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House of Representatives

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Opening Statement of Chairman Stephen F. Lynch Hearing on “Invisible Wounds: Preventing Suicide in Our Nation’s Military and Veteran Communities” November 17, 2021

Good morning, everyone.

Continuing in the spirit of Veterans Day which we celebrated last week, I’d like to again thank our nearly 18 million veterans and their families for their distinguished military service and sacrifices on behalf of our nation.

Keeping faith with our Nation’s obligation to our active military personnel and all those who are veterans, today’s hearing will examine the devastating suicide crisis that continues to affect the health and well-being of America’s active military and veteran communities.

Since 2001, the suicide rate among our nation’s veterans has risen by 57%, and on average, more than 6,300 veterans have died by suicide each year. The more than 65,000 veterans that have died by suicide since 2010 exceeds the total number of combat deaths from the Vietnam War and the U.S. wars in Iraq and Afghanistan combined. According to recent data from the Department of Veterans Affairs, the suicide rate among veterans in 2019 was 52.3% higher than for non-veteran adults.

Moreover, active duty suicide rates have increased across every single service branch since 2011. In its most recent annual suicide report, the Department of Defense reported an active duty suicide rate of 28.7 suicides per 100,000 servicemembers in 2020—the highest rate reported by the Department since it began compiling such data in 2008. Last year alone, 580 service members died by suicide—including active personnel, National Guard, and Reserve.

The suicide epidemic among our military and veteran communities is an enduring public health crisis that also carries profound implications for U.S. national security.

As detailed by Brown University in one of its recent “Costs of War” reports, our men and women in uniform have been operating at a persistently high operational tempo since the commencement of the Global War on Terrorism in 2001. The unyielding pace of deployments has significantly strained U.S. military readiness, intensified the pressure on military personnel and their families, and exacerbated the mental health challenges already facing our military and veteran communities.

To their credit, both the VA and DoD have prioritized the military and veteran suicide crisis within their respective organizations. The VA is increasingly using a public health approach to suicide prevention that employs evidence-based clinical intervention strategies, while also promoting partnerships with community and mental health organizations. And within the last year, DoD has implemented several pilot programs designed to identify suicide warning signs on social media, encourage servicemembers to seek mental health services, and promote the safe storage and handling of firearms, medications and other lethal means. I look forward to discussing the recommendations issued by the Government Accountability Office detailing improvements that both agencies can make to enhance their suicide prevention and outreach programs.

I was also pleased when, earlier this month, President Biden released a new, comprehensive national strategy on “Reducing Military and Veteran Suicide.” The strategy outlines a government-wide, cross-sector, and data-based approach to addressing the public health and national security crisis. In particular, the Biden strategy seeks to expand the use of data to target suicide risk factors, advance suicide research and evaluation, promote skills development to lessen the risk of suicide, and ensure access to high-quality mental health care.

President Biden’s new strategy also recognizes the important work of community-based organizations and other private sector stakeholders to prevent and reduce military and veteran suicides. In the City of Boston, where I live and which I am

proud to represent, Home Base—an innovative, family-based clinic established in 2009 through a partnership between the Boston Red Sox Foundation and Massachusetts General Hospital, and Harvard University—provides critical, life-saving care to servicemembers, veterans, and military family members as they heal from traumatic brain injury, post-traumatic stress, and other “invisible wounds.” I am extremely grateful to Home Base’s Executive Director, Brigadier General Jack Hammond, for testifying before our Subcommittee in-person today about their important work.

I’d also like to thank Dr. Carla Stumpf-Patton from the Tragedy Assistance Program for Survivors, or TAPS, and Staff Sergeant Johnny Jones from the Boot Campaign, for testifying before our Subcommittee today, as well. I know you both are deeply and personally invested in this issue, and we all look forward to hearing your views and perspectives. I thank you all for your service, and your sacrifice, on behalf of our nation.

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