PREPARED STATEMENT

OF

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BEFORE THE

SENATE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON PERSONNEL

MARCH 18, 2009

NOT FOR PUBLICATION UNTIL
RELEASED BY THE
COMMITTEE ON ARMED SERVICES

Mr. Chairman, Members of the Committee, thank you for the opportunity to bring you up to date on what the Department of Defense (DoD) is doing to address the increase in suicide rates among Service members, and to discuss our initiatives to reduce suicides and save lives. We share your sense of urgency to take swift and effective action on this critical problem.

In the military, the unprecedented pace of deployments to Iraq and Afghanistan has put pressure on Service members, particularly in the Army and Marines, sent to war zones in multiple deployments to defend our nation under harsh and stressful conditions. Sustained high operational demands may be diminishing the breadth of psychological health resources and social supports that mitigate suicide. However, there is insufficient evidence at this time to identify a conclusive relationship between operational tempo and suicides. Only careful longitudinal studies of these factors will be able to reliably assess this relationship. Existing research suggests that there are common strains that many Service members who commit suicide face. Common issues are: relationship problems, marital problems, legal and/or disciplinary, substance abuse, and financial problems. Suicide expert Thomas Joiner, PhD, demonstrates in his book, Why People Die by Suicide, that there are three fundamental factors: feeling ineffectual and burdensome to others, lack of belongingness and sense of isolation, and hardening to self-deprivations, injuries, and learned ability to hurt oneself. These factors may come into play for Service members resulting in isolation and hopelessness. Increasing sensitivity to such signs is critical to identify and refer those who need help.

Building resilient communities and looking out for our Service members and families is our sacred privilege and responsibility. The Department is actively engaged in providing and improving care, tools, and resources for all, while simultaneously addressing cultural barriers that prevent individuals from seeking care.

We are firmly committed to ensuring that every warrior receives excellent care across the continuum of resilience, prevention, diagnosis, treatment, recovery, and reintegration. The programs in place also span the education and deployment life-cycle to ensure warriors and leaders are able to help themselves and others. In addition, the DoD provides tools and resources for families and communities. No individual, family, leader, or community is omitted from the suicide prevention equation; it is only through a holistic and comprehensive strategy that we will be optimally successful.

Defense Centers of Excellence (DCOE)

In an effort to enhance outreach and coordination among DoD, federal agencies, and civilian partners, a center of excellence was created by Congress to address psychological health issues and traumatic brain injury (TBI) for the DoD. In collaboration with the Department of Veterans Affairs (VA), academia, and others, DoD established the Defense Centers of Excellence (DCoE) for Psychological Health and TBI in November 2007.

DCoE's mission focuses on the full continuum of care and prevention for psychological health concerns and TBI. In this effort, we strive to provide opportunities for warriors and families to thrive through collaborative global networks promoting resilience, recovery, and reintegration.

Today's society is immersed in social media tools and interactive web sites. In an effort to leverage technology, Congress mandated an interactive web site for Service members and their families to explore behavioral health information. An important DCoE initiative, afterdeployment.org, is a mental wellness resource for Service members, veterans, and military families – and can help warriors in their successful readjustment to life after returning from deployment. Through a user-friendly platform, entrants may find videos by veterans, spouses, and others about their real-life stories of overcoming the

stresses of war. In addition, links on different educational topics are provided for those interested in more information. Afterdeployment.org has been well received due to the privacy afforded to the user. Visitors to the site can benefit from the wide variety of available resources without registering or providing any identifying information.

The DCoE also opened an Outreach Center this year to answer questions about psychological health and traumatic brain injury, 24 hours a day, from members of all the military services, veterans, families, health care providers, military leaders, and employers. The Outreach Center can be reached at 1-866-966-1020 toll-free and via e-mail at resources@dcoeoutreach.org. We work in coordination with the National Suicide Prevention Lifeline (1-800-273-TALK) as well as Military OneSource, the National Resource Directory, and the Service-specific hotlines.

The DCoE recently organized the joint effort between DoD and VA in co-sponsoring the 2009 Suicide Prevention Conference. This was the first time that the two Departments had officially co-sponsored this event, and the conference was aptly titled, "Building Community Connections: Suicide Prevention for the 21st Century." An important goal of the conference was to align the efforts of suicide prevention across government agencies, health care professions, and communities. Psychological health and TBI experts, representatives of non-governmental organizations, community leaders, mental health clinicians, military officers and non-commissioned officers, chaplains, relatives of Service members who had committed suicide and others participated in the conference. Plenary sessions featured powerful contributions from suicide-attempt survivors and family members of individuals who took their own lives. The conference provided four focused tracks: Clinical Intervention; Multi-Disciplinary Approaches; Practical Applications and Tools; and Research and Academics.

