

**Wounded Warrior Project**  
4899 Belfort Road, Suite 300  
Jacksonville, Florida 32256  
☎ 904.296.7350  
📠 904.296.7347



**WOUNDED WARRIOR PROJECT  
STATEMENT FOR THE RECORD  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES**

**HEARING ON**

**TRAGIC TRENDS: SUICIDE PREVENTION AMONG VETERANS**

**APRIL 29, 2019**

**Introduction**

Chairman Takano, Ranking Member Roe, and distinguished Members of the Committee on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit this statement for the record of today's hearing on veteran suicide prevention. Suicide prevention is the Department of Veterans Affairs' highest clinical priority and among the greatest challenges WWP is working to address in the community we serve. For these reasons, we appreciate the Committee's continued commitment to bringing veteran suicide into greater focus with this hearing.

**Framing WWP's Approach to Suicide Prevention**

Wounded Warrior Project is transforming the way America's injured veterans are empowered, employed, and engaged in our communities. Since our inception in 2003, we have grown from a small group of friends and volunteers delivering backpacks filled with comfort items to the bedsides of wounded warriors here in our nation's capital, to an organization of nearly 700 employees spread across the country and overseas delivering over a dozen direct-service programs to warriors and families in need. Our foundational principle to ensure that today's generation of warriors and families successfully transition into civilian life and thrive in their communities guides all that we do internally and what we fund externally.

Wounded Warrior Project is constantly striving to be as effective and efficient as possible and we are in continual communication with the warriors and caregivers we serve to ensure that we are constantly adapting our programs and approach to their unique challenges and needs. To learn more about their physical, social, economic, and mental health needs, WWP has conducted the nation's largest and most comprehensive survey of post-9/11 veterans who have sustained both physical and hidden injuries while serving the nation. Since its first edition in 2010, this annual survey has helped us identify trends and needs among registered warriors, to

**DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE**





compare their outcomes with those of other military and veteran populations, and to measure the impact of continual programmatic engagement – all to determine how we can better serve veterans, service members, and their families.

Wounded Warrior Project released the results of its 2018 Annual Survey to a gathering of congressional staff in December 2018. Over 33,000 warriors completed this edition of the Annual Survey and, for the fourth year in a row, post-traumatic stress disorder (PTSD) was the most frequently reported health problem from service (78.2 percent), followed closely by depression (70.3 percent), anxiety (68.7 percent), and even sleep problems (75.4 percent), an issue frequently linked to mental health challenges. Accordingly, mental health programs are WWP’s largest programmatic investment – in 2018, WWP spent \$63.4 million on our mental health programs – and we hope the lessons we have learned as the leading provider and funder of mental health programming in the veteran service community can help guide Congress and the Department of Veterans Affairs (VA) to reverse the haunting trends in veteran suicide.

### **Complementing VA Efforts to Prevent Veteran Suicide**

In September 2018, WWP testified that our approach to addressing veteran suicide is encompassed by our belief that suicide prevention must move beyond the healthcare/crisis management model towards an integrated and comprehensive public health approach focused on resilience and prevention. A multi-disciplinary approach to treatment – whether clinical, community-focused, or a combination – is required. We also recognize that our efforts are part of a community approach being driven in large part by VA:

*“In the Department of Veterans Affairs FY 2018–2024 Strategic Plan, we have identified preventing Veteran suicide as our highest clinical priority, one that will require all of government, as well as public-private partnerships, to achieve. [...]*

*VA has embraced a comprehensive public health approach to reduce Veteran suicide rates, one that looks beyond the individual to involve peers, family members, and the community. Yet we know we cannot do it alone, as roughly half of all Veterans in the U.S. do not receive services or benefits from VA. This means we must collaborate with partners and communities nationwide to use the best available information and practices to support all Veterans, whether or not they’re engaging with VA.”*

Dr. Carolyn Clancy, Executive-in-Charge, Veterans Health Administration  
VA National Strategy for Preventing Veteran Suicide 2018-2028 (2018)

In this context, VA has recently adopted a public health model to address veteran suicide prevention – a move WWP has encouraged and supported in a variety of both direct and complementary ways. As the Committee looks to address VA’s recent shift towards prevention as part of a public health model, we offer this statement through the lens of that model and offer perspective on how WWP approaches its mission to honor



and empower wounded warriors through the model's four foundational pillars: (1) population approach, (2) commitment to science, (3) primary prevention, and (4) multidisciplinary strategies.

