



WHITE PAPER · SUMMIT PROCEEDINGS

2025 STOP SuiSilence Mental Health Summit

*A Powerful Gathering to STOP SuiSilence:
Uniting Voices, Science, and Hope to End Veteran Suicide*

DATE

September 26, 2025

VENUE

National Museum of the
United States Army
Fort Belvoir, Virginia

CONVENED BY

Angel Force USA
Warrior GMR Foundation
Irreverent Warriors



2025 STOP SuiSilence Mental Health Summit

Summit Proceedings and Recommendations · White Paper

ORGANIZING PARTNERS

Angel Force USA
Warrior GMR Foundation
Irreverent Warriors

PANEL PROGRAM

Dixon Center for Military
and Veterans Services

DEVELOPMENT

Forthright Strategies

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Foreword

On September 26, 2025, Angel Force USA, Warrior GMR Foundation, and Irreverent Warriors convened the 2025 STOP SuiSilence Mental Health Summit at the National Museum of the U.S. Army in Fort Belvoir, Virginia. Held during Suicide Prevention Month, the summit brought together Veterans, service members, families, clinicians, researchers, nonprofit leaders, advocates, and policymakers to confront one of the most urgent challenges facing the military and Veteran community.

The summit was part of an ongoing series convened by Angel Force USA over the past several years. Its purpose was clear: to break the silence surrounding suicide, reduce the stigma associated with seeking care, elevate practical and person-centered solutions, and accelerate progress toward a future in which fewer military-connected lives are lost to suicide. Throughout the day, keynote speakers and panelists shared research, lived experience, and community-based solutions that underscored a common message: connection, timely care, and coordinated action save lives.

About the Organizing Partners

Angel Force USA served as the convener and lead organizing partner. A 501(c)(3) nonprofit, Angel Force USA raises awareness of the military suicide epidemic through entertainment, engagement, and education. Its mission is to STOP SuiSilence, the avoidance of discussion about suicide, and it has hosted the STOP SuiSilence Mental Health Summit series over multiple years.

Warrior GMR Foundation is dedicated to reducing Veteran suicide, fostering resilience, and building stronger communities by addressing the challenges Veterans face after transitioning to civilian life. Through innovative programs, events, and peer-driven support, including gaming-centered connection, Warrior GMR Foundation creates lifelines for Veterans to rebuild resilience and thrive in their next chapter.

Irreverent Warriors is a national community of more than 75,000 Veterans dedicated to combating trauma through humor, camaraderie, and holistic healing. Irreverent Warriors brings the community together through unique events, fosters connection through its

IW Gaming Group, and provides platoon-level disaster response in times of critical need.

Additional Contributors

Dixon Center for Military and Veterans Services provided the operational leadership and coordination that anchored the summit's panel discussions. Dixon Center structured and moderated the conversations to ensure they remained focused on actionable outcomes, and deserves significant credit for the quality and discipline of the panel program.

Forthright Strategies served as the summit's leading fundraising organization, driving the financial and outreach efforts that made the event possible. Through strategic partnerships and donor engagement, Forthright Strategies mobilized support across multiple Veteran-serving networks.

Additional participating organizations contributed through the Wellness Resource Fair, where each provided information and resources. These included Wounded Warrior Project, VA Vet Centers, Easterseals, American Corporate Partners, Wings of Hope Ministry, John P. Mayhugh Foundation and Lifeline Horse Rescue and Rehabilitation.

This white paper captures key themes from the summit, including the importance of transition support, family and peer engagement, timely access to evidence-based and emerging treatments, community-driven programming, and better use of data and technology. It also highlights the shared conviction among participants that suicide prevention cannot be addressed by any one sector alone. Progress will require collaboration among federal agencies, health systems, nonprofit organizations, local communities, researchers, and Veterans themselves.

Most importantly, the summit affirmed that this issue is not abstract. Behind every statistic is a person, a family, a unit, and a community. The conversations held at the 2025 STOP SuiSilence Mental Health Summit were candid, urgent, and grounded in compassion. They reminded all who attended that prevention begins with honest dialogue, sustained support, and the willingness to act before a crisis becomes a tragedy.

Executive Summary

The 2025 STOP SuiSilence Mental Health Summit, convened on September 26, 2025, at the National Museum of the U.S. Army in Fort Belvoir, Virginia, brought together Veterans, service members, families, clinicians, researchers, nonprofit organizations, advocates, and policy leaders to address the continuing crisis of military and Veteran suicide.



Attendees gather at the National Museum of the United States Army for the 2025 STOP SuiSilence Mental Health Summit.

Across keynote addresses and panel discussions, participants emphasized that suicide prevention must move beyond awareness alone. Speakers called for a coordinated, person-centered approach that reduces stigma, strengthens family and peer support, improves transition assistance, expands access to timely and appropriate care, and uses data more effectively to identify and respond to risk. A recurring theme throughout the summit was that no single intervention will solve this crisis. Meaningful progress will de-

pend on integrating clinical care, public health strategies, community-based support, and lived experience.

Keynotes from General (Ret.) Michael Garrett, The Honorable Terri Tanielian, and General (Ret.) Joseph Votel framed the day's discussion. General Garrett emphasized the power of presence, connection, and courageous conversations, noting that leadership and personal example can shape a culture in which seeking help is viewed as strength. The Honorable Tanielian highlighted populations at elevated risk, especially during the transition from military to civilian life, and called for improved provider accountability, faster use of data, and stronger systems for identifying and responding to emerging risk. General Votel focused on the challenges of transition, the loss of identity and community after service, and the role of local networks and gaming-based communities in rebuilding connection and purpose.

Panel discussions reinforced several major findings. First, suicide has broad ripple effects across families, units, and communities, making prevention and postvention shared responsibilities rather than individual burdens. Second, stigma remains a significant barrier to care, particularly in military culture, where vulnerability is often misunderstood as weakness. Third, families and peers must be treated as essential partners in prevention, especially during transition periods. Fourth, panelists called for more timely access to evidence-based and emerging treatments, as well as greater transparency, informed consent, and continuity in care. Fifth, community organizations, peer networks, and innovative tools such as gaming platforms and digital supports are already filling important gaps and should be recognized as part of the broader prevention ecosystem.

The summit concluded with a strong call for collaborative action. Priority recommendations included strengthening transition support before and after discharge; expanding access to effective, individualized treatment options; increasing support for peer-led, family-inclusive, and community-based programs; improving provider education and follow-up practices; enhancing data transparency and interagency coordination; and reducing barriers that delay care. Participants also stressed that Veteran mental health

should be addressed as a national public health and readiness issue, not as a partisan or episodic concern.

