00:05

So on May 6 of 2019, the sun was shining, the sky was blue, clouds were that puffy white. It was a perfect spring day.

00:16

I was walking back to my office, and my phone rang. And it was one of my lieutenants. I said, "Hey, John. How are you?" He said, "Sir, I'm good. But I've got some bad news." He said our executive officer died that weekend. We went back and forth, "What do you mean, what are you talking about?" I asked him what happened. He said, "Sir, he killed himself."

00:46

I walked around my office for a couple of hours in a complete fog, trying to understand what had happened, why. I had just communicated with him a few months earlier. And I had no idea that this officer was in trouble. And I fault myself as a leader for not having known that. I went on this process of trying to figure out why, what's happening in the veteran community, why are these things going on. I read reports from the Department of Veteran Affairs, Department of Defense, I've read national studies on mental health and the issues associated with it. I'm going to share with you some of the things I found out.

01:27

Department of Veteran Affairs has taken the lead on veteran suicide, and it's actually their number one priority. Based on the reports they have and the numbers that I've calculated, between 2001 and 2019, during the time of the Global War on Terror, my approximation is there's 115,000 veterans who have died by their own hands. I also looked at the Department of Defense report that lists casualties. This particular report lists the casualties from October of 2001 specifically to November 18 of last year. During that time frame and the Global War on Terror, there have been 5,440 active duty members killed in action. So by my numbers, 115,000 approximate suicides, 5,440 killed in action. What does that mean to me? We have approximately 21 veterans ending their lives by their own hand for every one that is killed by an enemy combatant. It's a staggering, staggering number.

02:36

These national studies that deal with mental health tell us that if you have any type of genetic mental health issue within your family that can be passed on, or if something has happened to you in your childhood that was traumatic, your ability to deal with post-traumatic stress disorder, or PTSD, significantly decreases. They also tell us that if you want to have a full evaluation,

determine if somebody has PTSD, you need to have a minimum of one hour interview with a mental health expert that's trained to detect what PTSD is to determine if you suffer from it.

03:22

Now let me talk about what happens when you enter into the military. When you join the armed forces, you're going to go through a medical exam, you're going to take a physical fitness test, you're going to take a drug test, you're going to take a vocational test so they can figure out what you're good at and hopefully place you in that type of job category. But would you believe that with approximately 115,000 suicides over the last 20 years, and the data that we know from the national studies on how to determine if somebody is going to be able to cope with post-traumatic stress disorder, we still don't have a standardized mental health evaluation for our recruits entering into the service. That's something I think that needs to change.

04:05

Number two, when you leave the service -- When I left the service in 2003, I had to attend some mandatory classes, about two days' worth of classes, and then I was on my way. Today, it's a little different. Today you'll actually get a call if you're on what we call terminal leave or paid time off that you're trying to use up before you actually are fully discharged. I talked to one veteran who got a call. He was on his way home from work, and the only thing he could think of was, "How quick can I get off this?" And I think the call lasted maybe 10 or 15 minutes. But yet the national studies tell us it needs to be an in-person, one-hour interview. I think that's something that we can improve upon.

04:47

There's another thing that the Department of Veteran Affairs talked about in the reports. They said that our service members that are self-medicating tend to be at a significantly higher risk of suicide. So those veterans that are self-medicating with alcohol, or drug abuse -- and in fact, the Department of Veteran Affairs has classified opioid use disorder, OUD, as one of the epidemics. So as I talked to marines from my unit and tried to learn more about it, I started to find out some really, really alarming things.

05:19

I had a marine who came back from Iraq and he went to the hospital for a "back pain" and he was prescribed some opioids. He also suffered from post-traumatic stress disorder. He became addicted to these painkillers, because not only did it mask the pain in his back, but it helped him to cope with some of the horrific things that he had to see, experience and do over in the Middle East. And he eventually overdosed.

05:54

Another challenge we have is that when you're on active duty, you are under the Department of Defense. And so all of your doctors, all your health care is in that category. When you leave the service, you are now part of the Department of Veteran Affairs. So these active duty members that seek help for their mental health issues and are diagnosed with PTSD or other mental health issues, when they leave the service, there's no transition to a doctor that's in the Department of Veteran Affairs or perhaps out in the civilian world because of privacy acts. Now there's some good news in this. Just recently, it was legislated that a database will be built that will house both Department of Defense health records and Department of Veteran Affairs health records.

06:46

But I want to take that thought a step further. My company was 204 marines and sailors strong. As I looked at and I talked to my marines from my unit, what we came up with is we are well in excess of a dozen of our members that committed suicide. When I talk to senior leadership in the battalion, and battalion is about six to seven hundred marines, they estimate that we're in the hundreds who have committed suicide. So let's take this database that we're building, and let's go a little bit further with it. What if when a veteran passes away, whether it's natural causes, overdose or suicide, we're able to feed that into the Veteran Affairs who is then able to access Department of Defense records, identify what type of units they were in, what contingencies and operations did they participate in, and let's build the data points to try to figure out are there units that are more susceptible to develop post-traumatic stress disorder so that we can get them the mental health prior to going on deployment, prior to being in theater. If they're in theater, get them the mental health while they're in theater, and get them mental health counseling and help before they even come home out of theater.

07:58

(Applause)

08:05

And by the way, if we can build those sets of data points to be able to do that, we don't just apply them to the military, we can also use that for the general population. If we put our minds together and our resources together, and we openly talk about this, and try to find solutions for this epidemic that's going on in America, hopefully we can save a life.

08:30

Those are my thoughts, my ideas, I hope that this talk is not the end of this discussion but rather the beginning of it.

08:37

And I want to thank you for your time today.

08:39

(Applause)