### **Population Approach**

As stated by the Centers for Disease Control (CDC), “while suicide is often thought of as an individual problem, it actually impacts families, communities, and society in general. The long-term goal of public health is to reduce people’s risk for suicidal behavior by addressing factors at the individual (e.g., substance abuse), family (e.g., poor quality parent-child relationships), community (e.g., lack of connectedness to people or institutions), and societal levels (e.g., social norms that support suicide as an acceptable solution to problems; inequalities in access to opportunities and services) of the social ecology.”

Whether because of psychological (“invisible wounds”) or physical (“visible wounds”) trauma or a combination of both, every warrior who registers with WWP is provided with a unique path of individual and collective recovery that he or she can pursue through our direct services and other support networks. While there is no predetermined path for each warrior registering with WWP, a warrior’s first engagement with our organization is often through our Alumni Program. 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 wounded warriors opportunities to connect with one another through community events and veteran support groups housed within this program. WWP also provides easy access to local and national resources through outreach efforts and with the help of partners like The Mission Continues, Team Red White & Blue, Team Rubicon, and over 30 funded partner organizations. While most events are warrior focused, WWP also hosts a variety of family-based activities.

Additionally, WWP-sponsored Peer Support Groups are led by, and designed for, warriors who want to discuss personal challenges and lend support to one another. Peer Support Groups can lead to new friendships, provide a renewed sense of community, strengthen bonds through shared experiences, and introduce new solutions to challenges. WWP trains Peer Support Group leaders to facilitate productive discussions and maintain a safe, judgment-free environment for warriors. These groups not only serve as “force multipliers” for our organization but also assist WWP with identifying individuals in crisis.

While engagements may range from recreational activities and sporting events to professional development opportunities and community service projects, the Alumni Program was formed with an appreciation for the fact that a desire for post-service camaraderie is what often brings veterans to our organization. In this context, our Alumni Program focuses on engagement and connection and not simply the activity or event itself. We diversify our connection-focused offerings in regions to attract a wide variety of warriors and families, and it is through these events that they develop a relationship with the organization and trust WWP to help resolve more challenging and personal obstacles in their rehabilitation and recovery. Our organization averages more than 11 engagements like this every day.



While not specifically focused on suicide prevention, the Alumni Program’s value becomes clearer when we conceptualize WWP “membership” and engagement as a possible first step in recovery for those seeking or in need of help. Obstacles to seeking mental health care support may be difficult to overcome, especially when amplified by stigmatizing messages. In many ways, these obstacles can be challenging to overcome and serve to further isolate those who may already feel marginalized. A possible first step to overcome those hurdles is engagement with peers. During such peer engagement warriors may be exposed to peer testimonies and guided towards seeking mental health treatment and expose them to WWP programs that can lead them towards paths to career fulfillment, financial security, physical wellness, and other protective factors against suicide. Warriors may attend an engagement event to spend time with fellow veterans but may leave with newly acquired psychoeducational information and new friendships that empower them to take an additional step in their recovery.

Suicide prevention should not be limited to saving an individual life when they are in crisis; it must be about creating a life worth living – and providing coping skills and resiliency for dealing with future stressors. Meaningful relationships are vital to the success of warriors’ transitions back into civilian life, and suicide is best combated through preventive measures such as providing mental health programs, connection opportunities, and pathways to build confidence and a sense of purpose. We must be proactive when engaging warriors and showing them how their lives matter in their homes and communities. Offerings like WWP’s Alumni Program and Peer Support Groups provide avenues to recurring engagement and a way to stay connected prior to a crisis.

