



Oregon

Kate Brown, Governor

Department of Veterans' Affairs

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April 18, 2019

Senator James Manning, Co-Chair
Representative David Gomberg, Co-Chair

Joint Ways and Means Subcommittee on Transportation and Economic Development
900 Court Street NE
Salem, Oregon 97301-4048

Re: Follow-up information to Oregon Department of Veterans' Affairs Phase II Budget Presentation

Dear Co-Chairs,

During the Oregon Department of Veterans' Affairs (ODVA) Phase II Budget Presentation on April 9, 2019, Committee members requested additional details on several topics. The additional information is provided below.

Suicide Data for Oregon Veterans

Suicide is a national public health issue that impacts people from all walks of life, especially those who served in the military. In its June 2018 report, the U.S. Department of Veterans' Affairs (USDVA) estimates that veteran suicides represent approximately 14 percent of all adult suicide deaths in the United States. The USDVA has made the prevention of veteran suicide their top clinical priority.

The Oregon Health Authority (OHA) collects high-level statistics on veteran suicide deaths in Oregon by gender, age group and county of occurrence. Further data details cause of death, age and combat status for male veterans only. Attachments to this letter are veteran data-sets from the two most recent OHA reports. We do not have more detailed Oregon-specific data on women veterans, but have included the most recent USDVA fact sheet concerning national statistics on suicide among women veterans.

Lottery Fund Investments

Additional detail was requested specifically on two proposals within the Governor's Budget Package 90 – Down Payment and Closing Cost Assistance Funding for Veteran Loans and Program Stabilization and Funding Alignment.

1. Down Payment and Closing Cost Assistance (DPCCA) for Veteran Loans (\$500,000 LF)

DPCCA would be a new investment in making home ownership a more affordable reality for veterans seeking an ODVA Home Loan. Barriers to home ownership often include a requirement for a significant down payment, or payment of closing costs, that is outside the reach of many veteran families today. Housing affordability has become more of a concern

for veteran borrowers, especially those families transitioning from military service into civilian life in Oregon. Assistance with down payment and closing costs would allow more veterans the opportunity to access their ODVA home loan benefit.

Due to Loan Program bond restrictions, it would likely be difficult to offer an attractive DPCCA loan option solely using bond proceeds. It is possible that funding for DPCCA could be made from certain earnings of the Loan Program; however, this approach could eventually raise sustainability concerns of the Loan Program going forward. For these reasons, ODVA requests non-Loan Program monies for DPCCA.

2. Program Stabilization and Funding Alignment (\$535,704 LF)

Historically, ODVA's budget utilized Other Funds generated by the Home Loan Program to fund not only program costs of the Loan Program, but to support non-Loan Program activities of the Statewide Veteran Services Program. For the 2017-19 biennium, the Legislature reestablished the future sustainability of the Loan Program by funding the Veteran Services Program with Lottery and General Funds. Standard inflation rates did not increase the 2019-21 biennium amounts to fully cover the amount needed for the Statewide Veteran Services and Aging Veteran Services Programs. The Package 90 Program Stabilization monies provides funding to pay for the costs borne by the Loan Program in support of the Statewide Veteran Services and Aging Veteran Services Programs and will help the Loan Program to remain sustainable for future generations of veterans.

Lottery Fund – Available Funds

The Chief Financial Office Analyst for ODVA, April McDonald provided the following information:

Lottery Funds at the state level:

- Constitutionally, the Lottery shall spend less than 16 percent of total annual revenues on operating expense. Actual administrative expense range between 3.0 and 3.1 percent in the last three fiscal years (reference the LFO Budget Information Report on [Oregon State Lottery Administrative Costs and Public Purpose Transfer Rate](#)).
- From the total annual revenue, deductions are made for prizes and operating expenses prior to statutory and legislatively approved allocations.
- The Veterans' Services Fund receives a dedicated transfer of 1.5 percent of net lottery proceeds. From this fund, distributions will be made to ODVA to support approved Lottery Fund expenditure limitation.
- The [March 2019 Oregon Economic and Revenue Forecast](#) (Table B.9, page 54) projects the Veterans' Services Fund will receive \$21.5 million in the 2019-21 biennium, but the May Forecast will be the basis for 2019-21 LAB.

