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Senate Committee on Veterans and Emergency Preparedness
Oregon State Legislature
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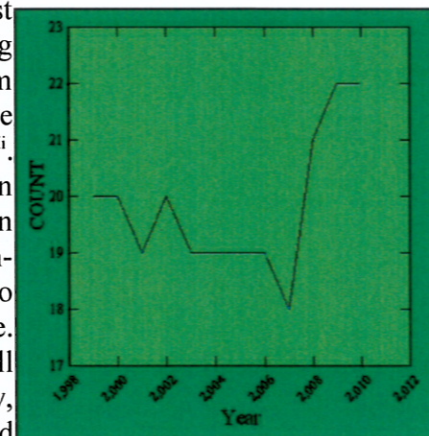
April 2, 2013

Re: SB 762, relating to veterans, directing the ODVA to conduct a public outreach campaign to prevent veteran suicide and to increase awareness of veteran's federal VA benefits.

Dear Chair Boquist and Committee Members:

Thank you for the opportunity to give testimony about Senate Bill 762. Had I thought when I drafted this bill, I would have called it the *Band of Brothers Suicide-Prevention and Outreach Program*. This legislation is a combination of experiences meeting with the various Band of Brothers groups plus with fellow veterans on the campaign trail. I want to give credit to Representative McLane for his willingness to get this legislation drafted and to Chair Boquist for graciously making it a committee bill.

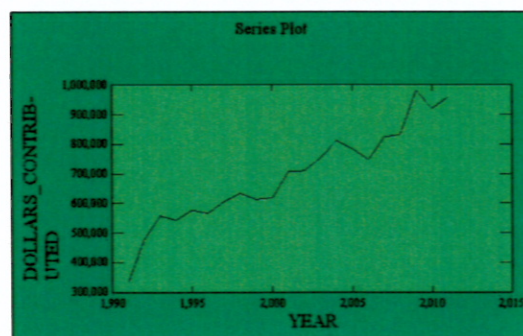
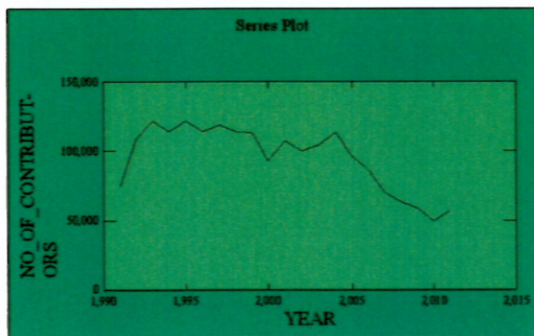
A constant theme when talking with veterans is that we must do something about the outrageous suicide rate among veterans. Estimates of the total suicide count among Vietnam Veterans range as high as over 150,000ⁱ. We know that the most accurate national statistic is 22 veteran suicides a dayⁱⁱ. After a great deal of thought, including my work with children and parents as a school psychologist, I reached the conclusion that the only way to prevent these suicides is through one-on-one encounters. Many suicidal people never reach out to professionals, although some do and still commit suicide. Developing a goal of zero veteran suicides in Oregon will require the engagement of an army of concerned family, friends, neighbors and community members who received sufficient training to recognize signs of suicide, what to do as a lay person and who to turn to for help. A residual benefit from this program is that we increase prevention-awareness for all, not just the veteran. Suicide is a contagious disease. The odds of someone committing suicide go up when they had a family member or close friend who committed suicide. In addition, an Australian study confirmed that children of Vietnam veterans were committing suicide at a ratio of over three times that of the general publicⁱⁱⁱ. We can never pay for or staff our state agencies to make a difference. An army of volunteers, however, can strive towards a goal of zero veteran suicide. I realize that we are unlikely to fully achieve that goal. Without that goal, however, we will never begin to prevent veteran suicide.