**POLICY CONSIDERATION – Encourage and enable VA to improve collaboration with private sector programs and services assisting veterans:** As Congress and VA work to expand VA’s clinical footprint through the *MISSION Act*, there remains great opportunity to integrate not only medical services, but also to build from that foundation, linking to existing referral networks of non-clinical community supports. The creation of a network bridging non-profit with governmental – clinical with non-clinical – could help veterans better navigate the many services that are available to them. If done correctly, this has the potential to be transformative; non-clinical supports are in many cases as essential for a veteran’s success as high quality clinical care. Section 201 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* (S. 785) embraces this concept and we encourage the Committee to consider similar legislation.

### **Primary Prevention**

The CDC states that “public health emphasizes efforts to prevent violence (in this case, toward oneself) before it happens. This approach requires addressing factors that put people at risk for, or protect them from, engaging in suicidal behavior.” At WWP, we recognize that mental health treatment works, but every individual has unique needs, and there is no one-size-fits-all solution. We take a comprehensive approach to mental health care that is focused on improving the levels of resilience and psychological well-being of warriors. Our end goal is continual engagement until the warrior is far enough in their recovery to “live our



logo” (i.e., help carry a fellow warrior) – the last step in what we refer to as our Mental Health Continuum of Support.

Our Mental Health Continuum of Support is comprised of a series of programs, both internal to WWP and in collaboration with external partners and resources, intended to assist warriors and their families along their journey to recovery. 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 and that engaging all warriors with the same program or even in a linear fashion may not be optimal. 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.

Recovery is not accomplished in a vacuum – life may present challenges that derail or hamper the recovery process. The continuum was designed to address such challenges and to allow for nonlinear progress through programs. Warriors sometimes need to take foundational steps (for example, to learn and hone coping skills) before proceeding forward into the next program in the continuum. By focusing on such an approach, we can reach warriors with relevant programs at time-sensitive and critical moments. By the third quarter of fiscal year 2018, programs that comprise the mental health continuum had over 67,000 engagements through Mental Health and Wellness programs. This includes outreach and referrals along with WWP programs known as Talk, Project Odyssey, and Warrior Care Network. Engagements are interactions of varying depth and scale that drive impact within each focus area.

Wounded Warrior Project has built its Mental Health Continuum of Support with a recognition that some veterans will not reach out to VA for help; however, WWP also recognizes that some veterans may not reach out for help at all because of stigma. WWP as an organization challenges these stigmas and tries to normalize the help-seeking process as all programming engagements, particularly within our Continuum of Support, are ultimately focused on normalizing mental health. For instance, in September 2018, WWP launched a social media campaign to bring awareness to veteran suicide. As our organization reaches millions of individuals across several platforms including Facebook (3.2 million), Twitter (190,000), Instagram (88,700), and LinkedIn (94,000) – we are hopeful to raise meaningful awareness across the country. Recently, and for the third year in a row, WWP facilitated a live Facebook discussion in conjunction with DoD, VA, and the Bush Institute Warrior Wellness Alliance to address veteran suicide, the challenges warriors face transitioning to civilian life, and the resources available to help with those challenges. Metrics taken 36 hours after the stream reported 128,121 unique views, which is an encouraging sign that such initiatives are reaching individuals. Internally, WWP has organization-wide Applied Suicide Intervention Skills Training (ASIST). In September 2018 alone, our organization trained 228 individuals in ASIST as part of our goal to have all program staff – as well as external partners and communities – trained with the appropriate skills and tools needed to enhance the effect of suicide awareness as well as interactions with suicidal warriors.



**POLICY CONSIDERATION – Using value-based reimbursement models to enhance mental health care quality:** Section 101(i) of the *MISSION Act* allows VA to incorporate value-based reimbursement principles to promote the provision of high-quality care, and this permission can and should be used to help encourage innovative models in physical and mental health treatment. While the health care industry has embraced bundled payment approaches to address episodes of care for hip surgery, diabetes, stroke, cancer treatment, and others, VA lags behind, and the expanded migration of this practice to mental health would allow VA to be a pioneer in an area where veterans are catastrophically suffering and drive the wider mental health care industry towards better quality and more cost-effective outcomes.

