

**Written Testimony of  
Lt Col James Lorraine, USAF (retired)  
President & CEO  
America's Warrior Partnership  
Augusta, GA**

**Before the  
U.S. Senate Committee on Veterans Affairs**

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**Testimony on “Coping during COVID: Veterans’ Mental Health and  
Implementation of the Hannon Act.”**

Chairman Tester, Ranking Member Moran, and Members of the Committee. Thank you for the invitation to testify today.

It is an honor to present testimony to the Committee regarding the impact of Novel Coronavirus disease 2019, or COVID-19, on our nation's veterans and their families. While the past year has been one of tribulations throughout the nation, the leadership of these Committees in the House and Senate have been a welcome beacon of promise to our nation's veteran's community. The hard work and countless hours spent passing significant legislative accomplishments and reforms into law over the past 14 months is nothing short of remarkable – especially considering how the pandemic has made communication and coordination much more difficult than ever.

In short – thank you to all the Committee Members and staff for your diligent work.

COVID-19 devastated the United States and the world over the last year. This devastation manifested itself in deaths, long-term illness, financial ruin, isolation, emotional strain, and loss of hope. Military connected veterans, service members, and their families were not immune to this devastation. However, in many cases, these individuals led efforts to help their fellow citizens or were supported by community-based programs that empowered them to move forward despite the adversity they were facing.

I served many years under United States Special Operations Command. Within the Special Operations Forces, or SOF, five truths that were established early at its formation guide the development of special operations.

- The first SOF truth is “Humans are more important than hardware.”
- The second SOF truth is “Quality is better than quantity.”
- The third SOF truth is “SOF can't be mass produced.”
- The fourth SOF truth is “Competent Special Operations Forces cannot be created after emergencies occur.”
- And the fifth SOF truth is “Most special operations require non-SOF support.”

Each of these truths applies to the service of veterans.

- The pandemic has demonstrated that we can't solely rely on technology to serve our veterans and their families;

- Second, a small county based veteran service program that has a relationship with their veterans is better than 100 websites;
- Third it takes time to train and educate these communities to best serve their veterans;
- Fourth, we can't wait for a crisis to occur, or current crisis to finish, before we act;
- And finally, no one organization, even the VA, can serve veterans and their families alone.

Through our expertise in collaborating with community leaders, we see where humans are more important than hardware. In northern South Carolina, Upstate Warrior Solution (UWS), a community group affiliated with America's Warrior Partnership capitalized on the proactive relationship they had previously established with over 7,000 veterans which included 80% of post 9/11 veterans living in their region to connect by phone, text, email, or physically distanced check-ins. Like other community programs with previous relationships in their community veterans, UWS was able to mitigate many of the stressors facing veterans and their families. Mission Roll Call, a program that unifies the message of veterans through story telling started a "Be A Leader" initiative where prominent veterans encouraged Mission Roll Call's million plus followers to lead as they did in the military, take care of your fellow citizen, and follow prevention measures. In the Navajo Nation, our veteran service program, the Dine' Naazbaa' Partnership (DNP) re-connected with more than 300 veterans living over a large area to bring them food, water, blankets, and firewood to cook or heat their homes.

In these examples, the impact was immediate, personal, and significant. County Veteran Service Officers across the nation moved to remote work locations but continued to work aggressively to care for and advocate for their community veterans. At America's Warrior Partnership we recognized that local programs that had proactively developed relationships with their community veterans were much more prepared to serve during the pandemic than those communities who struggled with lack of personal contact to help during the pandemic.

In short, COVID-19 has undeniably impacted our veterans, but veterans who were in a community that used a proactive, integrated response to assist with issues had much more positive results.

Many national organizations polled, surveyed, and studied veterans, their families, and their communities during the pandemic. It's not surprising that the findings of these assessments aligned regardless of whether a veteran, their family, or the community was being assessed. In May 2020, America's Warrior Partnership surveyed 69 community-based service providers across the country and

learned that communities were seeking greater access to food and household supplies, short-term financial assistance, employment assistance, housing, and access to medical care. Ninety three percent of communities felt that they could address veteran's needs locally. America's Warrior Partnership recommended continuing to safely outreach to veterans and community programs and to be creative on how to address community level issues. During the same period, Syracuse University's Institute for Veterans and Military Families (IVMF) conducted polls that found 93% of veterans feared for the impact on US Economy and 72% feared for lack of community resources. IVMF's April 2020 snapshot poll recommended that communities immediately "Seek ways to promote continuity of operations and sustainability of critical community-based providers that serve veterans and military families." and in the longer-term "Double-down on resources and interventions that address known family and individual stressors, enable access to care and services, and reduce the risk for adverse outcomes (e.g., unemployment, housing/financial insecurity, suicidal ideation)."

IVMF's follow-up snap-shot poll from May 2020 identified medical care as veterans' #1 resource need, followed by financial assistance, community support, legal services, and career support. Wounded Warrior Project's December 2020 survey of 28,282 post-9/11 veterans, which was administered during the same period of IVMF's snap-shot poll stated "Over half of warriors (59%) reported that their physical health appointments had been postponed or canceled, and 38% reported their mental health appointments had been postponed or canceled. Lack of care, combined with long-standing mental health conditions and the stressors of the pandemic environment, led us to explore the additional burden WWP warriors face."