SUMMIT AT A GLANCE

Keynote Highlights

- **General (Ret.) Michael Garrett** emphasized the power of presence, connection, and courageous conversations to help service members choose life over death.
- **The Honorable Terri Tanielian** spotlighted high-risk populations and called for safe firearm storage, real-time health monitoring, and merged federal datasets.
- **General (Ret.) Joseph Votel** addressed the challenges of post-service transition and advocated for community-based care and gaming as a healing tool.

Calls to Action

- Develop rapid-response mental health programs.
- Fund bioscience research and innovative therapies.
- Expand peer-led and technology-enabled support systems.

- Reform policies and increase public awareness.
- Merge federal datasets for real-time risk analysis.
- Educate providers and strengthen treatment accountability.
- Support community organizations and Veteran transitions.
- Establish a National SuiSilence Day.
- Remove “fail first” barriers to advanced treatments.
- Treat Veteran mental health as a medical priority rather than a political one.

This summit reinforced the urgent need for unified, compassionate, and innovative approaches to suicide prevention. By uniting voices, science, and hope, the 2025 STOP SuiSilence Mental Health Summit laid the foundation for a future where no Veteran is left behind.

Introduction

According to the Centre for Suicide Prevention, one suicide can impact up to 135 lives, a figure that does not include future generations or those affected by individuals at risk. Among our nation's defenders, the military community faces a stark reality: since 9/11, more than 30,000 service members have died by suicide, compared with approximately 7,000 lost in combat. Each loss ripples through families, units, and communities, reminding us that prevention is a shared duty.



Wreath laying at the Tomb of the Unknown Soldier.

Federal data shows that roughly 17 Veterans die by suicide each day (6,398 deaths in 2023, an average of 17.5 per day), and additional lives lost to addiction and alcohol abuse must be considered in these losses. These numbers do NOT include everyone who has worn a uniform. Some research organizations as well as academic research has shown the number to be as high as 45 per day. VA research documents 42,627 veteran overdose deaths between 2010 and 2019 alone (averaging roughly 4,700 per year), plus another 2,421 alcohol-involved overdose deaths between 2012 and 2018. Behind every number is a person, a family, and a community profoundly affected by the ripple effect of that loss, a reminder that prevention and early intervention must remain a national priority.

Numerous studies confirm the contagion effect, in which attitudes, behaviors, and emotions can spread from person to person. In suicide prevention, exposure through media, conversation, or community networks can heighten risk. Responsible communication, accurate reporting, and public awareness are vital to reducing further loss.

We must confront this issue directly and take decisive, coordinated action to end SuiSilence.

General (Ret.) Michael Garrett

Former Commanding General, U.S. Army Forces Command



“This ... is about impact, change and solving problems, but it is also about so much more. It is about life and death. Together, we can help the people we love and serve beside to choose life over death.”

GENERAL (RET.) MICHAEL GARRETT

BACKGROUND

General Garrett, “Mike,” as he prefers to be called, opened the summit by sharing that he grew up in an Army family and that it was the only life he ever knew. One of his sisters retired as a Warrant Officer, and his father served as an Army Command Sergeant Major in 1985. He noted that in the 1980s, mental health was not something people spoke about openly. General Garrett emphasized that while his career was marked by many accolades, his true purpose has always been to make a lasting and meaningful impact, found in being present, making connections, and having the hard conversations others may shy away from.

As an infantry officer whose early career was forged in the elite 75th Ranger Regiment, General Garrett ultimately culminated his 38-year service as Commanding General of U.S. Army Forces Command (FORSCOM), where he oversaw 750,000 personnel. That scope of command gave him firsthand insight into the populations this paper seeks to protect. Today he leverages his experiences to champion Veteran wellness, serving on the board of Semper Fi and America’s Fund and as Chairman of the American Battle Monuments Commission.

THE TRUE MEANING OF IMPACT AND CHANGE

General Garrett underscored that suicide is not a challenge that can be solved in a few hours or even a day,

but he expressed that everyone at the summit shared one connected passion: the fight for life. He emphasized that to begin to tackle SuiSilence, the field needs more people willing to give their time, scale resources together, and connect them to those who need them most.

He identified the need to scale programs, mental health support, career development, family assistance, so they are accessible to all 350,000 Guardsmen, 250,000 Reservists, and the large active-duty population. He also emphasized the power of influence and personal example: every leader can make meaningful connections, whether by simply looking someone in the eyes and saying hello or by being a supportive mentor. When words match actions, leaders inspire others and foster lasting change. Leading from the front with purpose means showing empathy and compassion, especially in challenging moments.

A leader who listens and supports a struggling team member sets a powerful example. By being present and working together, we have the power to support the people we care about and those we serve beside, guiding them toward choosing life over death. Scaling resources helps create environments where empathy and connection truly matter, and where SuiSilence can begin to be broken.

PANEL 1

One Suicide Changes 135 Lives

The Ripple Effect on Families, Units, and Communities



Panel 1 — From left to right: Ms. Sara Taylor; CDR (Ret.) Lucas Hamrick; USMC Officer Nico Marcolongo; Brian Brumfield - Air Force Veteran; and Brigadier General (Ret.) Dana Hessheimer.

MODERATOR

Brigadier General (Ret.) Dana Hessheimer, USAF — Angel Force USA Board Member and Chief Military Liaison

PANELISTS

Ms. Sara Taylor — Former National President, American Gold Star Mothers

CDR (Ret.) Lucas Hamrick, U.S. Army Special Forces — Founder & CEO, Waypoint Data Solutions

USMC Officer Nico Marcolongo — Director, Operation Rebound, Challenged Athletes Foundation

Brian Brumfield, Air Force Veteran — Surviving Father and Advocate

BACKGROUND

The first panel, “One Suicide Changes 135 Lives,” examined the profound and far-reaching ripple effects of suicide across families, units, and communities. Panelists brought lived experience, professional insight, and personal loss to the discussion, emphasizing that suicide is not an isolated event but a community-wide trauma. The conversation underscored the need for stigma-free communication, family-inclusive transition support, and systems capable of recognizing early warning signs before a crisis escalates.

KEY TAKEAWAYS

- Suicide reverberates across entire communities, not just individuals.
- Stigma and silence remain major barriers to help-seeking.
- Families must be included in transition planning and emotional education.
- Medication alone is insufficient. Informed consent and follow-up are essential.
- Leadership must model vulnerability and normalize help-seeking.
- Subtle signals such as late-night behavior changes, withdrawal, and quiet distress must be taken seriously.

THE RIPPLE EFFECT ON FAMILIES, UNITS, AND COMMUNITIES

Brigadier General Hessheimer opened with the story of an airman who repeatedly said, “I’m worth more dead than alive,” despite showing no outward signs of distress. His death by suicide revealed how invisible suffering can be. He emphasized that leaders are often unprepared for the emotional aftermath, observing that “they don’t teach you what to do when someone dies by suicide.”