### **Commitment to Science**

As framed by VA, “public health uses science to increase our understanding of suicide prevention so we can develop new and better solutions.” Such an approach involves tracking suicide trends and identifying risk and protective factors for suicidal behavior. This information helps frame suicide prevention strategies that can be developed and evaluated to identify the most effective interventions and then bring successful models of intervention to scale.

Although the WWP Mental Health Continuum of Support is comprised of several programs designed to meet warriors where they are in their recovery, the Warrior Care Network and Project Odyssey stand out as models for best practices and integration across multiple entities committed to improving outcomes for veterans with mental health needs. Both are also carefully tracked to measure their effectiveness and guide improvements where they are needed. Through the implementation of the Connor Davidson Resiliency and the VR12 Rand Quality of Life scales, WWP measures outcomes of services and provides the most effective programming based on the needs of warriors and their families. And while we highlight these two specific programs, it is the combination of programs across our continuum that provides our warriors and their families with a successful path to follow to increase resilience and improve their psychological well-being.

#### ***Warrior Care Network***

Within the Continuum of Support, warriors needing intensive treatment for moderate to severe PTSD can take part in the Warrior Care Network. This innovative program is a partnership with WWP and four national academic medical centers (AMCs): Massachusetts General Hospital, Emory Healthcare, Rush University Medical Center, and UCLA Health. Warrior Care Network delivers specialized clinical services through innovative two- and three-week intensive outpatient programs that integrate evidence-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training, and family support with the goal of helping warriors thrive, not just survive.

Through these two- to three-week cohort-style programs, participating warriors receive more than 70 direct clinical treatment hours (e.g. cognitive processing therapy, cognitive behavioral therapy, and prolonged



exposure therapy) as well as additional supportive intervention hours (e.g. yoga, equine therapy). Each academic medical center has specific programming for caregivers and family members at some point during the intensive outpatient program, including family weekend retreats, psychoeducation, or telehealth communications. For example, UCLA's Operation Mend PTSD track includes three weeks for both veterans and caregivers to go through treatment and psychoeducation sessions. This provides caregivers with clinical outlets, as well as in-depth knowledge of PTSD symptoms, effects, and recovery process. Family and caregiver support is extremely important to WWP, and our Warrior Care Network includes support for these groups because if a treatment program does not offer a family or caregiver component, and warriors go through clinical processes then return home, it may leave the family or caregiver to feel left in the dark about what occurred.

Providing warriors with best in class care that combines clinical and complementary treatment is still only part of the Warrior Care Network's holistic approach to care. While AMCs provide veteran-centric comprehensive care, aggregate data, share best practices, and coordinate care in an unprecedented manner, a Memorandum of Agreement (MOA) between WWP and VA has been structured to further expand the continuum of care for the veterans we treat. In February 2016, VA signed this MOA with WWP and the Warrior Care Network to provide collaboration of care between the Warrior Care Network and VA hospitals nationwide. Four VA employees act as liaisons between each site and VA, spending 1.5 days per week at their respective sites to facilitate coordination of care and to meet with patients, families, and care teams. Each VA liaison facilitates national referrals throughout the VA system as indicated for mental health or other needs, but also provides group briefings about VA programs and services, and individual consultations to learn more about each patient's needs. In November 2018, that MOA was renewed with a growing commitment from VA – VA has created full-time billets for liaisons at each AMC to enhance their contribution to the partnership. All told, this first-of-its-kind collaboration with VA is critical for safe patient care and enables successful discharge planning. At WWP, we believe cooperation and coordination like this can serve as a great example of “responsible choice” in the VA health care system.