Far too many veterans are unaware of their federal veteran benefits. The reasons range from a lack of interest to misinformation the veteran received while in the military. In addition, some veterans are not aware they have a service-connected disability, such as PTSD, until they are around others who help them put a name to their symptoms. This second part of the public outreach program is to increase awareness, not force any veteran to seek eligibility for services. It will also not create lay counselors or veterans service officers. On the campaign trail, I encountered veterans living in poverty, worried about paying their bills, yet they were probably eligible for a veteran's pension. Others thought they weren't eligible for health care, although their terms of service suggested eligibility. They didn't know where to go to see if they were eligible. As the attached fact sheet points out, only a minority of veterans are knowledgeable about their benefits.

I envisage this legislation creating an outreach program that partners with all available government agencies, nonprofits, businesses and individuals to train and increase awareness of the signs of suicide and veterans' benefits. It is my hope that ODVA will leverage this funding to craft a vigorous outreach campaign. I expect that, other than the funding to ODVA, other government agencies will see the outreach program as an extension of their mission. For instance, I would not expect that ODVA would need to fund county mental health to accomplish their expected suicide-prevention mission. ODVA should have the flexibility to use their own staff or contract the program out in a manner that obtains the most for the dollar. The intent is that this is to be a volunteer-driven process where ODVA acts as the facilitator. I would hope there will be enthusiastic support from the media to drive the outreach beyond the limited means of ODVA. From my experience in the La Pine community, I also believe, that if ODVA approaches organizations, like the Chamber of Commerce, as equal partners, they will receive enthusiastic support and engagement.

Funding the outreach, even though it is desperately needed, is difficult. Voluntary contributions through a *checkoff* program seemed the most acceptable method. Like any other fund-raising method, public awareness of the opportunity and the need are critical. In addition, a sense of the public's acceptance of the "product" helps. A recent survey suggested that the public might view veterans and their sacrifice to our country favorably. Greater than 90% of the public surveyed had pride in our troops^{iv}. Analysis of the Oregon checkoff program^v (1991 to 2011) indicated that the number of individual contributions through the program trended downward, however, the amount collected generally trended upward. The median number of contributors was



104,117 with a mean individual contribution of \$6.79 (range = \$3.19 to \$9.43). Obviously, we cannot expect that every contributor will donate to the veterans' outreach program or that every contribution will be \$6.79. Of the 1.5 million Oregon returns filed (all kinds), 6.6 percent

contributed through the checkoff program. The DMV program is new without a history of contributions. According to their statistics, about four million vehicles were registered in 2012. Without the means to view the future, however, let me supply the following for your review:

Number of Estimated Contributors Times Median Number who Use Checkoff	Annual Amount	DMV Estimate Based on 6.6 Percent of Registrations Contributing \$1.00 each	Total Biennium
10%	\$70,695	\$264,000	\$669,390
20%	\$141,390	\$264,000	\$810,780
30%	\$212,085	\$264,000	\$952,170

I should point out, that as the program rolls out, awareness will improve which should lead to increased contributions through the checkoff program. Again, donor success depends on awareness of the program and the need. Initially, I suspect veterans will be the largest supporting group.

I cannot predict the amount to be raised through a checkoff program, however, I can predict that the State of Oregon will save money with this outreach program. When veterans obtain services through the Department of Veterans Affairs, state money previously obligated to the veteran, such as Medicaid dollars, becomes available for others. The more veterans who utilize the federal VA system, the fewer dollars the State must spend on the veteran. Without spending any tax dollars, the state will actually see a rate of return on the outreach program.

As states prepare their eligibility systems and procedures for the 2014 Medicaid expansion, they may wish to consider implementing data matching and other programs to help identify veterans and inform them of the benefits available to them through the VA. Washington State uses the Public Assistance Reporting Information System (PARIS) to identify veterans enrolled in Medicaid and help them transition to VA benefits. This approach has saved the state over \$30million as of the end of FY 2011"

Finally, setting aside all fiscal consideration, I leave you with the real reason we must put this program into law:

"Paul was a good pal and a nice person but sadly the war changed this. Soon after the war he took to drugs and alcoholism, and to fund it, crime...Lonely, with only his aging parents and me to turn to, Paul was headed for disaster ...Two weeks later (after his suicide) his father and mother gassed themselves in their car in their garage. With them a note: 'We're joining our son.'"