Ms. Sara Taylor described the disbelief many Gold Star mothers experience and the guilt that follows. She stressed that families must be part of transition planning: “Bring in the family. Let them know what to look for.”

CDR (Ret.) Lucas Hamrick illustrated how suicide spreads through a unit, first silence, then anger, then despair. He shared that 64 people from his former organization had died by suicide, calling for honest conversations and cultural change.

USMC Officer Nico Marcolongo noted that even highly engaged Veterans may struggle privately: “We don’t know our people as well as we think.” He emphasized the need for safe, authentic spaces where Veterans can be themselves.

Brian Brumfield shared the loss of his son, Conner, who died by suicide eight days after beginning a new medication. He called for stronger informed-consent practices, follow-up, and toxicology testing in suicide cases.

FAMILY AND COMMUNITY ENGAGEMENT

Panelists agreed that families and communities are essential partners in prevention. Ms. Taylor emphasized that emotional-awareness training should be mandatory and that stigma around “wanting attention” must be dismantled. Communities must be equipped to recognize distress, especially during transition periods when risk increases.

STIGMA, LEADERSHIP, AND CULTURAL BARRIERS

CDR (Ret.) Hamrick described the difficulty of admitting vulnerability in military culture. After

asking for space, he was asked to leave his organization, an experience that reinforced the need for leaders to model openness. Audience members raised concerns about medications with black-box warnings and the need for safer, more responsive treatment pathways.

CLINICAL GAPS AND MISSED OPPORTUNITIES

Panelists highlighted inconsistent clinical practices. Some providers offer meaningful engagement, while others rely heavily on medication with limited follow-up. Brian Brumfield described the absence of counseling or warnings before his son’s prescription and cited similar cases. Officer Marcolongo shared his own challenges navigating care after Afghanistan, including misdiagnosis and medication cycles that failed to address underlying pain.

CALLS TO ACTION

- Expand family-inclusive transition support and emotional-awareness training.
- Strengthen informed-consent processes and ensure follow-up after medication changes.
- Increase leadership engagement and normalize vulnerability across ranks.
- Improve community education on warning signs and crisis response.
- Build systems that listen to subtle indicators, behavioral shifts, late-night activity, and withdrawal, and intervene early.

CONCLUSION

Panelists underscored that suicide is not a single moment but a culmination of unmet needs, unseen distress, and systemic gaps. Preventing future loss requires coordinated action across families, communities, clinicians, and leaders. By listening earlier, responding more consistently, and creating spaces where Veterans can speak openly, we can reduce risk and strengthen the networks that keep people alive.

The Honorable Terri Tanielian

Former Special Assistant to the President for Veterans Affairs and Behavioral Health,
Biden-Harris Administration



“I have been speaking about veteran mental health and suicide since 2002 ... this isn’t something new.”

THE HONORABLE TERRI TANELIAN

BACKGROUND

The Honorable Tanielian served in the Biden-Harris Administration as Special Assistant to the President for Veterans Affairs and Behavioral Health, where she helped architect the White House national strategy to address the mental health crisis and led efforts to reduce military and Veteran suicide. She began her keynote by reviewing more than twenty years of data on Veteran suicide and highlighting the populations at highest risk. Those most at risk are Veterans aged 18–34, with the highest risk during the first 12 months after separation from the military. Suicide death is also highly correlated with traumatic brain injury, and Native American Veterans are at elevated risk. She noted that firearms account for approximately three of every four suicide deaths, underscoring the importance of safe firearm storage to create as much time as possible between suicidal ideation and access to lethal means. Increasing this time and distance has proven to be an effective prevention strategy.

EVOLUTION OF NATIONAL PRIORITIES

Over the Honorable Tanielian’s career, Veteran suicide prevention has remained among the highest clinical priorities for Veterans Affairs. She outlined evidence-based strategies in the 2021 White House Strategy to Reduce Military and Veteran Suicide and the 2024 National Strategy for Suicide Prevention and Federal Action Plan, the first ever government-wide set of commitments on suicide prevention. She also reviewed findings from a recent RAND study that identified 26 different categories of suicide prevention activities.

Nearly all of these activities were already being carried out by one or multiple community support groups serving Veterans, highlighting the increasing role of technology, including gaming communities, in suicide prevention.

TECHNOLOGY’S PLACE IN TREATMENT

Studies have shown that those with mental health concerns spend more time gaming than their peers, often using digital platforms as coping mechanisms for stress and isolation (RAND Corporation, 2025). Using something that Veterans already do is an easy and effective way to check in on friends in a low-stress environment. Wearable technology is also advancing rapidly, with devices able to detect stress levels and alert users to changes, much like a heart monitor. Many programs are using technology to assess risk for people making concerning posts online about harming themselves or others. Online screening platforms such as NeuroFlow allow people to detect problems and access care without having to leave home.

UNDERUTILIZED RESOURCES

Currently, Veterans, regardless of VA health care eligibility, who experience an acute suicidal crisis are eligible to receive up to 30 days of inpatient mental health treatment or up to 90 days of outpatient treatment paid for by VA. This care can be delivered in a VA facility or by an accredited health care provider.

CALLS TO ACTION

Embed Real-Time Health Monitoring Systems.

Similar to how people with type 1 diabetes use insulin pumps that alert them when a dose is needed, there is an opportunity to study how wearable technology can help manage mental health — including smartwatches that detect stress and alert the user.

Strengthen Provider Education and Accountability.

Too few providers follow recognized, evidence-based guidelines. Increased efforts are needed to ensure providers are trained in evidence-based techniques and that they educate patients fully about the benefits and risks of treatment options prior to initiation.

Embrace Innovation Safely. While there is great interest in pursuing new approaches, including breakthrough therapies and technology, the scientific process is essential to ensure new approaches are considered safely. Veterans deserve protections that should not be overlooked.

Improve Rapid Data Access and Merge Federal Datasets.

More timely data is needed at both federal and local levels. Closer to real-time surveillance and monitoring for suicide deaths can

minimize lag time and help address emerging trends.

Reduce Individual Responsibility for Care.

Many talk about removing stigma without recognizing the ways in which programs and policies discriminate against people with mental health risks. It is not the responsibility of the individual alone to change their beliefs about seeking help, it is incumbent upon all of us to ensure that systems and policies do not unnecessarily create negative consequences for those who could benefit from mental health services.

BRIDGING RESEARCH AND REAL-WORLD IMPACT

The Honorable Tanielian concluded by stressing that work to expand services must translate into tangible outcomes for Veterans and their families. She urged leaders to move beyond data collection toward implementation, ensuring that findings inform policy, provider training, and community engagement. The goal is not only to understand risk but to act on it in real time. She highlighted the importance of integrating research with lived experience, noting that Veterans themselves often hold the most valuable insights into what works. By connecting evidence-based strategies with grassroots innovation, the field can accelerate progress and close the gap between knowledge and practice.