### Measuring Results:

Warriors who complete the Warrior Care Network program are seeing results. Prior to treatment, over 83 percent of patients reported PTSD symptoms at the severe to moderate range based on the PCL-5 clinical assessment, with the aggregate average being 51.1 (severe PTSD). Following treatment in the intensive outpatient programs, PTSD symptoms decreased 19.4 points to 31.7 (minimal PTSD)<sup>1</sup>. A similar pattern was seen for symptoms of depression, with a mean score of 16.0 at intake and a decrease to 10.2 at follow-up on the PHQ-9 assessment. These changes translate into increased functioning and participation in life, based on the decrease of psychological distress caused by severe to moderate levels of PTSD and depression.

It is also worth noting that, although effective if completed, many who begin evidence-based mental health treatment (cognitive processing therapy and prolonged exposure) in non-intensive outpatient (IOP)

---

<sup>1</sup> Note: A change in score greater than 5 is indicative of clinically significant change rather than statistical change.



formats – including highly controlled and selective clinical trials<sup>2</sup> – discontinue care before completion. While drop-out rates in those formats are between 30 and 40 percent<sup>3</sup>, the IOP model used by Warrior Care Network has a completion rate of 94 percent. When combined with clinically significant decreases in mental health symptoms, this figure is illustrative of the successful approach the Warrior Care Network has taken – and patients agree. Ninety-six percent (96.3 percent) of warriors reported satisfaction with clinical care received, and 94 percent of warriors indicate they would tell another veteran about WCN, a possible indication of reduced mental health stigma.

Lastly, and perhaps most important to the discussion on suicide prevention, a recent study of veterans at risk for suicide<sup>4</sup> evaluated the link between PTSD symptoms and suicidal ideation (SI) by using evidence-based treatments, specifically Prolonged Exposure therapy (an approach embraced and used at Warrior Care Network AMCs), to reduce PTSD symptoms and monitor subsequent changes in SI. The study indicated that a reduction in PTSD symptoms led to reduced SI among patients although the reduction followed the PTSD symptom reduction and did not occur simultaneously. Thus, reduced PTSD symptoms were predictive of later reduced SI among patients. Researchers also hypothesize that this correlation between PTSD symptoms and SI could be the result of a reduction in generalized distress. The study concluded that inclusion of evidence-based treatments in PTSD treatment are advisable to both reduce PTSD symptoms and prevent suicide.

### *Project Odyssey*

Aside from clinical treatment, warriors may also need additional resources to improve resilience and cope with PTSD. WWP provides Project Odyssey, a 90-day program consisting of a multi-day adventure-based mental health workshop that helps warriors find resiliency in their transition from military to civilian life and continued follow-up over the weeks thereafter to build upon the lessons learned at the workshop. This non-clinical intervention takes place in locations across the country. Each workshop includes psychoeducational activities or evidence-based exercises that provide information and support to those who live with mental health issues. Project Odyssey has both warrior specific (male and female exclusive cohorts) and warrior/partner programming (i.e., Couples Project Odyssey). Each warrior cohort learns how to accept and process emotions in a productive way to build resiliency instead of avoidance and control techniques. Couples Project Odyssey focuses on friendship as the core of any relationship, with trust and commitment as the main support. Being able to better the relationship as a couple allows for a built-in accountability partner to better the individual in terms of bouncing back from life's challenges.

---

<sup>2</sup> Imel, Z., Laska, K., Jakupcak, M., Simpson, T. (2013). Meta-analysis of Dropout in Treatments for Post-traumatic Stress Disorder. *Journal of Consulting and Clinical Psychology*, 81(3), 394-404.

<sup>3</sup> Kehle-Forbes, S., Meis, L., Spoont, M., Polusny, M. (2015). Treatment Initiation and Dropout From Prolonged Exposure and Cognitive Processing Therapy in a VA Outpatient Clinic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(1), 107–14.; Gutner, C., Gallagher, M., Baker, A., Sloan, D., Resick, P. (2015). Time Course of Treatment Dropout in Cognitive-Behavioral Therapies for Posttraumatic Stress Disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(1), 115–21.

<sup>4</sup> Keith S. Cox, et. al., *Reducing Suicidal Ideation Through Evidence-Based Treatment for Posttraumatic Stress Disorder*, 80 J. PSYCHIATRIC RES. 59, 59-62 (2016).