Respectfully submitted,



John Huddle, Ed.D.
 Army Veteran
 (541) 728-3105

- i Dean, C. (2012). *Nam Vet: Making Peace with Your Past, Revised*. Multnomah Press, Portland, OR.
- ii Kemp, J. & Bossarte, R. (2012). *Suicide Data Report, 2012*. Department of Veterans Affairs, Mental Health Services, Suicide Prevention Program
- iii Author. (2000). *Morbidity of Vietnam veterans Suicide in Vietnam veterans' children Supplementary report no. 1*. Australian Institute of Health and Welfare, Canberra, Australia. AIHW cat. no. PHE 25.
- iv Author. (2011, October 5). *The Military-Civilian Gap War and Sacrifice in the Post-9/11 Era*. Pew Research Center, Social & Demographic Trends.
- v Oregon Department of Revenue. Charitable Checkoff Donation History. Analysis used the Mann-Kendall Trend statistic, $p = 0.000$ for both contributors and contributions.
- vi https://www.acf.hhs.gov/sites/default/files/paris/paris_11_12_newsletter.pdf

SB 762

Relating to veterans: Creating a Public Information Campaign to Prevent Suicide and Inform Veterans of their Federal Veteran's Benefits

Fiscal Impact (estimated, biennium):	\$500,000
Revenue (check off program, estimated):	\$669,390
Targeting Oregon Veterans:	338,527

What SB 762 Will Do

- ☆ Provide ODVA with a mandate to spread the message about suicide prevention and awareness of VA benefits to:
 - ☆ Nonprofits
 - ☆ Veterans Service Organizations
 - ☆ Chamber of Commerce
 - ☆ Social Media
 - ☆ Broadcast Media
 - ☆ Interested Individuals
- ☆ Train the above groups by partnerships, webinars or any other effective means to prepare an army of volunteers:
 - ☆ Recognize signs of suicide, know what to do and where to go to help the veteran get help
 - ☆ Know the basic programs available through the VA and where the veteran needs to go to find out more and enroll
 - ☆ Raise awareness of our veterans and increase appreciation for their service
 - ☆ Will not train anyone to be a counselor or a veterans service officer (VSO)
- ☆ Fund the program by voluntary checkoff contributions from:
 - ☆ Income tax returns
 - ☆ Vehicle registrations
- ☆ Why SB 762?
 - ☆ Only effective way to prevent suicide is through friends, family and the community.
 - ☆ *Word of mouth is the best medium of all (Bill Bernbach).*
 - ☆ *To do these things really well, always remember the three reasons people talk. They want to feel good, they want to help others, and they want to belong to a group (Andy Sernovitz).*
 - ☆ *A recurring theme is the need for the VHA to work in concert with other federal, state, and local government agencies; private for-profit and not-for-profit health care providers; veterans, their families, and their communities; and other individuals or organizations that might be able to help (Erin Bagalman, 2013¹).*

Please Support SB 762

STATISTICS

Veterans Are At Risk for Suicide^{2,3}

Veteran Suicides	Statistics
Veteran Suicides - Nationally	22 per day
Percent of Veterans in the Oregon Suicide Rate	26%
Percent of Non-veteran Suicides age 50 & Older	37%
Percent of Veteran Suicides age 50 & Older	69%
Male Veteran Suicides	97%
Male Non-veteran Suicides	74%
Female Veteran Suicides	3%
Female Non-veteran Suicides	26%
White Male Veteran Suicides	93%
Children of Vietnam Veterans have three times the suicide rate of the general population ⁶ .	

Suicide Prevention

- ➔ **Know the Signs**
- ➔ **Respond Quickly**
- ➔ **Offer Help and Support**

Suicide Quotes

It's hard to answer the question "what's wrong" when nothings right.

"I believe he never left Vietnam in his head because he always talked about dreams he kept having about Nam. One day he locked himself in the basement and started drinking. When the police came after being called by his wife, he just stated that he was tired and shot himself in the head."