PANEL 2

Rethinking Veteran Suicide

Using the WOOP Method to Shift Mindsets



Panel 2 — From left to right: Air Force Veteran Derek Blumke; Lieutenant Colonel (Ret.) Charles Paul, MD; Ms. Emma Hertzberg; Colonel (Ret.) Mary Mayhugh; Sr. James A. Coleman; and Major Ajus Ninan.

MODERATOR

Major Ajus Ninan, U.S. Army — Chief, Executive and Legislative Affairs, Walter Reed National Military Medical Center

PANELISTS

Ms. Emma Hertzberg — Lifeline Horse Rescue and Rehabilitation

Sr. James A. Coleman — Senior Transition Coordinator, Soldier Recovery Unit, Fort Belvoir, VA

Colonel (Ret.) Mary Mayhugh, U.S. Army — President & Founder, John P. Mayhugh Foundation

USAF Veteran Derek Blumke — Veteran Impact Fellow, Grunt Style Foundation

Lieutenant Colonel (Ret.) Charles Paul, MD, U.S. Army — Emergency Medicine Physician and Veteran Healthcare Advocate

BACKGROUND

The second panel, “Rethinking Veteran Suicide,” explored how to rethink the way Veteran suicide prevention is approached using the WOOP method, a science-based strategy for setting and achieving goals consisting of four steps: Wish, Outcome, Obstacle, and Plan. Reframing prevention through WOOP creates space to be more mindful and present-focused. Panelists from holistic medicine, clinical practice, and academia shared first-hand perspectives, emphasizing the need for continued education and training for providers and increased funding to address research needs, staffing shortages, program development, and delivery.

KEY TAKEAWAYS

- Reframing with WOOP focuses prevention activities on actionable steps, shared accountability, and measurable outcomes.
- Continuity across transitions is critical; coordinated follow-up and medication literacy reduce risk and improve safety.
- Holistic, Veteran-driven options, when integrated with clinical care, can enhance engagement, recovery, and resilience.
- Families, peers, and communities are essential partners for early recognition, support, and sustained wellness.
- Access must be timely, navigable, and stigma-free. Resource cuts without alternatives put Veterans at risk.

REFRAMING WITH WOOP

Panelists described how WOOP helps clarify goals at the individual, clinical, and system levels while creating space for mindful, person-centered care. They underscored the need for sustained education and training for providers, stronger and more stable funding for research and staffing, and system improvements that integrate holistic options alongside traditional treatment. Throughout, the discussion emphasized that effective prevention requires coordinated, evidence-informed strategies rooted in dignity, choice, and continuity of care.

A COMPREHENSIVE, HOLISTIC APPROACH TO COMPLEX NEEDS

Panelists acknowledged that Veteran suicide is complex and multifactorial, demanding layered prevention approaches. Military, Veteran service, and community leaders play a critical role in noticing early warning signs, engaging in open, nonjudgmental communication, and linking people to timely support. Yet prevention research and implementation remain underfunded, and coverage gaps can limit access to care, including some FDA-approved options.

The group emphasized a “wounds to wellness” orientation that addresses root contributors to distress rather than treating symptoms in isolation, and called for institutional accountability and location-informed care that considers exposures and service conditions. Complementary and integrative options such as trauma-informed yoga and animal-assisted therapies were highlighted as legitimate components of comprehensive care when matched to Veteran preference and clinical need.

MEDICATION LITERACY

Medication literacy and care continuity emerged as recurring themes. Veterans need clear, accessible information about potential benefits, side effects, and safe use of medications, especially during high-risk transition periods after leaving military service. Panelists noted that limited clinical resources can hamper follow-up and comprehensive care, and encouraged co-designed training developed with clinicians, researchers, and people with lived experience to strengthen safety, adherence, and outcomes. While medical and psychological interventions may be necessary, long-term

resilience is built through skills practice, peer support, purpose, and stable community connections.

THE POWER OF SELF-HEALING

The panel emphasized the power of self-healing within supportive environments. Encouraging Veterans to identify and pursue individualized pathways, grounded in autonomy and lived experience, should be a core feature of innovative care models. Emerging evidence suggests that nutrition, physical activity, and other lifestyle factors can influence mental health, including via the gut-brain axis, and help restore physiological balance. When the body’s fundamental needs are met, the brain can strengthen new neural pathways that support recovery. Consistent access to preferred activities and supports, such as yoga or equine-assisted interventions, alongside ongoing peer and caregiver engagement can reinforce self-directed healing.

Panelists urged a thoughtful clinical tempo. Rapid assessments that result in multiple prescriptions with minimal follow-up can miss underlying drivers and Veteran preferences. Accurate, individualized diagnoses often require multiple visits, ongoing assessment, and collaborative decision-making. Continued support after the first encounter, particularly across the transition to civilian life, is essential for Veterans, families, and communities. Extending practical education and resources to families, peers, and community members helps them recognize signs and engage constructively. Prompt action matters, but so does a careful, targeted diagnostic process that aligns interventions to each person’s needs and goals.

REDUCE BARRIERS TO RESOURCES

Access to resources must be easier, clearer, and faster. Information and assistance exist but are often hard to find or navigate. Outreach and visibility through Vet Centers, Mobile Vet Centers, community partners, and trusted messengers are crucial, especially when federal or local funding fluctuates. Reducing resources without robust alternatives disrupts continuity of care and increases risk. Long waits for mental health services are misaligned with need; partnerships across systems should streamline entry points, reduce administrative hurdles, and protect against stigma. Veterans must be able to seek help at every stage

without judgment or fear of losing long-term support.

“What is life worth if we cannot provide the right treatment?”

COLONEL (RET.) MARY LOWE MAYHUGH

CALLS TO ACTION

- Expand provider training and sustain funding for research, workforce, program development, and evaluation.
- Integrate and reimburse complementary and integrative therapies, matching interventions to Veteran goals and clinical needs.
- Strengthen community capacity with education on warning signs, safe messaging, peer support, and crisis response.
- Improve access by streamlining navigation, reducing wait times, and protecting continuity across transitions.
- Build accountability for addressing root contributors to distress, including service-related conditions and exposures.

CONCLUSION

Authoritative federal data indicates that approximately 17 Veterans die by suicide each day (based on 2021 data), and suicide among active-duty, Reserve, and National Guard service members remains a significant concern. Each death reverberates across families, peers, and communities, and exposure to suicide can elevate risk, making responsible conversation, accurate reporting, and safe messaging essential. By aligning clinical excellence with holistic, Veteran-driven care, investing in training, research, and access, and mobilizing families, peers, and communities, we can build a clear, coordinated path toward getting to zero Veteran suicides.