Project Odyssey provides specific coping mechanisms that can be practiced in daily life as stressors return. Prior to the end of the workshop, each participant establishes SMART goals — an acronym for specific, measurable, attainable, relevant, and timebound — which are set with the intention of supporting the individual or couple while they implement the resiliency skills learned into their daily routines. WWP works directly with the participants through a 90-day follow-up program to help them achieve their goals, connecting them with additional resources as needed. A common resource WWP provides is a referral for outpatient therapy so that the warrior or family member can continue building their coping skills. WWP has external partners that provide individual, family, or couples therapy delivered by a culturally competent therapist in the closest possible geographic location.

### Measuring Results:

One crucial goal of Project Odyssey is to increase resiliency. Increased levels of resiliency may help in a warrior's psychological hardiness and in his or her ability to navigate future challenges that may cause psychological distress. When warriors successfully cope with stressors, it empowers them and may serve to lessen current and future distress. WWP uses the 10-item version of the Connor-Davidson Resilience Scale (CD-RISC) to assess resilience as one measure to determine the impact of programming. Over the last several years we have had over 10,000 participants in our Project Odyssey program with almost 3,000 in this year alone. We conducted an internal review of over 2,000 participants and found that after attending Project Odyssey, both warriors ( $t(2,293)=-9.62, p<.001$ ) and family members ( $t(500)=-3.46, p<.001$ ) on average experienced statistically significant increased levels of resilience. Moreover, 92 percent of warriors and family members rated the resiliency skills learned as very useful and 83 percent said the skills were still useful 90 days after completing the Project Odyssey.

In addition, preliminary analysis of PTSD symptoms (i.e., PCL-5) seem to indicate that Project Odyssey, a non-clinical intervention, is having clinical results in lowering the severity of PTSD symptoms. Our goal is to further analyze this data to confirm these initial findings and statistically covary potential influential variables.

**POLICY CONSIDERATION – Embrace innovation in care delivery and payments:** Section 152 of the *MISSION Act* authorized – and VA has since established – a Center for Innovation for Care and Payment to develop new, innovative approaches to testing payment and service delivery models to reduce expenditures while preserving or enhancing the quality of and access to care furnished by VA. As the steward of taxpayer dollars dedicated to the health and well-being of veterans, Congress has a vested interest in tracking the developments of this center and encouraging action and partnership with the private sector on successful, scalable models of both care and payment.

**POLICY CONSIDERATION – Increase studies of Vietnam Era veterans:** According to VA data from 2015, rates of suicide were highest among younger veterans (ages 18 to 34) and lowest among older veterans (ages 55 and older). However, 58.1 percent of all veteran suicides in 2015 were among older veterans. While Congress should strive to reduce suicide rates and volume among all veteran demographics, it should



consider directing more research on Vietnam Era veterans to gain a clearer understanding of the underlying psycho-social and biological challenges that tend to be exacerbated with age. Scientific studies may provide valuable insight into issues that are plaguing older veterans. That insight may also provide greater awareness into an aging population of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans so that essential, time-sensitive resources can be better focused as younger veterans – both current and future – begin to age.

### **Multidisciplinary Strategies**

Lastly, the public health model advocates for multidisciplinary collaboration, convening many different disciplines across multiple sectors. While WWP's top programmatic spend was on direct mental health programs, other programming investments are delivering results along similar lines.

Research has long found that mental health and physical health tend to be intertwined to form a holistic index of health. At WWP, the Physical Health & Wellness (PH&W) team promotes the notion that by enhancing the physical health of warriors, mental health tends to also be improved. The PH&W program targets at-risk warriors in the categories of obesity, impaired mobility, and poor nutritional quality. A host of complementary issues often accompany warriors entering the program: substance abuse, sleep disruption, low self-esteem, depression, and an elevated risk for diabetes, heart disease, cancer, and all-cause mortality.

