



CONSORTIUM FOR  
**RISK-BASED FIREARM POLICY**

September 22, 2021

The Honorable Mark Takano  
Chairman  
U.S. House of Representatives  
Committee on Veterans' Affairs  
Washington, DC 20515

The Honorable Jon Tester  
Chairman  
U.S. Senate  
Committee on Veterans' Affairs  
Washington, DC 20510

The Honorable Mike Bost  
Ranking Member  
U.S. House of Representatives  
Committee on Veterans' Affairs  
Washington, DC 20515

The Honorable Jerry Moran  
Ranking Member  
U.S. Senate  
Committee on Veterans' Affairs  
Washington, DC 20510

Dear Chairman Takano, Chairman Tester, Ranking Member Bost, and Ranking Member Moran:

Over 6,000 American veterans die by suicide each year, nearly 70% by firearm.<sup>1</sup> Veterans are at a higher risk of suicide than their civilian counterparts, and are also more likely to use firearms, the most lethal suicide attempt method. This is a tragic yet preventable public health crisis, and lethal means safety counseling is an effective strategy for suicide prevention. I am writing on behalf of the Consortium for Risk-Based Firearm Policy (Consortium) in strong support of the Lethal Means Safety Training Act as part of Congress's ongoing efforts to stem veteran suicide.

The Consortium comprises researchers and academics with expertise at the intersections of gun violence prevention and public health, law, behavioral health, medicine, criminology, and related fields, unified by our shared commitment to advancing evidence-based gun violence prevention policies. We synthesize and apply the best available scientific evidence to develop gun violence prevention recommendations that, within constitutional limits, address access to firearms by persons who are at an elevated risk for committing interpersonal violence or attempting suicide. In 2017, we issued a comprehensive report, "Breaking Through Barriers: The Emerging Role of Health Care Provider Training Programs in Firearm Suicide Prevention," featuring recommendations to equip health care providers to deal tactfully, respectfully, and directly with the issue of firearms and suicide through lethal means safety counseling.<sup>2</sup>

Research shows that lethal means safety counseling is an effective suicide prevention strategy.<sup>3</sup> Access to firearms is a determinative factor in how likely someone is to die from a suicide attempt, so temporarily reducing access to firearms by individuals during or in anticipation of a suicidal crisis makes it more likely they will survive a suicide attempt. Though a person may consider suicide for a long time (providing opportunities for intervention and risk reduction), suicidal crises peak relatively quickly for many people, often lasting minutes or hours. Preventive lethal means safety planning to remove firearms

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<sup>1</sup> Educational Fund to Stop Gun Violence (2019) [Prevent Firearm Suicide: Service Members and Veterans](#).

<sup>2</sup> Allchin A & Chaplin V, on behalf of the Consortium for Risk-Based Firearm Policy. (2017). [Breaking Through Barriers: The Emerging Role of Healthcare Provider Training Programs in Firearm Suicide Prevention](#).

<sup>3</sup> See *ibid*.



during those moments of crisis saves lives. Research also indicates that few people will attempt suicide by another means if their chosen method is unavailable; even when someone does substitute another means for a firearm, they are much more likely to survive an attempt. By reducing individuals' access to firearms during times of suicidal crisis through lethal means safety counseling, healthcare providers can impact the numbers of veterans who die by firearm suicide.

On behalf of the Consortium, I commend the Lethal Means Safety Training Act's focus on culturally appropriate training. Research has shown that lethal means safety counseling is effective when it is culturally competent and tailored to meet the unique circumstances of the individual.<sup>4</sup> Many factors contribute to culture, including firearms. Firearms are a notable component of military culture, and nearly half of all veterans own at least one firearm.<sup>5</sup> However, one in three veterans who own firearms report storing at least one firearm loaded and unlocked,<sup>6</sup> providing an opportunity to encourage safer storage and reduce access during times of crisis, a lifesaving measure. Further, veterans' identities extend beyond veteran status, including race, gender, sexual orientation, age, and more. Working with veterans requires lethal means safety counseling to be responsive to military and firearm culture, and for the counseling to be responsive to how experiences within military and firearm culture differ among those with different identities. Lethal means safety counseling helps healthcare providers to work respectfully and in partnership with patients to find mutually-agreeable solutions that temporarily reduce access to firearms and in turn, reduce their risk of suicide. Including cultural competency requirements serves to ensure that the implementation of this legislation will be as respectful *and* effective as possible.

The Consortium is supportive of efforts to train healthcare providers on lethal means safety counseling. Since the majority of veteran suicide decedents do not use the Veteran Health Administration (VHA) services prior to their death,<sup>7</sup> it is imperative that training be provided not only to VHA staff, but also to Community Care Network providers as is stipulated in the Lethal Means Safety Training Act. This comprehensive training for healthcare providers increases the likelihood that professionals who interact with veterans learn about culturally competent lethal means safety counseling.

Veteran suicide is a preventable public health crisis. Lethal means safety counseling saves lives, and the Lethal Means Safety Training Act will ensure that this counseling is accessible and adaptable to all veterans. For these reasons, the Consortium strongly endorses the Lethal Means Safety Training Act.

Sincerely,

Vicka Chaplin, MA, MPH  
Managing Director, Consortium for Risk-Based Firearm Policy

<sup>4</sup> Betz, M. E. & Wintemute, G. J. (2015). Physician counseling on firearm safety: a new kind of cultural competence. *Journal of the American Medical Association*, 314(5), 449-450.

<sup>5</sup> Cleveland EC, Azrael D, Simonetti JA, Miller M. (2015). Firearm ownership among American veterans: Findings from the 2015 National Firearm Survey. *Inj Epidemiol*.

<sup>6</sup> Simonetti JA, Azrael D, Rowhani-Rahbar A, Miller M. (2018). Firearm storage practices among American veterans. *Am J Prev Med*.

<sup>7</sup> U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. (2020). [2020 National Veteran Suicide Prevention Annual Report](#).