PANEL 3

Eradicating Veteran Suicide

Innovative Strategies and Emerging Therapies

MODERATOR

Brigadier General (Ret.) Edward Bailey — Former Commanding General, U.S. Army Medical Research and Development Command

PANELISTS

Dr. Caitlin Thompson — Former Executive Director, Veterans Affairs Office of Suicide Prevention

Dr. Dennis McBride — Co-Director, Georgetown University Regulatory Science Program; Adjunct Professor

Dr. John Drozd — Clinical Psychologist; Chair of Mental Health, Warrior GMR Foundation

Dr. Michael Platt — Principal Investigator and Professor, University of Pennsylvania

Mr. Sam Peterson — Founder and CEO, Mind Spa Denver; U.S. Army Veteran

BACKGROUND

Panel 3, “Eradicating Veteran Suicide,” challenged the assumption that large-scale reductions in Veteran suicide are unattainable. Panelists explored emerging treatments, data-driven approaches, and holistic strategies that could make prevention more effective and personalized. They emphasized that while eradicating suicide may seem impossible, progress grows closer every day through innovation, collaboration, and accountability. The discussion focused on integrating clinical care, neuroscience, and community-based support to address root causes rather than symptoms alone.

BRIDGING RESEARCH AND REAL-WORLD CARE

Panelists emphasized that innovation in suicide prevention must translate quickly from laboratory breakthroughs to bedside practice. Dr. Platt discussed how neuroscience can illuminate the biological underpinnings of trauma, helping clinicians tailor interventions to individual brain responses. Dr. Drozd added that data from gaming-based peer networks and digital monitoring tools

are beginning to reveal early behavioral markers of crisis, patterns that could guide proactive outreach before symptoms escalate.

The group agreed that research must be democratized. Veterans, families, and community providers should be active partners in shaping studies and interpreting results. Dr. McBride noted that regulatory science can accelerate this process by creating shared standards for data collection and ethical oversight. Participants called for a unified national framework linking clinical trials, community programs, and lived experience to ensure that promising therapies reach those who need them most.

KEY TAKEAWAYS

- Suicide prevention must combine clinical, behavioral, and community-based approaches.
- Early intervention and continuity of care are essential for sustained recovery.
- Innovative therapies should be evaluated rigorously but communicated responsibly.
- Medication safety, informed consent, and follow-up must be strengthened.
- Collaboration across research, policy, and lived experience drives meaningful progress.

EMERGING APPROACHES AND SCIENTIFIC INNOVATION

Panelists described how new treatments, from rapid-acting antidepressants to neuromodulation therapies, are reshaping the landscape of mental health care. They cautioned that innovation must be paired with ethical oversight and patient education. Dr. Platt emphasized the role of neuroscience in understanding how trauma alters decision-making and resilience. Participants agreed that technology and data analytics can help identify risk patterns earlier, enabling more targeted interventions.

HOLISTIC AND INTEGRATIVE CARE

Speakers highlighted the need for comprehensive, Veteran-centered care that includes both clinical and complementary modalities. U.S. Army Veteran Sam Peterson described how mindfulness, physical activity, and community engagement can reinforce traditional therapy. Dr. Drozd noted that peer support and gaming-based connection platforms are already filling critical gaps in outreach and engagement. The group stressed that holistic approaches should be evidence-informed and matched to individual preference and clinical need.

MEDICATION SAFETY AND ACCOUNTABILITY

Panelists expressed concern about inconsistent prescribing practices and limited follow-up after medication changes. They called for stronger in-

formed-consent protocols, clearer communication of potential side effects, and routine toxicology testing in suicide investigations. The Brian Brumfield's earlier testimony was referenced as a reminder that medication management must include family education and continuity of care. Participants urged providers to balance pharmacologic treatment with ongoing counseling and monitoring.

SYSTEMIC BARRIERS AND FUNDING CHALLENGES

The conversation turned to structural issues that hinder progress, underfunded research, fragmented data systems, and uneven access to care. Panelists discussed the need for sustainable funding mechanisms to support suicide-prevention research, recovery services, and access to a broader range of treatment options. They emphasized that innovation cannot succeed without equitable implementation and accountability across institutions.

CALLS TO ACTION

- Expand research funding for emerging and evidence-based therapies.
- Strengthen informed-consent and medication-safety practices.
- Integrate complementary and holistic modalities into reimbursable care.
- Improve data transparency and interagency coordination.
- Build sustainable funding models for prevention and recovery programs.

CONCLUSION

Panel 3 reinforced that eradicating Veteran suicide requires both scientific innovation and human connection. Progress depends on integrating clinical excellence with compassion, transparency, and collaboration. By combining emerging treatments, holistic care, and responsible communication, stakeholders can move closer to a future where every Veteran has access to timely, effective, and individualized support.

General (Ret.) Joseph Votel

Retired U.S. Army Four-Star General; former Commander, U.S. Central Command (CENTCOM)

BACKGROUND



General Joseph Votel is a retired four-star U.S. Army officer with nearly 40 years of service, culminating as Commander of U.S. Central Command (CENTCOM) from 2016 to 2019, where he oversaw operations across the Middle East, Central, and South Asia. He previously led both Joint Special Operations Command and U.S. Special Operations Command and commanded a 79-member international coalition that successfully dismantled the ISIS caliphate in Iraq and Syria.

Following retirement, General Votel served as President and Chief Executive Officer of Business Executives for National Security and continues to hold numerous board and advisory roles across national security, defense, and policy organizations. He remains actively engaged in strategic, academic, and Veteran-focused initiatives, including leadership roles with the Middle East Institute and West Point's Combating Terrorism Center.

General Votel began by emphasizing the challenges Veterans face during the transition from military service to civilian life. The loss of mission, structure, and daily camaraderie can be deeply disorienting. These challenges are often compounded by addiction, relationship strain, and difficulty asking for help, especially when seeking employment or reconnecting with family and community.

He noted that VA hospitals and federal services are designed to serve the masses but often lack the capacity to address individual needs. In contrast, grassroots organizations and nonprofits frequently offer more targeted support. One unexpected but powerful avenue for connection he highlighted is gaming.

NATIONAL PRIORITIES

General Votel discussed how transition support has evolved within national policy frameworks. He emphasized the importance of local and culturally responsive approaches to Veteran care, especially those that renew family connections and ease social reintegration. He also highlighted the growing role of community-based programs in filling gaps left by larger systems. These efforts are essential to helping Veterans rebuild identity, routine, and purpose.

TECHNOLOGY AS AN INTERVENTION

Gaming emerged as a central theme in General Votel's keynote. Studies show that 48% of Veterans aged 22–50 are active gamers, and gaming offers a low-pressure environment for connection, peer support, and emotional check-ins.