Lottery Funds for ODVA in the 2019-21 Governor's Budget:

- ODVA's 2019-21 Governor's Budget includes \$23.1 million in Lottery Fund expenditure limitation. This amount is higher than the forecast for the Veterans' Services Fund because the Governor's Budget includes unspent revenues anticipated from 2017-19. Consistent with guidance from LFO and CFO, the 2019-21 Governor's Budget leaves a contingency reserve of three months in the Veterans' Services Fund.
- Maintaining a reserve of three months of estimated Lottery Fund revenue is consistent with the approach taken in 2017-19.

Thank you again for the opportunity to testify before the Committee. Please let us know if we can provide any additional information.

Sincerely,


Kelly Fitzpatrick
Director

Enclosures:

2016-17 OHA Veteran Suicide Stats
2015-17 OHA Suicide Stats by Veteran & Combat Status
USDVA Suicide Data Women Veterans

Oregon Health Authority - Vital Statistics
Veteran suicide deaths by county of occurrence, age group, and sex (2016)

County of occurrence	AgeGroup																	
	Total		18-24		25-34		35-44		45-54		55-64		65-74		75-84		85+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total	156	7	5	0	12	0	9	0	20	3	26	2	33	1	27	0	24	1
Baker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benton	7	0	0	0	1	0	0	0	2	0	1	0	0	0	2	0	1	0
Clackamas	6	0	0	0	0	0	0	0	1	0	1	0	2	0	0	0	2	0
Clatsop	4	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2	0
Columbia	4	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0	0	0
Coos	4	2	0	0	1	0	0	0	0	1	0	0	0	0	3	0	0	1
Crook	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Curry	3	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0
Deschutes	7	0	0	0	0	0	1	0	0	0	3	0	0	0	3	0	0	0
Douglas	8	0	0	0	1	0	0	0	0	0	0	0	5	0	2	0	0	0
Gilliam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grant	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Harney	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Hood River	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Jackson	9	0	1	0	1	0	1	0	0	0	3	0	2	0	0	0	0	0
Jefferson	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Josephine	5	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0
Klamath	6	1	0	0	1	0	0	0	1	0	1	1	2	0	1	0	0	0
Lake	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Lane	17	0	1	0	3	0	0	0	2	0	2	0	3	0	2	0	4	0
Lincoln	5	0	0	0	0	0	0	0	1	0	0	0	2	0	2	0	0	0
Linn	5	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	1	0
Malheur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marion	10	2	1	0	2	0	1	0	2	1	3	0	0	0	0	0	0	0
Morrow	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
Multnomah	19	1	0	0	1	0	3	0	3	1	5	0	5	0	1	0	1	0
Polk	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Sherman	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Tillamook	3	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Umatilla	4	0	0	0	0	0	0	0	1	0	0	0	1	0	2	0	0	0
Union	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Wallowa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wasco	2	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
Washington	11	1	0	0	1	0	1	0	2	0	1	1	3	0	1	0	2	0
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yamhill	6	0	0	0	0	0	0	0	1	0	2	0	0	0	2	0	1	0

Oregon Health Authority - Vital Statistics
Veteran suicide deaths by county of occurrence, age group, and sex (2017)

County of occurrence	AgeGroup																	
	Total		18-24		25-34		35-44		45-54		55-64		65-74		75-84		85+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total	170	3	7	1	14	1	14	0	25	1	26	0	38	0	27	0	19	0
Baker	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Benton	5	0	0	0	0	0	0	0	1	0	2	0	2	0	0	0	0	0
Clackamas	5	0	0	0	1	0	0	0	0	0	2	0	2	0	0	0	0	0
Clatsop	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Columbia	2	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0
Coos	5	0	0	0	1	0	0	0	2	0	0	0	0	0	2	0	0	0
Crook	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Curry	4	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0	0
Deschutes	10	0	0	0	1	0	1	0	2	0	0	0	3	0	3	0	0	0
Douglas	8	0	0	0	0	0	0	0	1	0	2	0	2	0	2	0	1	0
Gilliam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harney	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hood River	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Jackson	10	0	0	0	1	0	1	0	2	0	0	0	5	0	1	0	0	0
Jefferson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Josephine	12	1	1	0	0	0	1	0	2	1	1	0	1	0	3	0	3	0
Klamath	7	0	1	0	1	0	3	0	0	0	2	0	0	0	0	0	0	0
Lake	2	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Lane	19	1	0	0	1	1	1	0	3	0	3	0	2	0	1	0	8	0
Lincoln	7	0	0	0	0	0	0	0	0	0	3	0	4	0	0	0	0	0
Linn	8	0	1	0	0	0	3	0	2	0	1	0	0	0	0	0	1	0
Malheur	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Marion	14	0	1	0	2	0	1	0	3	0	2	0	3	0	1	0	1	0
Morrow	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Multnomah	22	0	1	0	2	0	0	0	3	0	3	0	5	0	7	0	1	0
Polk	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Sherman	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tillamook	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
Umatilla	2	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
Union	3	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0
Wallowa	2	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Wasco	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Washington	7	0	0	0	0	0	2	0	2	0	0	0	2	0	0	0	1	0
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yamhill	5	1	0	1	1	0	1	0	0	0	1	0	2	0	0	0	0	0