Veterans Are Unaware of Their Benefits⁴

Veterans' Awareness	Statistics
<i>General Benefits</i>	40.0%
<i>Health Benefits</i>	34.1%
<i>Enrolled for Health Benefits</i>	25.0%
<i>Enrolled and Aware of Health Benefits</i>	47.5%
<i>Not Enrolled and Aware of Health Benefits</i>	8.1%
<i>Home Loan Guaranty</i>	35.4%
<i>Education and Training Benefits</i>	37.7%
<i>Burial Benefits</i>	29.0%
<i>Veterans Who Lack Health Insurance</i>	
<i>Without Health Insurance - All</i>	13.0%
<i>Without Health Insurance - under 65</i>	21.2%
<i>Without Health Insurance - over 65</i>	3.0%
<i>Veterans Aware of VA Health Care Coverage by Period of Service</i>	
<i>World War II</i>	25.0%
<i>Korean War</i>	23.8%
<i>1947 to 1950</i>	23.0%
<i>Vietnam Era</i>	19.2%
<i>1990 to 2001</i>	19.0%
<i>1975 to 1990</i>	16.0%
<i>September 2001 & Later</i>	21.8%
<i>Veterans Who Searched for Health Care Eligibility</i>	
<i>All Veterans</i>	19.8%
<i>Women Veterans</i>	22.2%
<i>Hispanic Veterans</i>	24.7%
<i>African-American Veterans</i>	33.6%
<i>September 2001 & Later</i>	34.6%
<i>Young Veterans (18-30)</i>	38.4%
<i>Demobilized Guard and Reserves</i>	
<i>Understand VA Benefits</i>	61.4%
<i>VA Health Care Benefits are Available</i>	18.0%
<i>Home Loan Guarantee</i>	69.9%
<i>Rural Veterans</i>	
<i>Oregon Rural Veterans Comprise of Total</i>	28.4%

VETERANS by COUNTY⁵

	Oregon	Baker	Benton	Clackamas	Clatsop	Columbia	Coos	Crook	Curry	Deschutes	Douglas	Gilliam	Grant	Harney	Hood River
Total	2,934,449	12,826	69,717	284,435	28,891	37,320	50,803	16,621	18,683	120,378	85,131	1,533	5,913	5,719	16,258
Veterans	338,527	2,106	6,112	31,749	4,267	5,749	8,950	2,877	3,716	16,145	14,070	192	917	755	1,380
%	11.54%	16.42%	8.77%	11.16%	14.77%	15.40%	17.62%	17.31%	19.89%	13.41%	16.53%	12.52%	15.51%	13.20%	8.49%
	Jackson	Jefferson	Josephine	Klamath	Lake	Lane	Lincoln	Linn	Malheur	Marion	Morrow	Multnomah	Polk	Sherman	
Total	157,511	16,221	65,443	51,180	6,350	280,121	37,768	87,316	23,236	229,875	7,923	575,092	56,614	1,504	
Veterans	23,278	2,393	10,975	7,608	1,111	32,825	5,605	12,477	2,816	26,584	1,104	47,142	6,794	256	
%	14.78%	14.75%	16.77%	14.87%	17.50%	11.72%	14.84%	14.29%	12.12%	11.56%	13.93%	8.20%	12.00%	17.02%	
	Tillamook	Umatilla	Union	Wallowa	Wasco	Washington	Wheeler	Yamhill							
Total	20169		55185		19,822		5,712	19,306	389,361		1,032		73,480		
Veterans	3,028		6,736		2,481		945	2,590	34,454		163		8,177		
%	15.01%		12.21%		12.52%		16.54%	13.42%	8.85%		15.79%		11.13		

1. Bagalman, E. (2013, January 10) *Suicide Prevention Efforts of the Veterans Health Administration*. Congressional Research Service.
 2. Kemp, J. & Bossarte, R. (2012). *Suicide Data Report, 2012*. Department of Veterans Affairs
 3. Oregon Health Authority (2012). *Suicides in Oregon: Trends and Risk Factors -2012 Report*. Oregon Health Authority
 4. Westat (2012). *National Survey of Veterans, Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses*. Department of Veterans Affairs.
 5. Estimates, age 18 and older. 2007-2011, American Community Survey – Five Year Estimates. U.S. Census.
 6. Vietnam Veterans Association of Australia (2000, August 7). Retrieved from <http://www.vvaa.org.au/media12.htm>.