.ncbi.nlm.nih.gov/pubmed/11561024; Nazanin H. Bahraini, et al., *Suicidal Ideation and Behaviors after Traumatic Brain Injury: A Systematic Review*, BRAIN IMPAIRMENT (May 2, 2013) available at https://www.cambridge.org/core/journals/brain-impairment/article/suicidal-ideation-and-behaviours-after-traumatic-brain-injury-a-systematic-review/686E3BEC919567BE1CC64F56B1E4B866; T. Madsen, et al., *Association Between Traumatic Brain Injury and Risk of Suicide*, J. OF THE AM. MEDICAL ASS'N (Aug. 14, 2018), available at https://www.ncbi.nlm.nih.gov/pubmed/30120477.

[ii] Available at https://www.mentalhealth.va.gov/suicide_prevention/data.asp.

[iii] *Department of Veterans Affairs' (VA) National Strategy for Preventing Veteran Suicide 2018–2028*, 20, available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.

[iv] See Wounded Warrior Project public comment in response to AR16 – Notice of Request for Information on the Department of Veterans Affairs' Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, 86 Fed. Reg. 17,268 (Apr. 1, 2021), available at https://www.regulations.gov/document/VA-2021-VHA-0008-0001.

[v] Tom Klobuchar, Office of Rural Health, *An Introduction to the VA Office of Rural Health* (slide deck), U.S. DEP'T OF VET. AFFAIRS (May 5, 2021).

[vi] *See* U.S. DEP'T OF VET. AFFAIRS, *"Promoting the Whole Health for Life Model." From Science to Practice: Using Research to Promote Safety and Prevent Suicide* (2019), available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Whole_Health_FINAL_508_8-19-2019.pdf.

[vii] R.L. Nahin, *Severe Pain in Veterans: The Impact of Age and Sex, and Comparisons to the General Population HHS Public Access* (2017), *J Pain*, available at https://doi.org/10.1016/j.jpain.2016.10.021.

[viii] J. Wu, et al., Chronic pain and comorbid mental health conditions: Independent associations of posttraumatic stress disorder and depression with pain, disability, and quality of life, *Article in Journal of Behavioral Medicine*, available at https://doi.org/10.1007/s10865-015-9628-3.

[ix] *Id*.

[x] S. Chakravorty, et al., *Suicidal Ideation in Veterans Misusing Alcohol: Relationships with Insomnia Symptoms and Sleep Duration,* ADDICTIVE BEHAVIORS (2014), available at https://doi.org/10.1016/j.addbeh.2013.09.022.

[xi] K.R. Ambrose & Y.M. Golightly, *Physical exercise as non-pharmacological treatment of chronic pain: Why and when*, BEST PRACTICE & RESEARCH CLINICAL RHEUMATOLOGY, 29, 120–130 (2015), available at https://doi.org/10.1016/j.berh.2015.04.022.

[xii] OREGON PAIN GUIDANCE GROUP, *Non-Opioid Options – Oregon Pain Guidance* (2020), available at https://www.oregonpainguidance.org/guideline/non-opioid-options/.

[xiii xiii] CTRS. FOR DISEASE CONTROL AND PREVENTION, *CDC – Basics About Sleep – Sleep and Sleep Disorders* (2017), available at https://www.cdc.gov/sleep/about_sleep/index.html; V. Mysliwiec, et al., *Sleep Disorders and Associated Medical Comorbidities in Active Duty Military Personnel*, SLEEP (2013), available at https://doi.org/10.5665/sleep.2364.

[xiv] M. Alexander, et al., *The National Veteran Sleep Disorder Study: Descriptive Epidemiology and Secular Trends*, SLEEP (2016), available at https://doi.org/10.5665/sleep.5972.

[xv] A.L. Peterson, et al., *Sleep Disturbance During Military Deployment*, *MILITARY MEDICINE* (2008), available at https://academic.oup.com/milmed/article-abstract/173/3/230/4557683.

[xvi] A.D. Seelig, et al., *Sleep Patterns and Deployment to Iraq and Afghanistan,* SLEEP (2010), available at https://academic.oup.com/sleep/article-abstract/33/12/1615/2433777.

[xvii] E.B. Elbogen, et al., *Psychosocial Protective Factors and Suicidal Ideation: Results from a National Longitudinal Study of Veterans*, J. OF AFFECTIVE DISORDERS (2020), available at https://doi.org/10.1016/j.jad.2019.09.062.

[xviii] *2019 Military Family Support Programming Survey*, MILITARY FAMILY ADVISORY NETWORK, available at https://militaryfamilyadvisorynetwork.org/military-family-support-programming-survey-new/

[xix] U.S. DEP'T OF VET. AFFAIRS, *"Social Support and Belonging as Protective Factors." From Science to Practice: Using Research to Promote Safety and Prevent Suicide* (2020), available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Social_Support_508_FINAL_07-11-2019.pdf.