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**STATEMENT OF  
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BEFORE THE  
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES  
JUNE 15, 2022**

Chairman Levin, Ranking Member Moore and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at today's hearing of the Subcommittee on Economic Opportunity to consider the upstream economic factors that impact veterans' suicidal behavior.

According to the findings in a new Government Accountability Office report (GAO-22-105888), between 2016 and 2020, 1,806 active-duty troops took their own lives across all duty stations, while an additional 7,178 attempted suicide. The most recent Department of Veterans Affairs (VA) report on veteran suicide from September 2021, noted that over 6,200 veterans died by suicide in 2019. This means, in just one year, more than 8,000 families were touched by the tragedy of military and veteran suicide.

In response, the White House launched a new campaign, *Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-Sector, Evidence-Informed Public Health Strategy*, to get a better understanding of all the factors that cause veterans and service members to take their own lives by suicide and what can be done to help reduce and eliminate those risk factors. There are five priority goals to this strategy, but we will focus our remarks on Priority Goal 4, which seeks to address the upstream risks and protective factors influencing veteran suicide and offer comments on how DAV looks to help military and veteran families avoid these pitfalls.

Many factors contribute to military and veteran suicide including unemployment, financial strain, lack of housing and food insecurity among other social determinants of health. The World Health Organization defines social determinants of health as "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." Social determinants of health have significant implications on health outcomes—specifically, research has shown social and economic factors including employment, income, family structure and social connectedness accounts for as much as 40% of the difference in health outcomes. This means that social and economic factors have a greater impact on health than medical care (20%), health behaviors (30%), or physical environment (10%).

Chronic financial strain for service members, limited employment options and unemployment among veterans can trigger a mental health crisis that can lead to suicide. According to Military.com, an enlisted military member at the paygrade of E-4 that has a spouse and two children has an annual income of \$43,746 without factoring in additional money for special pay and duty assignments.<sup>1</sup> While this income level is significantly above the federal poverty line (FPL) (in 2022, \$27,750 for a family of four),<sup>2</sup> researchers classify anyone living between the FPL and two times the FPL (\$55,550 for a family of four) as “living paycheck to paycheck.” It is also significantly below the median incomes reported in each state for families of four (ranging from \$67,161 in New Mexico to \$173,898 in the District of Columbia).<sup>3</sup>

Among veterans, the story is more nebulous. On average, veterans’ families report greater family incomes than average and there is less unemployment than among the general population.<sup>4</sup> However, a recent RAND report found about 1.5 million veterans live below the poverty line and many more (2.4 million) live paycheck to paycheck making them vulnerable to food insecurity.<sup>5</sup>

VA’s most recent report on poverty trends among veterans found the highest rates of poverty among veterans younger than 65 years old with disabilities and among veterans from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) and peacetime eras.<sup>6</sup> Additionally, certain subgroups of veterans including women, younger veterans (including those from OEF/OIF) and those with serious mental illnesses are more likely to live in poverty, and be at risk of homelessness and food insecurity.

Other research found that despite gains in military and veteran employment, both service members and veterans may be at greater risk for money mismanagement due to lack of financial experience, targeted predatory loans, and service-related traumatic brain injury. The highest levels of financial stress were found in post 9/11 service members and those closest to retirement.<sup>7</sup>

Sadly, when financial strain or unemployment is a factor in a military members or veterans’ suicide it leaves family members devastated—not only emotionally, but financially. Service members or veterans may not have life insurance or have

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<sup>1</sup> <https://www.military.com/benefits/military-pay/military-enlisted-pay-breakdown.html>

<sup>2</sup> [www.healthcare.gov](http://www.healthcare.gov)

<sup>3</sup> [https://www.justice.gov/ust/eo/bapcpa/20210401/bci\\_data/median\\_income\\_table.htm](https://www.justice.gov/ust/eo/bapcpa/20210401/bci_data/median_income_table.htm)

<sup>4</sup> [blog.dol.gov/2021/11/9/veterans-in-the-labor-force-6-stats](http://blog.dol.gov/2021/11/9/veterans-in-the-labor-force-6-stats). The veteran unemployment rate (18 years and older, seasonally adjusted) peaked at 11.9% in April 2020. The seasonally adjusted September 2021 unemployment rate for veterans 18 years and over was 3.9%, which was 0.6 percentage points above the pre-pandemic low of 3.3% experienced in February 2020. As of April 1, 2022, the veteran unemployment rate was 2.4%, down from 3.1% the previous month and down from 4.8% the prior year.

