I am submitting these comments on the Department of Veterans Affairs (VA) plan to collect data that will be utilized by the Office of Suicide Prevention in VA Central Office. The VA goal is to measure the return on investment of significant resources that have been invested in supporting communities in their efforts to reduce Veteran suicide. After four decades of working with veterans as an Army Social Work Officer, as the Deputy Director for Health Care at the American Legion and at both VA and the Department of Defense, where I was the founding director of the Defense Suicide Prevention Office (DSPO), I have several insights.

First, we must recognize that data has already demonstrated that the Suicidal Ideation (SI) and suicide rates in the military connected population are higher than the civilian population. Data analytics, especially if using machine learning can be informative to digest big data sets and see trends that can change "help-offering" from universal initiatives to targeted interventions across a continuum of care. The data can move VA from a "encouraging help seeking" posture that puts the burden of accessing care on the disabled veteran and their families. Instead, it can reverse engineer the VA into a more proactive "help offering behaviors" by making it more specific to the person. It means not waiting for the crisis before offering treatment. These lessons learned could be shared with communities of care for implementing the targeted interventions. When I was the DSPO Director, we tested a machine learning approach using deidentified data. The Wellness Assessment Risk Nexus (WARN) calculator generated a "Rosetta stone" list and a call center conducted outreach to that specific population. This test resulted in 72% requests for assistance in a latent population that might have gone unnoticed. This result is supported by other data that shows "caring contacts" work. The Henry Ford Healthcare System has had a successful Zero Suicide goal using this approach. It may be worth noting the importance of transparency, consent, privacy protections, and meaningfully building veteran trust in data use. Without this, there is a risk they may become suspicious or disengaged in any attempt to collect and analyze data.

Second, there are data points that the Veterans Health Administration (VHA) lacks because it does not have adequate liaison with the Veterans Benefits Administration (VBA). Veterans may well be enrolled in VHA care and are treated for their service-connected disabilities, but a suicide attempt, which can be a secondary condition to a diagnosis like posttraumatic stress disorder (PTSD), depression, somatic symptoms or chronic and severe pain associated with various injuries or illnesses is not always understood by VBA examiners or raters. Veterans who are denied service connection for a secondary suicide attempt that may result in disfigurement, anatomical loss or loss of use, and additional chronic pain are without services. Veterans denied service connection post a suicide attempt are then also without healthcare for those debilitating conditions that can result from self-inflicted gunshot wounds or poisonings for example. These disabilities may add to a veteran's unemployability, homelessness, and isolation further driving them down a path to another suicide attempt.

Next, treatment works but it must be accessible. VA needs to better understand episodes of outpatient care and bed days of care for inpatient treatment. It cannot capriciously limit care as is

being proposed by some network policies to terminate care after 24 visits or only keep a veteran in an inpatient program for a week. Data has also demonstrated that suicide/SI is increased within the first 30 days of being discharged from inpatient. Data has also demonstrated that a loss of connection is a major trigger for SI/suicide, as is hopelessness. When prematurely discharged from care, veterans are at risk for substance abuse, homelessness, another suicide attempt, or death. Collecting better data on what is actually needed can inform budget and staffing requests in the future. I have known veterans to come to treatment regularly for years or revisit treatment when they felt like the needed "a tune up" or to cope with the onset of a new life crisis. Treatment should be patient-centered whether it is in the VA or in the community. It needs to be tracked and coordinated. INFORMED treatment works and the way to be 'informed' is via the gathering of data and information. It would be worth noting that integrating family and caregiver perspectives, including their data or support needs would be useful, as they are often the ones who first identify warning signs.

Finally, as the President/CEO of Whistleblowers of America (WoA) the employment and socioeconomic issues cannot be ignored. When WoA surveys whistleblowers we find a fair percentage are also veterans. Suicide is the 4th leading cause of death among working aged adults in America, but the employment and workplace factors are often ignored or understated. A hostile work environment, retaliation, discrimination, harassment, and bullying had led to half of the WoA survey respondents to endorse suicidal ideation. Our survey shows significant increases in anxiety, depression and PTSD post a disclosure of wrongdoing. We are aware of VA employees who have died of self-inflicted harm. The Chris Kirkpatrick Act required tracking of employee suicide, and this data point should be reported to the Office of Special Counsel and included in the VA Suicide Event Reports. An independent Employee Assistance Program (EAP) should be constituted to help employees cope with psychosocial issues so that they can best serve veterans. If they are left stressed and burned out, VA loses productivity through medical leaves, disability and distraction. Most VA employes WoA meets, love their jobs taking care of fellow veterans and their families. They are highly trained professionals who need to remain engaged and employed, or the VA will lose them to the private sector.

Thank you for this opportunity to comment. I am available at
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