Wounded Warrior Project found that the complexity of their alumni and the lack of medical care compounded the negative response to the COVID pandemic which could be seen through a 30% response on suicidal ideations. Similarly, Blue Star Families found veterans families found access to medical care and the overall mental health status of parents and children to be a leading concern. Additionally, County Veteran Service offices noted not only reduced access to medical care, but for low income or rural veterans, the lack of transportation and difficulty navigating the VA's online scheduling and reimbursement system was a barrier due to lack of access to needed technology.

As demonstrated from studies and experience, healthcare access for veterans was and continues to be a serious issue for veterans. Wounded Warrior Project's studies show the lack of access to health care was detrimental to the veterans they serve. In March 2020, the New York Times quoted the Ranking

Member Jerry Moran “I have serious concerns with the V.A. putting a temporary pause on community care. When the V.A. cannot provide care to veterans, the V.A. is required under the Mission Act to send them to the community.”

However – we have heard from our communities and county partners that access to care is not improving.

On March 5, 2021, USA Today wrote citing a letter to the VA from Congressional members “The COVID-19 pandemic has led to the cancellation, delay or rescheduling of almost 20 million medical appointments for veterans. Part of that is a result of many Veterans Affairs medical facilities being fully or partially shut down because of the pandemic. But that’s only half the story. For those who can’t get care at a VA facility, community care under the VA MISSION Act should be an alternative. It isn’t working out that way.”

And on March 18, 2021, the Secretary of Veterans Affairs said on a MSNBC that the VA is facing a significant backlog that will be addressed with the support of the American Rescue Plan funding. Yet this doesn’t even match with the VA’s own “Vantage Point Blog,” who wrote in the opening line of a March 15, 2021 post that “No matter how you measure it, the VA has dramatically improved access to health care for veterans.”

Members of the Committee - we can’t wait for another crisis to occur. It is imperative that we act now.

America’s Warrior Partnership, along with many members of the VSO community, supported the nomination of Secretary McDonough to lead the VA. And his testimony before this Committee reflected a welcome attitude and promise of increasing access to care and closely following the law and intent of Congress.

The VA must use all the tools available to them to maximize access to healthcare, and not use this pandemic as an opportunity to consolidate care inside the VA at the cost of veteran’s access. We believe the COVID-19 pandemic has had a significant negative impact on the health of our veterans and their families that likely will not be fully recognized for many years, but it is clear that access to care by all means is essential to stem the tide of absent care. This includes maximizing the use of The Mission Act and rapidly implementing the Hannon Act as well as the COMPACT Act so that healthcare,

community services, and programs such as Post Traumatic Growth can be made available to veterans and their families who went without during this last year. We hope Secretary McDonough will continue to follow through on his testimony and fix these issues.

America's Warrior Partnership stands ready to assist the Department of Veterans Affairs and this committee in the service to our veterans and their families across the nation. Yet much of the impact from COVID-19 is tough to fully identify without further information and data. More data is needed. But even in areas where data exists, it is tough to fully access and qualify the data the VA already has.

In partnership with the University of Alabama and funded by the Bristol Myers Squibb Foundation, America's Warrior Partnership has led a nationwide former service member suicide study that seeks to identify data driven, community-based suicide prevention measures. To date 15% of states have shared the last five years of death data, which we share with the Department of Defense to validate which decedents had served in the armed forces and share their service experience. This partnership with the Department of Defense and Dr. Karin Orvis has provided us critical insight into not only former service member suicides, but non-natural causes of death such as overdose, strangulation, drowning, and firearms.

One of the first major takeaways we have been able to identify is that states are under-counting former service member suicide by approximately 20-25%. How this relates to the impact on COVID is that both Florida and Minnesota will provide their 2020 death records to our study this summer and with this data we can gain greater insight into the pandemic period causes of death and relationship to those who did not serve in the military.

The worst part, is that all these findings are likely amplified during times of crisis. While we await the 2020 state data covering the pandemic period we also await data from the VA which will allow Operation Deep Dive to connect the dots between state death data, Department of Defense service history, and the former service members Department of Veterans Affairs experience. Without all the puzzle pieces we are assuming the severity the pandemic has had on our veterans. We look forward to working with the Committee and the government to truly understand the impact this pandemic has had on our nation.

In summary, the time to act is now! The COVID-19 pandemic has undoubtedly impacted the lives of veterans and their families. Secretary McDonough has inherited a significant backlog which will require the VA use all the tools at its disposal to increase access and continuity of medical and behavioral care, especially maximizing the use of the Mission Act. The VA must rapidly seek the means to actively partner with community partners, especially in rural communities throughout the nation. The VA should not look at every solution to a problem as a VA program. And lastly, we hope the VA will increase their willingness to share critical data outside the Department.

I am hopeful. Hopeful for our military, hopeful for our veterans, and hopeful for our success in ending veteran suicide. Thank you for the opportunity to present to the committee.