

# Congress of the United States

## House of Representatives

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### **Opening Statement of Chairwoman Carolyn B. Maloney Hearing on “Invisible Wounds: Preventing Suicide in Our Nation’s Military and Veteran Communities” November 17, 2021**

Thank you, Chairman Lynch, for holding this critically important hearing and for your unwavering commitment to our military servicemembers, veterans, and their families.

In the 20 years since 9/11, almost 3 million soldiers, sailors, airmen, and Marines have answered the call to serve our nation overseas. Tragically, more than 7,000 servicemembers have made the ultimate sacrifice fighting terrorism in Afghanistan, Iraq, and around the world.

Tens of thousands more have returned home with both visible and invisible wounds of war. Too often, these servicemembers and veterans fight their own battles that the rest of us cannot see. Sadly, many of these battles end in suicide.

While we may never fully understand why any servicemember or veteran chooses to take their own life, we know that certain risk factors can make that tragic outcome more likely.

Post-traumatic stress, clinical depression, and other mental health struggles can contribute to feelings of loneliness or helplessness. So can economic insecurity, a lack of access to health care or good-paying jobs, and other daily stressors and challenges that we all may confront at some point in our lives.

We also cannot escape the fact that firearms are the most common method that servicemembers and veterans use to take their own lives, and they do so at a much higher rate than the general population.

I applaud President Biden for taking key steps to address this tragedy, including releasing a new strategy earlier this month for Reducing Military and Veteran Suicide. This plan adopts a whole-of-government approach to addressing the public health and risk factors that contribute to suicide, while also increasing access to clinical care and improving “lethal means” education and safety.

This is an important framework for reducing military suicides, but it must be implemented in coordination with non-government veteran and community organizations. I am pleased that we have representatives here from three organizations to talk about how they are working with DOD and the VA to achieve that objective.

Finally, just as we honor, respect, and care for those military families who have lost a loved one in combat, we owe the same duty of care to those who have lost a family member due to suicide. According to the CDC, family members that have lost a loved one to suicide can experience anxiety, depression, post-traumatic disorder, and can be at heightened risk of suicide themselves.

Chairman Lynch, you have said before that when a young man or woman puts on the uniform of the United States military, they become our children. So too are the families of our nation’s servicemembers and veterans our family, and we have a solemn moral obligation to care for them.

Let me close by telling you just how personal this issue is for me. My brother served our country in Vietnam, and he came home a changed man. He struggled for years after his military service, and he later took his own life. That was many years ago, but the pain of my brother’s passing is still with me today.

So Chairman Lynch, thank you for holding this important hearing. I am hopeful that we can make meaningful progress today in protecting those who have served our country, and their families.

I'd like to thank all of our witnesses for testifying before our Committee today, and with that, Mr. Chairman, I yield back.

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