<sup>5</sup> <https://www.rand.org/pubs/perspectives/PEA1363-2.html>

<sup>6</sup> [https://www.va.gov/vetdata/docs/specialreports/veteran\\_poverty\\_trends.pdf](https://www.va.gov/vetdata/docs/specialreports/veteran_poverty_trends.pdf)

<sup>7</sup> <http://www.nchv.org/images/uploads/RESEARCH%20ROUNDUP%20The%20Financial%20Impact%20of%20Military%20Service.pdf> pg. 6

inadequate coverage to take care of their families upon their death, leaving them in an even more precarious financial situation.

DAV, in partnership with RecruitMilitary® has promoted employment opportunities by hosting employment seminars around the country. These seminars are open to transitioning military members, veterans and their spouses looking to gain employment from many companies and organizations. By the end of 2021, DAV had hosted 82 traditional and virtual career fairs with RecruitMilitary® with over 19,000 attendees. During 2021, 6,694 job offers were extended to veterans and/or their spouses through both virtual and in-person job fairs.

Lack of adequate housing and homelessness may also affect military and veterans' risk of suicide. Programs to address homelessness among veterans is a VA "success story" with VA halving the number of veterans living on the street. Despite real progress, on a single night in January 2020, 37,252 veterans were experiencing homelessness, and 7.9% of all people experiencing homelessness were veterans. In addition, more veteran households are in economic situations that increase the risk of homelessness, with 12.9% reporting income at or below 150% of the poverty line, and 9.2% of veterans receiving public assistance.<sup>8</sup> Additionally, half of veterans between the ages of 25 and 54 had less than \$3,000 to \$4,000 total in their bank accounts.<sup>9</sup> Many veterans were already facing hardship – and then, the pandemic struck.

The COVID-19 pandemic has exacerbated existing challenges and gaps in services that contribute to veteran homelessness and housing insecurity. The Got Your 6 Network reports that veterans and their families are at an elevated risk of losing housing due to the economic fallout of COVID-19, as well as the expiration of government led emergency measures such as Pandemic Unemployment Assistance and eviction moratoria.

Research findings from a VA study reveal that issues related to financial strain are significant risk factors for becoming homeless and highlight the need to focus on financial well-being to help prevent homelessness among veterans. The study, led by [VA's National Center on Homelessness Among Veterans \(the Center\)](#), was published in the March edition of [Medical Care](#). The study revealed that four types of financial strain — debt, unemployment, lower income and financial crises — increased the risk of future homelessness.<sup>10</sup>

The VA has programming, services, and benefits available to address many of the social determinants that affect veterans' outcomes. These benefits and wraparound

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<sup>8</sup> <https://bobwoodrufffoundation.org/veteran-housing-insecurity-identified-as-2022s-most-pressing-issue/#:~:text=Housing%20insecurity%20and%20homelessness%20among,experiencing%20homelessness%20over%20veterans1>

<sup>9</sup> <https://bobwoodrufffoundation.org/veteran-housing-insecurity-identified-as-2022s-most-pressing-issue/#:~:text=Housing%20insecurity%20and%20homelessness%20among,experiencing%20homelessness%20over%20veterans1>

<sup>10</sup> (<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5654>)

services include compensation for service-connected disabled veterans; housing and safety net programming, including pension for homeless and low income veterans; support for caregivers of certain veterans; educational benefits, vocational rehabilitation and job training; comprehensive health care and mental health services for eligible veterans, including case management for veterans with serious mental illness.

DAV offers a variety of services to service members and veterans that ensure they can access their earned benefits and live their lives with dignity and respect. DAV's Transition Service Officers are there to assist the men and women who serve as they transition from military to civilian life. Our National Service Program provides veterans free professional assistance with their VA disability claims, appeals, claims for pension and educational benefits. Each year our Transportation Network transports thousands of ill and injured veterans to their VA medical appointments so they can receive essential medical care and services. DAV also has a network of local chapters and departments in every state that provide connectedness, support and can offer veterans help in times of need. DAV has also provided millions of dollars in disaster relief to veterans and their families following natural disasters, such as floods, fires, tornadoes and hurricanes.

