



Statement of Ryan Britch  
*Before the* Joint Assembly Standing Committee on  
Veterans' Affairs, Mental Health, & Health  
December 9th, 2019

**Statement of Ryan Britch**  
**Associate, Government Affairs**  
*of*  
**Iraq and Afghanistan Veterans of America**  
*before the*  
**Joint Assembly Standing Committee on Veterans' Affairs, Mental Health, & Health**  
  
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Chairwoman Gunther, Chairwoman Barrett, Chairman Gottfried and distinguished Members of the Joint Committee.

On behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members and supporters, we thank you for the opportunity to submit a statement for the record on the matter of suicide prevention among veterans before the Standing Committee on Mental Health.

While our members are spread throughout the nation, we are proud to say that our national headquarters is located in New York City. Since its beginning, IAVA has fought for and has been successful in advocating for policies that are able to meet the needs of our nation's veterans and first responders, including the Post-9/11 GI Bill, the *VA MISSION Act* and the *James Zadroga 9/11 Health and Compensation Reauthorization Act*.

Suicide prevention is an important part of our work and in 2014 IAVA launched our campaign to combat veteran suicide. In 2015, IAVA and fellow advocates celebrated the passage of the *Clay Hunt SAV Act*, a landmark piece of legislation addressing mental health and suicide prevention among veterans. Today, suicide prevention remains a top priority for IAVA.

In recent years, the Department of Veterans Affairs (VA) has made significant efforts to reduce veteran suicide. VA has expanded the Veterans Crisis Line and telemental health care, established community partnerships and extended mental health care to those with "other than honorable" discharges. In 2017, VA implemented REACH VET, a predictive analytics program that alerts VA to proactively reach out to veterans who show risk factors for suicide.

Thanks to the courage and leadership of veterans, military family members, and our allies, there has been tremendous progress. The issue of veteran suicide is increasingly the subject of national



conversation, increased media coverage, a reduction in stigma, and a surge of government and private support. Nevertheless, more work needs to be done.

Sadly, despite all of this work suicide continues to plague this generation of veterans. According to the most recent VA data, the veteran suicide rate is continuing to climb and is 1.5 times the rate of non-veteran adults, after adjusting for population differences in age and sex. The youngest cohort of veterans, post-9/11 veterans aged 18 to 34, have the highest rate of suicide.<sup>1</sup> In our latest member survey, a stunning 59% of IAVA members reported knowing a post-9/11 veteran who has died by suicide.<sup>2</sup>

In the following sections of my statement, I will outline several of the most pressing areas that IAVA sees as key to addressing suicide prevention on the state level.

### **Services to the National Guard:**

The Department of Defense's 2018 Annual Suicide Report revealed that suicide rate for the National Guard has increased to 30.6 suicides per 100,000, the highest suicide rate of all military components.<sup>3</sup> Coordinating suicide prevention within the National Guard is unique and problematic because unit commanders only have their Soldiers or Airmen a few days a month. Additionally, never federally activated Soldiers and Airmen in the National Guard do not have access to VA mental health services. Furthermore, members of the Guard and Reserve struggle to obtain the same quality of care as their active duty counterparts because they don't have access to zero-cost TRICARE health coverage.

IAVA commends the New York Army National Guard for implementing their suicide intervention training guidance in 2016. This guidance requires all Soldiers to complete a 90 minute suicide prevention and awareness training program annually. Additionally, the guidance requires that units identify "junior leaders" and send them to a two day long course that builds upon the annual training program. This course provides first line leaders with the skills they need to recognize those at risk, discuss suicide in a direct manner and appropriately intervene if needed.

If New York State is considering further work on this matter we recommend modeling a program after the Vermont Veterans Outreach Program (VTVOP). VTVOP is a wraparound program that offers tailored support to veterans of all services, components and conflicts. VTVOP focuses on employment and behavioral health issues and proactively conducts outreach in order to connect

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<sup>1</sup>[https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019\\_National\\_Veteran\\_Suicide\\_Prevention\\_Annual\\_Report\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf)

<sup>2</sup> <https://iava.org/survey2019/IAVA-2019-Member-Survey.pdf>

<sup>3</sup> [https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report\\_FINAL\\_25%20SEP%202019\\_508c.pdf](https://www.dspo.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%202019_508c.pdf)



their clients to the appropriate resources.<sup>4</sup> Addressing these areas are key as research has shown employment, financial distress, intimate relationship problems and legal issues are all risk factors for suicide.

**Continue to Work to Reduce Stigma:**

IAVA members report incredibly high levels of mental health injuries, 60% report PTSD and over half report anxiety or depression. Yet, when asked why service members and veterans are not getting the mental health care they need, stigma is the top reason IAVA members cite.<sup>5</sup>

It is important to ensure those who access mental health treatment are not stigmatized or face harmful repercussions for seeking care. In order to normalize the discussion around mental health care we need to involve the entire nation in the conversation, increase informed media coverage, and reduce stigma regarding mental health care through a strategic outreach campaign. IAVA believes that a collaborative and concerted marketing and outreach campaign would help to reduce the veteran suicide rate. Ideally, this campaign would involve non-profit organizations, the New York City Department of Veteran Services, the New York State Division of Veterans Affairs and the United States Department of Veterans Affairs. Improving public understanding of mental health injuries by highlighting stories of triumph and success in the veteran community will encourage those in need to mental health care to see assistance.