Oregon Health Authority - Vital Statistics

TABLE 6-23. Selected causes of death among adult males by veteran and combat status and age, Oregon occurrence, 2015-2017

Selected causes of death	All males, age 18+ ¹		Non-veteran				Veteran											
			18-49		50 or greater		Combat				Non-combat				Unk. combat status			
	No.	Col %	No.	Col %	No.	Col %	18-49		50 or greater		18-49		50 or greater		18-49		50 or greater	
							No.	Col %	No.	Col %	No.	Col %	No.	Col %	No.	Col %	No.	Col %
Total ²	54,526	100.0	4,277	100.0	21,974	100.0	116	100.0	9,285	100.0	228	100.0	13,210	100.0	45	100.0	4,942	100.0
Malignant neoplasms	12,608	23.1	380	8.9	5,747	26.2	12	10.3	1,984	21.4	29	12.7	3,313	25.1	6	13.3	1,061	21.5
Heart disease	11,224	20.6	401	9.4	4,401	20.0	6	5.2	2,267	24.4	15	6.6	2,957	22.4	4	8.9	1,098	22.2
Unintentional injuries	3,659	6.7	1,278	29.9	1,154	5.3	30	25.9	359	3.9	51	22.4	533	4.0	10	22.2	214	4.3
Chronic lower respiratory dis. ...	2,902	5.3	27	0.6	1,115	5.1	—	—	592	6.4	1	0.4	784	5.9	1	2.2	348	7.0
Cerebrovascular disease	2,486	4.6	72	1.7	992	4.5	1	0.9	473	5.1	4	1.8	666	5.0	—	—	253	5.1
Diabetes mellitus	2,064	3.8	126	2.9	941	4.3	2	1.7	344	3.7	7	3.1	456	3.5	1	2.2	169	3.4
Alzheimer's disease	1,633	3.0	1	>0	463	2.1	—	—	428	4.6	—	—	535	4.0	—	—	204	4.1
Hypertension & hyp. renal dis.	792	1.5	21	0.5	345	1.6	2	1.7	144	1.6	3	1.3	182	1.4	3	6.7	86	1.7
Parkinson's disease	845	1.5	1	>0	301	1.4	—	—	166	1.8	—	—	287	2.2	—	—	89	1.8
Influenza & pneumonia	700	1.3	32	0.7	259	1.2	—	—	140	1.5	—	—	187	1.4	1	2.2	72	1.5
Viral hepatitis	317	0.6	20	0.5	185	0.8	—	—	28	0.3	2	0.9	49	0.4	—	—	28	0.6
Nephritis	626	1.1	23	0.5	244	1.1	—	—	121	1.3	3	1.3	158	1.2	—	—	72	1.5
Benign & uncertain neoplasms	371	0.7	13	0.3	146	0.7	—	—	68	0.7	1	0.4	115	0.9	—	—	28	0.6
Septicemia	357	0.7	20	0.5	149	0.7	—	—	56	0.6	—	—	95	0.7	—	—	25	0.5
Aortic aneurysm	273	0.5	8	0.2	112	0.5	2	1.7	46	0.5	1	0.4	78	0.6	—	—	25	0.5
Pneumonitis due to solids & liquids	252	0.5	6	0.1	92	0.4	—	—	55	0.6	—	—	58	0.4	—	—	40	0.8
Amyotrophic lateral sclerosis	189	0.3	12	0.3	100	0.5	—	—	22	0.2	—	—	47	0.4	—	—	8	0.2
Congenital malformations	127	0.2	37	0.9	64	0.3	—	—	5	0.1	2	0.9	13	0.1	—	—	5	0.1
Suicide	1,787	3.3	768	18.0	540	2.5	43	37.1	107	1.2	67	29.4	198	1.5	7	15.6	47	1.0
Homicide	273	0.5	177	4.1	58	0.3	2	1.7	5	0.1	8	3.5	18	0.1	—	—	3	0.1
Undetermined intent	118	0.2	67	1.6	32	0.1	2	1.7	—	—	1	0.4	11	0.1	—	—	4	0.1
Operations of war	1	>0	—	—	—	—	—	—	1	>0	—	—	—	—	—	—	—	—
<i>Injury by firearms</i> ³	1,278	2.3	527	12.3	365	1.7	35	30.2	89	1.0	53	23.2	162	1.2	3	6.7	39	0.8
<i>Alcohol-induced</i> ³	1,864	3.4	325	7.6	997	4.5	9	7.8	132	1.4	10	4.4	243	1.8	6	13.3	106	2.1
<i>Drug-induced</i> ³	1,186	2.2	569	13.3	370	1.7	16	13.8	44	0.5	28	12.3	102	0.8	5	11.1	37	0.7

