

14 April 2015

To the Senate Committee on Veterans and Emergency Preparedness:

I am writing to express my support for SB 780. I am writing as a Marine Corps combat veteran who deployed twice in support of Operation Iraqi Freedom. I am writing as the President of The Bunker Project, a nonprofit that supports veterans in their transition from combat. I am writing as an adjunct professor of a class on Veterans in Transition at Western Oregon University, and I also serve as their Veterans' Coordinator to manage an on-campus resource center and assist Veterans navigating the education benefits process. Lastly, I am writing as a former patient of the Oregon State Hospital, which was a result of my own incarceration following a domestic incident related to PTSD in 2009.

I believe that the Department of Corrections is in an ideal position to serve as a safety net for veterans who are struggling with the most severe cases of PTSD, and can serve as a positive force for rehabilitation for Oregon's returning Veterans. While the Veteran is likely already ashamed of their own behavior, ashamed of their inability to manage their own actions, and subsequently willing to accept their punishment wholeheartedly, they often are not aware that treatment and management of symptoms is possible. Veterans do not want to bring the violence of war home with them, but unfortunately without treatment this nonetheless occurs all too often. The very high suicide rate of Veterans is an indicator of the lengths Veterans are willing to go to in order to keep this violence from affecting their families and communities. Most would rather harm themselves than someone they love. This motivation can be capitalized on in the DOC when a Veteran reaches such a low bottom. Simply incarcerating them for a period of time only ingrains further feelings of shame and guilt that are consistent with PTSD, giving them an even greater incentive to end their own life, return to their addiction, or ultimately repeat the same behaviors that resulted in their initial incarceration.

By connecting Veterans with PTSD and addictions treatment while incarcerated, this cycle may be halted or reversed. By learning tools to manage their symptoms, getting connected to benefits and supporters before release, and rebuilding the self-worth that was lost in the commission of their crime, incarcerated Veterans are likely to return to a healthy and productive lifestyle that benefits their families, our communities, and the economy in general.

Particular in cases of domestic violence, I urge you to also consider that punishment is not always the sole motivation even for the person that dialed 911. For many citizens, this is the number we were taught from a young age to call in an emergency for help. Many families do understand PTSD, but often have nowhere else to turn besides 911 when a Veteran with PTSD becomes symptomatically violent. In my own case, the victim of my crime was also an OIF veteran who dialed 911 out of distress with the hope of having me placed into some sort of immediate inpatient care. Throughout the entire court process, this were her expressed goal, hence the sentence to the Oregon State Hospital. I am confident that my case is not atypical, and that denying the Veteran treatment isn't only an injustice to the Veteran community, but also the victim's themselves. The goal of public safety should not be limited to protecting society from an offender during the time they are incarcerated, but to do everything in their power to prevent that offender from committing a new offense upon their release. The DOC is in the position to accomplish this goal and greatly affect recidivism, at least in the Veteran community through SB 780, so again I urge you to consider supporting this bill.

Sincerely,



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