



H.R. 327 - Joshua Omgig Veterans Suicide Prevention Act

FLOOR SITUATION

H.R. 327 is being considered on the floor under suspension of the rules and will require a two-thirds majority vote required for passage. This bill was introduced by Representative Leonard Boswell (D-IA) on January 9, 2007. H.R. 327 was passed, as amended, by unanimous consent by the Senate on September 27, 2007.

H.R. 327, as modified by the Senate, is expected to be considered on the floor on October 23, 2007.

H.R. 327 was originally passed by the House on March 21, 2007, by a vote of 423 to 0.

SUMMARY

H.R. 327 directs the Secretary of Veterans Affairs (“the Secretary”) to develop and implement a comprehensive program designed to reduce the number of suicides among veterans.

The program requires the Secretary to provide mandatory training for staff and contractors (including all medical personnel) of the Department of Veterans Affairs (VA) who interact with veterans. The training will include information on recognizing, treating, and helping veterans who may be at high risk of suicide.

The bill instructs the Secretary to direct medical staff to offer mental health in their overall health assessment when veterans seek medical care at a Department medical facility and make referrals, at the request of the veteran concerned, to appropriate treatment programs for veterans that show signs of mental health problems. The Secretary must make mental health care for veterans available on a 24-hour-a-day basis.

**Note: The House- passed version of H.R. 327 required medical staff to refer “at risk” veterans to mental health counseling and screening. The Senate- passed version gives veterans the option of requesting mental health screening and services. The Senate- passed version also removed a provision that would track veterans who show signs of suicide risk.*

H.R. 327 requires every VA Medical facility to have a suicide prevention counselor on staff.

The bill requires research on best practices for suicide prevention in consultation with the heads of the Department of Health and Human Services, the National Institute of Mental

Health, the Substance Abuse and Mental Health Services Administration, and the Centers for Disease Control and Prevention.

The program provides for research on mental health care for veterans who have experienced sexual trauma while in military service.

This legislation requires the creation of a toll-free hotline for veterans to be staffed by appropriately trained mental health personnel and available at all times.

The bill creates an outreach and education program for veterans and families of veterans. This outreach program will place emphasis on providing information to veterans of Operation Iraqi Freedom and Operation Enduring Freedom. Also, the bill instructs the Secretary to establish a peer support counseling program, which will allow veterans to assist other veterans with issues related to mental health and readjustment.

The bill expresses the sense of the Congress that:

- Suicide among veterans suffering from post-traumatic stress disorder (PTSD) is a serious problem; and
- The Secretary should take into consideration the special needs of veterans suffering from PTSD and the special needs of elderly veterans who are at high risk for depression and experience high rates of suicide in developing and implementing the comprehensive program under this act.

BACKGROUND

SPC Joshua Omgvig served his country as part of the Army Reserve 339th Military Police Company from Davenport, Iowa. The role of the 339th MP Company was to provide additional security of detainees in Iraq.

SPC Omgvig and his Company served an 11 month tour in Iraq and returned home in November 2004.

A little over a year after his return from Iraq, Joshua Omgvig took his own life on December 22, 2005.

Over the course of combat operations in Afghanistan (Operation Enduring Freedom – OEF) and Iraq (Operation Iraqi Freedom – OIF), there has been a growing concern with the number of suicides that have occurred in the OEF/OIF soldier and veteran population. The Mental Health Advisory Team (MHAT – III), established by the Office of the Surgeon General, United States Army Medical Command, at the request of the Office of the Surgeon, Multinational Force-Iraq, issued a report on May 29, 2006, that found that for calendar year 2005, the suicide rate for the OIF area of operations was 19.9 per 100,000 soldiers. That rate is considerably higher than the national average, and the Army’s overall reported rate of 13.1 per 100,000.

COST

“CBO estimates, therefore, that implementing this bill would have little, if any, cost because VA already has or soon will implement all the specific requirements of the bill. Enacting the bill would not affect direct spending or receipts.” [CBO Cost Estimate](#)

STAFF CONTACT

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