The team's coaching program begins with a multi-day onsite experience, educating participants in the practices of bodyweight resistance training, high-quality nutrition, recovery strategies, bettering the sleep environment, a mobility assessment, and SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) goal setting. Participants are then followed for 90-days, interacting with their coach bi-weekly, maintaining accountability and adherence to their self-determined goals.

There is a recognition that the veteran does not achieve success alone. The family and community play a role in behavior modification and ongoing mechanisms of motivation and support. Pilot programs continue to run, assessing the impact on the inclusion of the family member throughout the coaching process. Community resources are leveraged to provide warriors with fitness, nutrition, and mindfulness-related outlets within their home area. For instance, WWP has recently been collaborating with VA's Whole Health office by providing a platform for VA to present its initiative to warriors attending the multi-day PH&W coaching program. As warriors become familiar with VA resources and the agency's holistic approach to wellness, we are helping raise awareness for a program spotlighted in the Joint Action Plan promulgated after the January 9, 2018 Executive Order addressing mental health and suicide prevention for separating and recently separated service members – and one which we hope will attract more veterans to the VA health system.

Testing outcomes pre- and post-program, 50% of warriors demonstrate improvements in physical and psychological wellbeing (VR-12 Quality of Life), lose an average of 11 pounds, 50% meet the physical standard



for weekly activity (150 minutes of moderate intensity work), 54% experience improved nutritional quality, while the great majority achieve better mobility, sleep quality, self-esteem, mood, and the symptoms of stress, anxiety, and depression. The evidence is clear – a continued-care and physically-focused approach dramatically improves mental health outcomes.

A final point of consideration is the crossover between mental health and preparation for separation from service. The transition between the military and civilian culture can be stressful, as warriors are forced to change roles and how they self-identify. The resulting acculturation or transition stress may be an integral time to target interventions with warriors; however, transition is not often a time when service members are thinking about their long-term mental and physical health. As transitioning warriors are focused on their departure, their career prospects, and opportunities for post-service education, community stakeholders should be more educated on the resources available to veterans that talk about the importance of engagement, camaraderie, counseling, and physical activity as a protective factor – in essence, reaching them before they are in active crisis.

**POLICY CONSIDERATION – Pursue postvention programming with family members:** While VA is appropriately dedicating considerable resources to veteran-centric pursuits to reduce suicide, much can be gleaned from working with survivors to identify better approaches to identifying warning signs and empowering families to intervene effectively. A partnership WWP helps fund between Massachusetts General Hospital and the Tragedy Assistance Program for Survivors (TAPS) that created a 2-week intensive clinical program for traumatized families of the fallen and helped develop an after-care network that is saving lives by raising awareness about suicides among veterans and active duty service members.<sup>5</sup>

**POLICY CONSIDERATION – Maintain focus on improving military transitions:** As highlighted by DoD’s Defense Suicide Prevention Office, service members transitioning out of DoD are at a higher risk of suicide within the first 90 days of separation – a trend consistent over a 14-year period. Over that period, approximately 50 percent of suicide deaths occurring in the first three months of separation happened within the first 17 days of separation. As Congress continues to work with the executive branch to improve and monitor military-to-civilian transition, WWP encourages the committees to review The Veterans Metric Initiative (TVMI) study commissioned by the Henry Jackson Foundation – and funded, in part, by WWP – which focuses on post-military well-being. The TVMI study’s findings regarding vocation, finances, health, and social relationships may provide compelling evidence to guide future initiatives.

---

<sup>5</sup> Brian McQuarrie, *I Couldn’t Be the Only One Having this Experience*, BOSTON GLOBE (Feb. 23, 2019) available at <https://www.bostonglobe.com/metro/2019/02/22/couldn-only-one-having-this-experience/Mx8wUfUEVV2RaSgvPsQ9eM/story.html>.



### **Conclusion**

Wounded Warrior Project thanks the House Committee on Veterans' Affairs, its distinguished members, and all who have contributed to the policy discussions surrounding today's discussion about veteran suicide. We share a sacred obligation to serve our nation's veterans, and Wounded Warrior Project 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.