He highlighted several innovative approaches:

- Gamifying recovery to make wellness engaging and accessible.
- Community gaming platforms such as August Interactive Games and Game Changers Initiatives.
- Grassroots networks that use gaming to rebuild camaraderie and routine.

These platforms meet Veterans where they are and help them reconnect without stigma.

UNTAPPED RESOURCES

General Votel emphasized that every Veteran's experience is different. A one-size-fits-all approach fails to meet the complexity of individual needs. He called for more flexible, informal networking opportunities and robust skill-bridge programs to support transition. Programs like the Veterans Defense Project offer legal support for Veterans navigating post-service chal-

lenges. Community programming, he argued, is often the most effective way to rebuild identity and promote long-term wellness.

CALLS TO ACTION

Treat Transition as a Mission. Veterans thrive when given structure and purpose. Transition programs should reflect the clarity and goal-setting of military missions.

Build Local Networks and Peer Support. Informal and formal community connections are essential to healing. Nonprofits and grassroots efforts must be supported and expanded.

Normalize Asking for Help. Cultural stigma must be dismantled. Seeking support should be seen as strength, not weakness.

Gamify Recovery and Connection. Leverage platforms Veterans already use, such as gaming, to foster wellness, connection, and routine.

Reject One-Size-Fits-All Approaches. Every Veteran's experience is different. Programs must be flexible, responsive, and individualized.

PANEL 4

Roadmap to Zero

Strengthening Organizations, Breaking Barriers, and Reaching More People



Panel 4 — From left to right: Colonel (Ret.) Sam Whitehurst; Warrior GMR President Mr. Josh Otero; Captain (Ret.) Bob Carey; Ms. Kimberly Pond, Alaska Air National Guard (seated); and Angel Force USA President Anne Hyde Dunsmore (standing).

MODERATOR

Anne Hyde Dunsmore — Founder and President, Angel Force USA

PANELISTS

Colonel (Ret.) Sam Whitehurst, U.S. Army — Vice President of Programs Services, Dixon Center for Military and Veteran Services

Mr. Josh Otero — Founder and Chairman, Warrior GMR Foundation

Captain (Ret.) Bob “Shoebob” Carey, U.S. Navy — Executive Director, National Defense Committee; Principal, Empire-Capitol Strategies

Ms. Kimberly Pond — Lead Coordinator, Irreverent Warriors Washington, D.C. Chapter

BACKGROUND

The final panel, “Roadmap to Zero,” focused on translating lessons from the summit into coordinated, measurable action. Panelists explored how Veteran-serving organizations, private industry, and government agencies can dismantle systemic barriers and strengthen outreach to those most at risk. The discussion emphasized that suicide prevention must begin at the community level, where trust is built, and extend upward to institutional leaders who can sustain change at scale.

KEY TAKEAWAYS

- Collaboration across sectors is essential to achieve measurable reductions in suicide.
- Peer support and community engagement amplify the impact of clinical care.
- Data transparency and accountability drive smarter resource allocation.
- Sustainable funding and leadership commitment are prerequisites for long-term success.
- Progress depends on humility, urgency, and shared responsibility.

COMMUNITY-DRIVEN CHANGE

Panelists agreed that meaningful progress begins in local networks that have earned trust through lived experience. Ms. Kimberly Pond described how gaming-based peer communities foster con-

nection and early intervention. Captain (Ret.) Bob Carey emphasized humor and camaraderie as powerful tools for healing, noting that “connection is the antidote to isolation.” Anne Hyde Dunsmore highlighted Angel Force USA’s mission to end SuSiSilence by combining entertainment, education, and engagement to spark honest dialogue about suicide.

The group stressed that community organizations often reach Veterans who never enter formal care systems. These grassroots efforts must be recognized and funded as integral parts of the prevention ecosystem, not as peripheral supports.

DATA TRANSPARENCY AND COLLABORATIVE ACCOUNTABILITY

Panelists discussed how technology and data can unify fragmented efforts. Mr. Otero emphasized the role of peer-driven gaming platforms in identifying behavioral signals and reducing isolation. Colonel (Ret.) Whitehurst emphasized that data transparency should empower, not penalize, organizations, enabling shared learning and faster identification of risk trends.

Panelists called for a national data-sharing framework that links federal agencies, community programs, and private partners. They argued that accountability must be collective: success should be measured not only by reduced suicide rates but also by improved access, engagement, and continuity of care.

SUSTAINING MOMENTUM AND SCALING IMPACT

The conversation turned to sustainability. Anne Dunsmore noted that many promising programs fade when funding cycles end. Participants urged long-term investment in prevention infrastructure, training, technology, and evaluation, rather than short-term grants. Ms. Pond added that leadership must model vulnerability and prioritize mental health as a readiness issue, not a side initiative.

Panelists also discussed the importance of narrative change, reframing suicide prevention as a shared mission of hope and resilience rather than crisis management. Public-private partnerships, media collaboration, and Veteran storytelling can help normalize help-seeking and reduce stigma.

POLICY ALIGNMENT AND NATIONAL LEADERSHIP

Panelists emphasized that community progress must be reinforced by national leadership and policy alignment. Colonel (Ret.) Whitehurst noted that federal agencies, corporate partners, and non-profits often share the same goals but operate in isolation. A unified national strategy anchored in measurable outcomes and transparent reporting could ensure that successful local models are scaled nationwide. Anne Dunsmore added that policymakers must treat suicide prevention as a readiness and workforce issue, not just a health concern. Integrating mental-health metrics into broader performance frameworks would help sustain funding and accountability across administrations.

INNOVATION AND FUTURE DIRECTIONS

The conversation closed with a forward-looking focus on innovation. Panelists described how data analytics and peer-engagement tools can identify early warning signs and enable faster outreach. Ms. Pond highlighted the potential of immersive technologies and gaming platforms to build empathy and connection among Veterans who may resist traditional therapy. Panelists agreed that innovation must remain human-centered, guided by ethics, lived experience, and continuous evaluation. The next frontier, they said, lies in combining data precision with compassion to create systems that learn, adapt, and heal.

CALLS TO ACTION

- Strengthen collaboration among federal, nonprofit, and private sectors to align goals and share data.
- Fund community-based programs that demonstrate measurable outcomes and sustained engagement.
- Integrate peer support and family involvement into every stage of prevention and recovery.
- Develop a national accountability framework linking data transparency with resource allocation.
- Promote narrative change through storytelling, education, and leadership modeling.

VISION AND MOMENTUM

The panel closed with a shared vision: a future where every Veteran feels seen, supported, and valued. Participants agreed that progress will depend on sustained collaboration and the courage to keep difficult conversations alive. Each organization pledged to carry the summit's momentum forward through continued partnership and measurable action.

