

# United States Senate

WASHINGTON, DC 20510

March 12, 2019

The Honorable Robert Wilkie  
Secretary of Veterans Affairs  
U.S. Department of Veterans Affairs  
810 Vermont Avenue NW  
Washington, D.C. 20420

Dear Secretary Wilkie,

We write today concerning the Department of Veterans Affairs' (VA) efforts to reduce veteran suicide. According to the VA's most recent release of veteran suicide statistics for each state, Arizona had one of the highest rates of veteran suicides in 2015. Moreover, an independent report by Arizona State University shows that Arizona's veteran suicide rate was nearly 400 percent higher than the VA's reported rate during a comparable time period.<sup>1</sup>

Veteran suicide is not only a VA problem—it is a community-wide problem. Thanks to the VA's research on this issue, we know that of the 20 veterans that commit suicide each day on average, about 14 (or 70 percent) are not receiving care at a VA. For Arizona's veteran population, that means the VA lacks the ability to locate at-risk veterans and provide mental health treatment to more than 365,000 of Arizona's 522,000 veterans.

We also know that combatting veteran suicide requires collaboration between the VA and Arizona's communities to identify those at risk of suicide and to get them the help they need. We are proud to be leading this important effort. Arizona's collaborative prevention program, called "Be Connected," provides a link between Arizona's veteran community, the VA hospitals in Phoenix, Tucson and Prescott, as well as regional resources in an effort to target at-risk veterans and provide suicide prevention services. The program leverages existing resources both in the community and at the VA to eliminate confusing or duplicative services and increase awareness of (and access to) VA mental health programs.

A hallmark of the "Be Connected" program is its focus on placing additional veteran peer supports throughout the community. These added peer supports—combined with existing and additional peer supports at VA facilities—can identify veterans living in both urban and rural areas that have limited access to mental health resources to get them the support they need.

Arizona's "Be Connected" program has already served as a model for other states looking to aggressively target veteran suicide. Recently, Arizona was selected as one of seven states to

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<sup>1</sup> Dennis Wagner, "Arizona veterans commit suicide at quadruple the rate of civilians, ASU study says" AZ REPUBLIC (14 Nov. 2017), *available at*:  
<https://www.usatoday.com/story/news/nation-now/2017/11/15/arizona-veterans-suicides/865514001/>

participate in the inaugural Governor's Challenge to Prevent Suicide Among Service Members in Washington, D.C. A joint effort by both the Department of Veterans Affairs and the Department of Health and Human Services, this three-day event brought together health care experts, veterans, and state and federal officials to collaborate on how to find and implement local solutions to prevent veteran suicide.

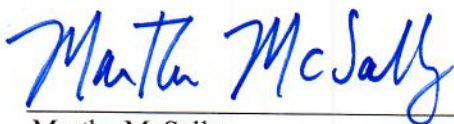
Arizona's "Be Connected" program was also recently recognized by the President during the signing of his March 5th executive order entitled "National Roadmap to Empower Veterans and End Veteran Suicide." The order creates a cabinet-level task force that will seek to develop a national roadmap for suicide prevention, bringing together state and local organizations. It directs a task force—led by your office—to finalize a plan in 12 months. The Arizona Coalition for Military Families (ACMF), the non-profit that leads this program in our state, was not only invited to attend the signing ceremony, but the President personally asked Thomas Winkle, head of the ACMF, to speak about Arizona's use of collective partnerships and data-driven decision-making to achieve lasting results in veteran suicide reduction. In his remarks, Mr. Winkle emphasized how this "roadmap" concept has formed the core of Arizona's "Be Connected" program.

Important progress is being made in Arizona to combat veteran suicide through the "Be Connected" program, and we believe more progress can be made if we replicate this program nationwide. With this in mind, please answer the following questions about how the VA is working to address this tragedy:

1. Since 70 percent of at-risk veterans who commit suicide are currently not seeking care at a VA facility, what is the VA doing to promote collaboration across federal, state, local, tribal, private, and non-profit organizations in both urban and rural veteran populations?
2. What guidance have you given local VA hospitals regarding collaboration with outside entities?
3. What is the VA doing to model Arizona's "Be Connected" as a prototype for trans-organizational collaboration to address suicide?
4. In 2014, Arizona and the western states had some of the highest veteran suicide rates in the country, which were three times higher for veterans and five times higher for younger veterans. Does the VA's data tell us why this is happening?
5. What does the VA do to collaborate with other federal partners like the Department of Defense and the Indian Health Services to prevent veteran suicides in the western states?

We look forward to your response.

Sincerely,



Martha McSally  
U.S. Senate



Kyrsten Sinema  
U.S. Senate