Making sure that military families and veterans have enough food to eat, not only for themselves but also for their families, is an important protective factor for preventing suicide. Food insecurity among U.S. veterans and military families has often been below the radar of policymakers, but new studies are shedding light on the challenge. In May 2021, USDA issued a report that examined food insecurity among working-age veterans and nonveterans (those between the ages of 18 and 64). The report used Current Population Survey Food Security Supplement data from 2005 through 2019 to understand the association between military service and food insecurity. According to the May 2021 report, it is estimated that among working-age adults, veterans have a 7.4% increased likelihood of living in a food-insecure household and an estimated 9.2% increased likelihood of living in a household with very low food security when compared to nonveterans after adjusting for observable economic, demographic, and geographic differences. Food insecurity prevalence rates were also higher among disabled, unemployed, and female working-age veterans when compared to the national average for all working-age veterans.<sup>11</sup>

Because of food insecurity among veterans and with the rates of food prices and other consumer goods putting more veterans at risk, DAV supports legislation introduced by Rep. Hayes (H.R. 7272) to allow more military families and service-disabled veterans to be eligible for the supplemental nutrition assistance program (SNAP) benefits. In 2019, SNAP households included 22,000 active duty service members, 213,000 members of the National Guard or reservists, and 1.1 million veterans. SNAP benefits help families buy nutritious food. These benefits can be used at stores across the country and at some farmers' markets.<sup>12</sup>

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<sup>11</sup> <https://www.gao.gov/assets/gao-22-104740.pdf> pgs 5-6

<sup>12</sup> <https://www.fns.usda.gov/military-and-veteran-families>

Information about SNAP benefits and other local food assistance programs should be made more readily available so military and veteran families don't go without food. In the United States of America, no military or veteran family should ever go hungry.

Veterans in the first year of transition to civilian life are particularly at risk. A sudden lack of social connectedness can be a contributing factor for military and veteran suicide. Service members and military families develop very close bonds during military service. They feel a sense of belonging and purpose as part of the military community. But when service members transition back to life as civilians, the sense of belonging and camaraderie can disappear for some veterans, especially those living in rural and or remote areas. Post deployment, the sense of purpose and esteem service members felt in the military can be lost—they can feel unappreciated and/or misunderstood by the civilian population making them vulnerable to thoughts of self-harm and suicide.

DAV's 52 departments and 1,200 plus chapters are there to help transitioning military members and veterans stay connected and provide support through our voluntary services programs and advocacy efforts in addition to providing essential information about available benefits and specialized rehabilitative programs for seriously injured and ill veterans. DAV helps maintain that sense of camaraderie and community that veterans value so much.

Mr. Chairman, we must take full advantage of the opportunity to inform and advise military and veteran families on ways to avoid a financial crisis and access mental health services.

To that end, DAV recommends:

- Engage with veterans before they enter a cycle of decline. DAV supported the efforts to enroll all eligible transitioning service members in VA as they leave military service (H.R. 4673), but this legislation has not yet been enacted. We also strongly support the opportunity for all veterans to access mental health care in the first year post-service. This would allow VA to support veterans during a potentially vulnerable, at-risk period.
- Continue to prioritize employment programs, vocational training and job fairs. Veterans have learned valuable job skills in military service and should be able to more easily receive certification and licensure for the specific occupational skills they develop in service.
- Tailor early interventions at populations known to be at risk for unemployment, homelessness and food insecurity. VA's Supportive Services for Veteran Families in addition to the new Staff Sergeant Parker Gordon Fox suicide prevention community program grants will offer targeted interventions for veterans or family members at risk.

- Bolster VA's wraparound services and programs designed to support vulnerable veterans and help them navigate the complex web of services and benefits available to them including case management and program care coordination.
- Support social networks such as WoVeN—the Women Veterans Network—that are designed to help veterans feel connected to other members who share similar issues and help them develop motivational goals for recovery.
- Fix caregiver and family support programs to meet their intended purposes.
- Support legislation to expand eligibility for SNAP.
- Bolster programs to prevent veteran homelessness targeting interventions for high-risk populations.

Collectively, efforts should be made to address all of the upstream risks and protective factors influencing veteran suicide. DAV stands ready to engage with the Subcommittee on ways to improve and promote positive information flow to military and veteran families so that economic pressures do not result in the loss of a loved one to suicide. Working together, we can make a difference to help end this national tragedy.

Mr. Chairman, this concludes my testimony on behalf of DAV and I am happy address any questions from the Subcommittee.