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Congress of the United States
House of Representatives
Washington, DC 20515-3211

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COMMITTEE ON HOMELAND
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EMERGENCY PREPAREDNESS, RESPONSE
AND RECOVERY

COMMITTEE ON
VETERANS' AFFAIRS

SUBCOMMITTEES:
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The Honorable Robert Wilkie
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Secretary Wilkie,

As the President's Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) task force prepares their report, I am writing to urge that this report include guidance for the Department of Defense (DoD) and the Department of Veteran Affairs (VA) to share information regarding the rates of deployment for servicemembers, and the frequency of service in a theater of combat operations, in an effort to identify risk of suicide and provide sufficient treatment at VA once these servicemembers discharge.

Increasing interoperability in VA and DoD data sharing would address a problem that, as you know, has reached crisis levels. Four veterans in the span of just a month last year lost their lives to suicide within a VA facility, or on VA grounds, and coupled with the 20 veterans per day that lose their lives to suicide, the numbers speak for themselves—our nation's heroes have supported and protected us, and we must do more. We can start by addressing the trends we see among our servicemembers.

There are many factors that can contribute to not just post-traumatic stress, but suicidal ideations, and deployment schedules and dwell times are chief among them. In a study done by Dr. Ursano of the Uniformed Services University of Health Sciences, he found that servicemembers who served 12 or fewer months before their first deployment were twice as likely to attempt suicide compared with others who had more time to train and acclimate to the military before initial deployment. If VA, giving veterans' privacy due consideration, used this DoD deployment data to better identify risk to treat veterans, our veterans community would be better for it, and we could begin to make a dent in a suicide rate that has remained static for far too long.

While deployment rates must be examined, exposure to combat during service also plays a significant role in veterans' mental health. According to a Duke University Medical Center study on the indirect effects of combat exposure on suicidal behavior in veterans, researchers confirmed through a cross-sectional, multi-site study the hypothesis that combat exposure has a significant indirect effect on suicidal behavior among Iraq and Afghanistan veterans. While all servicemembers put their lives on the line whenever they enlist, understanding an individual veteran's increased risk for post-traumatic stress and suicidal ideation when they reach a VA facility for screening is essential.

This crisis does not happen in a vacuum--there are lingering questions about the experiences these veterans have before they enlist, other potential trauma that can occur during their service, and the employment, housing, and personal obstacles that these brave Americans face once they discharge. However, ensuring these deployment and combat exposure data points are shared is an integral step in serving our veterans. I am looking forward to working with you and the PREVENT's task force to ensure we can improve VA and DoD interoperability, and continue to protect those who have protected us.

Sincerely,



Max Rose
Member of Congress