**Services for Women Veterans:**

In IAVA's 2019 Annual Member Survey, 49% of our female membership reported having suicidal ideation since joining the military and 63% have reported a service connected mental health injury. In the 2019 National Veteran Suicide Prevention Annual Report, VA research showed that women veterans are 2.2 times as likely to die by suicide as their civilian counterparts whereas male veterans are only 1.3 times more likely to die by suicide when compared to their civilian counterparts.

This is why IAVA worked with Congressional allies on both sides of the aisle and in both chambers to introduce the *Deborah Sampson Act* (S. 514). This bill calls on the VA to modernize facilities to fit the needs of a changing veteran population, increase newborn care, establish new legal services for women veterans, and eliminate barriers faced by women who seek care at VA. IAVA looks forward to the passage of this legislation and the improvement of health care services for women veterans.

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<sup>4</sup> [https://www.rand.org/pubs/research\\_reports/RR965.html](https://www.rand.org/pubs/research_reports/RR965.html)

<sup>5</sup> <https://iava.org/survey2019/IAVA-2019-Member-Survey.pdf>



IAVA commends the New York State's Division of Veterans' Services for designating a Women Veterans Program Coordinator. This position will ensure that Women Veterans receive the full array of benefits that they have earned. While we have seen greater awareness and progress toward improving care for women veterans, there is much more we can do to show our appreciation and gratitude for their service.

**Gatekeeper Training:**

IAVA strongly recommends non-profit organizations, and local, state and federal government agencies invest in gatekeeper training that engages veterans, families, friends, and community members in identifying mental health injuries. These stakeholders are key in moments of crisis and empowering them to intervene with appropriate resources would save lives. To further combat this crisis, it is crucial to provide necessary stakeholders with training so they may use their knowledge and skills to identify and refer those with suicidal ideation to care. VA and DoD initiatives such as S.A.V.E. or ASIST are great examples of suicide-prevention training programs for gatekeepers.

**Access to Lethal Means:**

Veterans have a high degree of familiarity with firearms and are more likely than their civilian counterparts to own them. According to IAVA's 2019 Annual Survey, 68% of our members own personal firearms. The 2019 National Veteran Suicide Prevention Annual Report showed that 69.4% of veteran suicide deaths were due to a self-inflicted firearm injury, while 48.1% of non-Veteran adult suicides resulted from a firearm injury.<sup>6</sup> Veterans who attempt suicide by less lethal means are more likely to survive.

The evidence is clear, higher rates of veterans die by suicide because they have greater access to lethal means. Suicide attempts are often acts of impulse and if we can limit access to lethal means during periods of crisis it is more likely that the person will delay or survive a suicide attempt. Furthermore, 90% of people who attempt suicide by less lethal means and survive do not later go on to die by suicide.<sup>7</sup>

IAVA recommends the distribution of trigger locks and educational information at medical centers, sporting goods/firearms stores, and community centers. IAVA frequently hears from veterans the false belief that they avoid mental health care due to fears of having their firearms taken away from them. Although this commonly held belief is untrue it is important that any initiative is culturally relevant and technically accurate, that it comes from a trusted source, and that it does not have an anti-firearm bias. Any efforts to reduce lethal means should be

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<sup>6</sup> [https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019\\_National\\_Veteran\\_Suicide\\_Prevention\\_Annual\\_Report\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf)

<sup>7</sup> [https://www.mentalhealth.va.gov/suicide\\_prevention/docs/Literature\\_Review\\_Lethal\\_Means\\_508\\_FINAL\\_04-26-2019.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_Lethal_Means_508_FINAL_04-26-2019.pdf)



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collaborative with firearm advocacy groups and involve Veteran Service Organizations to distribute firearm locks and educate people about safe storage. This will ensure that no veteran will avoid mental health care because they are concerned that VA will take their firearms if they do so.

IAVA thanks the committee for their dedication to helping solve the veteran suicide crisis and for the opportunity to share IAVA's views on these important issues today. We look forward to working with the Committee in the future.



**Ryan Britch Biography:**

Ryan Britch serves as Government Affairs Associate, assisting IAVA's advocacy efforts in Washington, D.C. Prior to joining IAVA, Ryan worked at the American Legion and for Habitat for Humanity International where he specialized on veterans' mental health and housing policy issues, respectively. Ryan served as an Infantryman for 8 years in the Vermont Army National Guard and deployed to Paktia, Afghanistan from 2009-2010. After leaving the military, he joined the Peace Corps and spent over 2 years in Swaziland working on agricultural, youth and HIV-AIDS prevention programs. Ryan is a graduate of the University of Vermont and is currently an M.P.A candidate at American University.