CONCLUSION

Panel 4 affirmed that getting to zero Veteran suicides will require coordinated, transparent, and compassionate action across all levels of society. Progress begins with communities that listen and leaders who act. By combining data-driven insight with human connection, sustaining funding, and shared accountability, the path forward becomes clear. We must strengthen organizations, break barriers, and reach every Veteran before a crisis becomes a tragedy.

Special Events and Engagements

The 2025 STOP SuiSilence Mental Health Summit was part of a broader three day program organized by Angel Force USA, Warrior GMR Foundation, and Irreverent Warriors. Companion events extended the summit's themes of connection, remembrance, and community.

- **"No Man Left Behind" Gala.** Honored pioneers in suicide prevention and awareness.
- **Buddy Bowl Flag Football Tournament.** Built camaraderie and connection.
- **RED T-Shirt Friday Concert.** Featuring the Angel Force Band.
- **War Memorial Walk & Wreath Ceremony.** Tribute at the Tomb of the Unknown Soldier.

Conclusion and Next Steps

The 2025 STOP SuiSilence Mental Health Summit demonstrated that suicide prevention is not a single initiative but a sustained, collective mission. Across four panels and four keynote sessions, participants emphasized that progress depends on collaboration among clinicians, researchers, policymakers, and community leaders who share a commitment to transparency, compassion, and accountability.

The summit underscored that every voice and every data point matters. Each loss reverberates through families, units, and communities, reminding us that prevention must be both personal and systemic.

The path forward is clear. Strengthen organizations, align policy with practice, expand peer and family engagement, and ensure that every Veteran knows they are never alone. By combining science, empathy, and sustained leadership, we can transform awareness into action and move closer to a future where suicide is not inevitable but preventable, a future defined by connection, resilience, and hope.

Every life saved is a measure of progress, and every conversation is a step toward healing. Together, we

can turn commitment into change and make “getting to zero” not just a goal, but a promise.



Closing reflections at the 2025 STOP SuiSilence Mental Health Summit.

Angel Force USA, Irreverent Warriors, and Warrior GMR Foundation present the 2025 STOP SuiSilence Mental Health Summit.

The Ripple Effect of Veteran Suicide

Insights from Panel 1

SUICIDE AS A COMMUNITY CRISIS

- Suicide affects an estimated 135 lives per loss, with ripple effects across families, units, and communities.
- Veterans die by suicide at alarming rates, often without visible warning signs.
- Silence and stigma remain powerful barriers to prevention and healing.

LIVED EXPERIENCE AND EMOTIONAL IMPACT

Brigadier General (Ret.) Dana Hessheimer — Shared the story of an airman who died by suicide after saying, “I’m worth more dead than alive.” Emphasized that even commanders are vulnerable and unprepared for suicide loss. Called for honesty, empathy, and leadership that acknowledges human fragility.

Ms. Sara Taylor — Described the disbelief and guilt many Gold Star mothers experience. Stressed the importance of including families in transition planning. Advocated for community-based support: “Help doesn’t always come from the military. It comes from community.”

CDR (Ret.) Lucas Hamrick — Explained how suicide spreads through a unit by silence, anger, confusion, and despair. His organization lost 64 members to suicide. Urged open dialogue and personal accountability: “Be the change you seek.”

USMC Officer Nico Marcolongo — Warned that Veterans may appear fine in public but struggle privately. Called for safe spaces where it’s “okay not to be okay.”

Emphasized the need for continuous engagement beyond surface-level interactions.

Brian Brumfield — Lost his son Conner eight days after being prescribed medication. Called for toxicology testing and informed consent in suicide cases. Then he lost Conner’s roommate and battle buddy one month later. His comments highlighted systemic failures in follow-up, counseling, and family notification.

SYSTEMIC GAPS AND PROVIDER CHALLENGES

- Many at-risk individuals are not identified or enrolled in support programs.
- Provider quality varies widely; some offer medication without conversation.
- Informed consent is often lacking, especially for medications with black-box warnings.
- Emerging therapies exist but are underutilized.

CULTURAL BARRIERS AND STIGMA

- Veterans fear being labeled weak or unstable.
- Leadership must model vulnerability to shift culture.
- Nonprofits and peer networks are critical in filling gaps left by formal systems.

DATA AND DIGITAL SIGNALS

- Stop Soldier Suicide research found spikes in late-night digital activity among those who died by suicide.
- These patterns suggest overlooked warning signs and missed opportunities for intervention.

Rethinking Veteran Suicide

Insights from Panel 2

HOLISTIC APPROACHES AND THE WOOP FRAMEWORK

- The WOOP method (Wish, Outcome, Obstacle, Plan) encourages mindfulness, self-reflection, and personalized planning.
- It supports long-term wellness by shifting focus from crisis response to proactive goal-setting.

SYSTEMIC GAPS AND UNDERFUNDED SOLUTIONS

- Suicide prevention research is severely underfunded, with limited DoD support, even for FDA-approved treatments.
- Insurance often excludes alternative therapies, and staffing shortages hinder program delivery and follow-up care.
- Rapid diagnosis and medication without adequate evaluation or continuity of care increases risk during transition.

ALTERNATIVE THERAPIES AND SELF-HEALING

- Trauma-informed yoga, equine therapy, and nutrition-based healing are legitimate and underutilized care options.
- Gut health and neuroplasticity are linked to improved mental wellness.

- Veterans should be empowered to pursue self-directed healing within supportive environments.

DIAGNOSTIC REFORM AND FAMILY ENGAGEMENT

- Accurate diagnosis requires multiple clinical visits, not rushed assessments.
- Families and communities must be educated to recognize early signs and support Veterans through transitions.
- Peer support and community-building are essential to long-term resilience.

ACCESS AND EQUITY IN CARE

- Mobile support centers and community networks are critical, especially amid federal budget cuts.
- Downsizing of recovery units (e.g., from 14 to 5) increases risk for Veterans needing consistent care.
- Veterans face months-long waits for mental health services. This is unacceptable.
- Care must be timely, stigma-free, and available at every stage of transition.

Eradicating Veteran Suicide

Innovative Strategies and the Expanding Treatment Landscape — Insights from Panel 3

RETHINKING THE STANDARD OF CARE

- Traditional approaches such as talk therapy and psychiatric medication often fail to meet Veterans' needs.
- Some medications may worsen suicidal ideation due to adverse reactions.
- Insurance and treatment protocols frequently require failure on multiple medications before approving alternatives.
- Mental health must be treated with the same urgency and personalization as physical illness.

THE CASE FOR INNOVATION

- The brain in crisis is injured, not weak. It requires healing, not blame.
- New treatments offer hope by targeting neuroplasticity, inflammation, and brain circuit regulation.
- Personalized care is essential. Every Veteran's biology and experience is different.
- Combination therapies are often more effective than standalone treatments, D-Cycloserine + TMS, for example, showed greater than 80% success in reducing depression symptoms.

