

# United States Senate

WASHINGTON, DC 20510

February 5, 2020

Mr. Michael S. Heimall  
Director  
Washington DC VA Medical Center  
50 Irving Street N.W.  
Washington, D.C. 20422

Dear Director Heimall:

We are writing to request more information on your efforts at the Washington DC VA Medical Center to prevent suicide in the veterans population you serve in the Commonwealth of Virginia.

As you well know, more than 6,000 veterans per year have died by suicide across the United States since 2008 – an average of nearly 20 current or former servicemembers each day. An estimated 135 surviving individuals are affected by each suicide – family members, friends, and coworkers, among others. The number of veteran suicides per year has risen by 6 percent since 2005, despite hundreds of millions of dollars set aside for suicide prevention efforts by the Department of Veterans Affairs (VA) during this period of time.<sup>1</sup>

It is clear that a new and more creative approach is necessary to combat this crisis, especially given that *only* six out of the nearly 20 veterans who take their own lives everyday received healthcare services at the VA. A significant portion of the veterans population does not qualify for VA healthcare based on socioeconomic or documented disability prerequisites, leaving thousands of potentially at-risk veterans without access to mental health services through the VA system. For this reason, Senator Warner introduced bipartisan legislation with Senator John Boozman to establish a new grant program at the VA to expand the reach of services aimed at preventing veterans' suicide and to measure the effectiveness of suicide prevention programs. This legislation focuses on improving veterans' mental healthcare by increasing accessibility to suicide prevention services in areas of the United States that have experienced high rates of veteran suicide and for individuals who are not receiving healthcare furnished by the VA. Last month, Senator Kaine introduced bipartisan legislation with Senator Martha McSally to explore innovative mental health treatment options to help veterans combat PTSD and other mental health issues. This legislation would require the VA to conduct a pilot program to study the effectiveness and benefits of nonprofit posttraumatic growth programs.

We are encouraged by the renewed attention given to this issue at the Department – from VA Secretary Robert Wilkie to individual staff working throughout the VA. As you know, in 2018, the VA released its *National Strategy for Preventing Veteran Suicide*. Its first goal (Objective 1.1) is to “foster the integration of Veteran suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role to play in supporting suicide prevention activities.” The report names 14 stakeholders that play a role in preventing veteran suicide, ranging from all levels of government to faith-based organizations, educational institutions and media organizations. This objective clearly makes the point that the best way to address veteran suicide is to involve as many facets of a veteran's life as possible – and most importantly – the community that surrounds each veteran.

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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)

Secretary Wilkie has made his own interest in a public health approach to this crisis clear. In testimony before the Senate Veterans' Affairs Committee on June 19, 2019, he said that a key part of the VA's efforts to combat veteran suicide over the next ten years would include "an emphasis on comprehensive community-based engagement."<sup>2</sup>

We are interested in what the Washington DC VAMC is doing to implement the VA's strategy to prevent veteran suicides. We ask that you respond to the following questions by February 21, 2020:

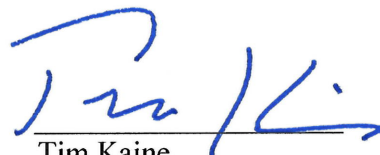
1. How are you working to form and expand partnerships with community stakeholders, including law enforcement, faith-based organizations, and institutions of higher learning, among others, in order to reach more veterans – both those who receive care through the VA and those who do not?
2. Are there some stakeholders that you have prioritized engaging? And are there some categories of veterans who you are targeting more in your outreach, given the increased vulnerability of certain veterans?
3. How are you coordinating with other veteran services organizations to create shared strategies in your communities?
4. Are you using any community-specific public health data to tailor your approach?
5. How are you integrating mental health services throughout all of the health services at the hospital so that other service providers are identifying veterans at risk for suicide? Are you providing additional training to community and clinical service providers on the prevention of suicide?
6. How are you using technology and social media to reach out to more veterans about seeking help?
7. How quickly can veterans in crisis be seen by providers at your facility?

The VA has set a goal of reducing the annual veteran suicide rate 20 percent by 2025.<sup>3</sup> We stand ready to help in any way we can, and we look forward to hearing back from you about the strategies you are undertaking to address the issue.

Sincerely,



Mark R. Warner  
United States Senator



Tim Kaine  
United States Senator

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<sup>2</sup> <https://www.veterans.senate.gov/imo/media/doc/6.19.19%20-%20Secretary%20Wilkie%20VA.pdf>

<sup>3</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)