Another critical type of collaboration in suicide prevention is the DoD Suicide Prevention and Risk Reduction Committee (SPARRC). This committee, which meets

monthly and is chaired by a DCoE leader, includes a wide range of critical stakeholders. The membership includes the Suicide Prevention Program Managers (SPPMs) from each Service and representatives from the National Guard Bureau, Reserve Affairs, Office of Armed Forces Medical Examiner (OAFME), National Center for TeleHealth and Technology, VA, Substance Abuse and Mental Health Services Administration, and others. This membership provides both expert and comprehensive support for the committee's goals of addressing DoD system-wide policy initiatives consistent with DoD readiness requirements and the Military Health System Strategic Plan of a "Fit and Ready Force," program and implementation instructions, suicide surveillance metrics, and use of common nomenclature in suicide reports.

It is especially important to highlight timely and accurate monitoring and analysis of suicide data across the DoD. DCoE and SPARRC rely on two complementary data sources in this effort. For the number of suicides and suicide rates, the Mortality Surveillance Division (MSD) of the Office of the Armed Forces Medical Examiner and the Service Suicide Prevention Program Managers aggressively scrutinize suicides and suspected suicides in real time. Similar to the protocol of the Centers for Disease Control and Prevention which reports when there is 90% of cause-of-death determinations completed. DoD makes estimates of suicides after 90 days utilizing standing DoD resources of the Medical Examiner and Service investigative services. It requires 2-3 years for 90% of cause-of-death determinations to be completed in the civilian sector.

The second source is the National Center for TeleHealth and Technology (T2), which is one of DCoE's six component centers. T2 manages the DoD Suicide Event Report (DoDSER) system, which provides over 250 data-points per suicide with details, summaries and analysis of a wide range of potential factors contributing to suicide attempts and completions. The DoDSER data includes specific demographics, suicide event details, treatment and military history. The variables are designed to map directly

to the Centers for Disease Control and Prevention's National Violent Death Reporting System (NVDRS) to support direct comparisons between military and civilian populations. T2 is responsible for integrating and maintaining DoDSER data, as input by the Services, and for preparing an annual DoD suicide report. The annual report, accomplished no later than July 31 each year, will include aggregated DoDSER data. Services will produce corresponding standardized and comparable *Service* Suicide Event Reports resulting from their inputs.

By standardizing data and reporting in the near future, the SPARRC, OAFME, and T2, will allow the Services to track and analyze suicide data and contributing risk factors proactively to improve prevention, intervention, and treatment services. No other organization or mechanism other than the SPARRC has existed to develop, formally require and monitor compliance across DoD for standardized suicide data (via diligently-developed collaborations). In addition, the data will facilitate the review and evaluation of the effectiveness of suicide prevention initiatives and their execution over time.

DoD is actively committed to transforming its culture by emphasizing that seeking treatment is an act of courage and strength. This endeavor requires the direct engagement of leaders at all levels to provide leadership characterized by transparency, accountability, candor, respect and strength. To this end, DCoE, with the support from the Service Vice Chiefs, is formally launching the "*Real Warriors, Real Battles, Real Strengths*" campaign this Spring. The campaign will catalyze constructive dialogue by harnessing the power of individual, family, unit, and community stories around the nation.

Suicide Prevention Efforts across the DoD

We know that preventing suicide in the Armed Services requires an integrated and united effort. In addition, a more resilient force must be established. To prevent the

onset of combat operational stress injuries, DoD is implementing psychological resilience programs that better prepare Service members for the stresses of combat and all stages of deployment, as well as for the sustained increased demands in-garrison that occur during periods of conflict.

It is essential for DoD to continually evaluate its current efforts and continue to deliver the most timely and relevant information to best inform our decision makers, families, and warriors. As such, DoD has many ongoing studies that evaluate programs to identify best practices, innovative resources, and practical tools. Multiple research studies on suicide prevention and resilience programs focus on reviewing, cataloguing, and identifying potential enhancements for current programs, while others are conducting longitudinal analyses. DoD-wide initiatives address stigma, provide guidelines for leaders, and ensure that psychological health issues are integrated throughout a warrior's career.

DoD also recognizes that bringing together different opinions from multiple disciplines fosters innovation in program implementation and problem solving. The DoD Suicide Prevention Task Force, under the Defense Health Board, is a 14-member panel that will include representation from the Services, family advocates, civilian communities, and academic advisors. They will provide advice and recommendations on matters relating to operational programs, health policy development, and health research programs. The mission objectives of this group focus on promotion of health, treatment, and prevention of disease and injury.

We must embolden leaders and the entire military culture to encourage help-seeking behaviors. The many programs and efforts across the DoD and throughout the Services will continue to provide critical solutions to help our Service members and families overcome the many stressors associated with service in a war time environment.

Finally, we are in a position where, through our united and concerted efforts, we can make a change for the better; provide our warriors and families immediate care when they need it, to intervene early and prevent unnecessary losses. We are all devoted to this effort and will not leave any one behind.

DoD greatly appreciates the Committee's strong support of America's Armed Forces and your concern for their health and well being. We have made great progress thus far in meeting the challenges related to the stressors of waging war in this era of persistent conflict. With the Committee's continued help and support, we will do even more.

Thank you for the opportunity to address these vital issues. I look forward to your questions.