PROMISING THERAPEUTIC STRATEGIES

Transcranial Magnetic Stimulation (TMS). Uses magnetic pulses to modulate brain activity and “turn down” overactive regions linked to depression and anxiety.

Hyperbaric Oxygen Therapy (HBOT). Delivers concentrated oxygen in a pressurized chamber, reducing inflammation and promoting brain cell repair.

NMDA Receptor Antagonists. Medications that enhance neuroplasticity, helping the brain rewire and heal.

Ketamine-Assisted Treatment (KAT). Esketamine nasal spray and IV ketamine interrupt the mental pain loop; approved by VA and DoD but underutilized in practice.

Electroconvulsive Therapy (ECT). Safe, modern procedure that resets brain circuits via controlled electrical stimulation; effective for treatment-resistant depression.

Digital Therapeutics. Includes wearable devices that disrupt nightmares and games that promote breathing and heart-rate regulation. Gaming builds community and reduces isolation, especially during transition.

EMOTIONAL RISK FACTORS AND UPSTREAM DRIVERS

Dr. John Drozd identifies five emotional drivers of suicide risk:

- Psychological Pain — invisible suffering from loss or trauma.
- Stress — internal and external pressures that compound distress.
- Hopelessness — a belief that nothing will improve.
- Self-Hate — deep self-loathing that blocks help-seeking.
- Agitation — urgent, impulsive distress that can trigger action.

SUICIDE IS PREVENTABLE

- Suicide ranks 11th in U.S. causes of death, despite underreporting.
- It is preventable, but only if treated as a public health crisis.
- Dr. Caitlin Thompson advocates for barriers between agitation and lethal means, especially firearms.
- Safe storage, gun locks, and separate ammunition can buy time for intervention.
- Dr. Drozd urges Veterans to “practice the pause” in moments of crisis.
- Sam Peterson reminds us: “Mental health diagnoses are not a life sentence.”

CALLS TO ACTION

Overhaul Accessibility Requirements to Treatment. Veterans deserve timely access to cutting-edge treatments that are safe and effective, not just legacy medications that have been on the market for decades.

Modernize Reimbursement Policies. Remove “fail first” requirements that force Veterans to try and fail multiple antidepressants before qualifying for advanced or alternative therapies.

Create Funding for Research and Supporting Programs. Consider targeted funding mechanisms to support suicide prevention research, recovery programs, and alternative treatments.

Invest in Veteran Transitions Out of the Military. Support must be expanded before, during, and after discharge. Current cuts to transition

services leave Veterans vulnerable during one of the highest-risk periods.

Train Mental Health and Primary Care Providers. Ensure providers are educated on emerging treatments and required to offer expanded informed consent, especially regarding SSRIs and their risks.

Invest in Community and Nonprofit Organizations. Grassroots and nonprofit groups are filling critical gaps in Veteran mental health care. If VA systems cannot meet demand, these organizations must be funded and empowered.

Treat Veteran Mental Health as a Medical Issue, Not Political Issue. Mental health is a medical concern, not a partisan debate. Bureaucracy and political stigma are blocking life-saving support for those who need it most.

Roadmap to Zero

Strengthening Organizations, Breaking Barriers, and Reaching More People — Insights from Panel 4

COMMUNITY-ROOTED CHANGE

- Suicide affects an estimated 135 lives per loss, with approximately 17 Veterans dying by suicide each day.
- Change must begin at the community level and extend to policy leadership.
- Anne Hyde Dunsmore highlighted Angel Force USA's approach: entertain, engage, educate, and build trust at high-risk locations.
- Creating safe spaces and open dialogue is essential to healing.

PEER SUPPORT OVER PRESCRIPTION

- Ms. Kimberly Pond shared her reintegration journey and the pressure to “return to normal” after deployment.
- She found healing through Irreverent Warriors, a peer-led group offering support without judgment.
- Her experience underscores the need to de-emphasize medication-only approaches and invest in community-based recovery.

DATA TRANSPARENCY AND POLICY REFORM

- Captain (Ret.) Bob Carey emphasized that change must end in legislation, but it starts with access to data.
- Key data gaps include: suicide rates among 18–39-year-olds that are not publicly released; VA and DoD databases that remain inaccessible; and combat-exposure data showing 5–6x increased risk that is buried.
- Better data enables faster, more effective policy responses.

GAMING AS CONNECTION AND HEALING

- Warrior GMR Foundation was founded to combat isolation through gaming.

- During COVID, gaming became a lifeline, offering community, routine, and emotional safety.
- Gaming is now a proven tool for connection, stress relief, and peer engagement.

REWRITING THE NARRATIVE

- Colonel (Ret.) Sam Whitehurst highlighted the loss of identity and purpose post-discharge.
- Veterans must be empowered to become their own advocates.
- Silence is deadly. Breaking stigma saves lives.
- Data limitations obscure key risk groups, including young men with combat exposure, Vietnam Veterans, and Indigenous service members.
- Overdoses, alcohol-related deaths, and reckless behavior are not considered suicides but are challenges many Veterans face.
- Caregiver burnout is a real problem for those caring for many Veterans.

COMMUNITY REFLECTIONS AND PROPOSALS

- **Safe Spaces.** Programs like “Suicide Anonymous” offer judgment-free support.
- **Grassroots Power.** Local organizations often outperform federal systems in responsiveness.
- **Policy Pressure.** Lived experience must inform legislation.
- **Data Access.** Transparency is essential for research and advocacy.
- **Narrative Shift.** Veterans need help redefining purpose after service.
- **Inclusivity.** National Guard, Reserves, Indigenous, and Vietnam-era Veterans must be included.
- **National SuiSilence Day.** A proposed day to honor those affected and break the silence.

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Supportive Resources

Supporting Military Families

The National Military Family Association supports families through advocacy, scholarship funding, youth programs, and research.

BLOOM, founded by “military teens for military teens,” builds community around storytelling and shared everyday experiences.

Military Officers Association of America is a nonprofit that advocates for legislation affecting military personnel and retired Veterans, including mental healthcare.

AmericaServes is the country’s first coordinated network of organizations dedicated to serving the military community by connecting them to resources specific to their needs.

Suicide Prevention

Stop Soldier Suicide assists Veterans through mental health support, alternative therapies, resources and referrals, and education and training.

Overdose Lifeline is a nonprofit dedicated to preventing opioid deaths and reducing the stigma of addiction.

Veterans Crisis Hotline. For immediate counseling, call 1-800-273-8255 and press 1, or dial 988. More information and 24/7 support:

The 988 Suicide & Crisis Lifeline. Free and confidential 24/7 support. Call or text 988.

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