— Quantity is zero.

¹ Total includes all males age 18 and older with missing or unknown veteran status.

² The causes in this table represent a selection of the total possible causes; the rows will not add up to the total.

³ See Table 6-6, footnotes 38-42, for a list of included conditions and their ICD codes.

>0 Value too small to display.



U.S. Department
of Veterans Affairs

Fact Sheet

Office of Public Affairs Washington, DC 20420
Media Relations (202) 461-7600
www.va.gov

U.S. Department of Veterans Affairs (VA) Office of Mental Health and Suicide Prevention (OMHSP)

Facts About Suicide Among Women Veterans: August 2017

If you or someone you know is at immediate risk for suicide, contact the Veterans Crisis Line: Call **1-800-273-8255 and Press 1**, text to **838255**, or chat online at VeteransCrisisLine.net/Chat.

Overview

Every Veteran suicide is a tragic outcome. Regardless of the numbers or rates, one Veteran suicide is too many. VA is leading national efforts to understand suicide risk factors, develop evidence-based intervention strategies, and proactively identify and care for Veterans who are in crisis or at risk for suicide. Women comprise the fastest-growing Veteran subpopulation, and VA is committed to improving their health and well-being, which includes addressing suicide and suicidal behaviors.

This fact sheet summarizes what is known about suicide among women Veterans and highlights national resources available to assist women Veterans who are in crisis or at risk for suicide. A more general fact sheet on suicide among all Veterans is also available.

Suicide Among Men and Women in the General U.S. Population (*Centers for Disease Control and Prevention*)^{1,2}

- Men are more likely than women to die by suicide.
 - In the general U.S. population, the suicide rate for men is more than three times the suicide rate for women.
 - Men are more likely than women to use lethal means, such as firearms, when attempting suicide; this is one reason for the higher suicide rate for men. Women are more likely to use less lethal methods, such as poisoning and overdose.
- About 40,000 people die by suicide in the United States each year, and women account for 23 percent of these deaths.
- From 1999 through 2014, the percent increase in the age-adjusted suicide rate was greater for women (45 percent increase) than men (16 percent increase). During this period, the suicide rate for women in the United States has increased in all age groups under 75.

Suicide Among Women Using VHA Health Services³

- VA annually conducts a comprehensive assessment of suicide deaths among individuals who have used VA health services in the year of their death or the year prior. This assessment includes differences in suicide mortality by gender.
- The suicide rate among women receiving VHA services was lower than that of male users of VHA health services. In 2014, the suicide rate among women using VHA services was 17.3 per 100,000, while for male VHA users, the rate was 41.8 per 100,000.
- The suicide rate among women using VHA services has increased in recent years, from 14.4 per 100,000 in 2001 to 17.3 per 100,000 in 2014.
- VA continues to conduct important research to identify risk factors and patterns of suicide in Veterans, including those that may be linked to gender.



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health and
Suicide Prevention

- For example, in one recent study, VA researchers found the rate of suicide to be higher among women who report having experienced military sexual trauma (MST) — that is, sexual assault or sexual harassment during military service — compared to those who have not experienced MST.

Suicide Among All Women Veterans³

- VA and the Department of Defense (DoD) have partnered to maintain the VA/DoD Joint Suicide Data Repository, which includes information on deaths by suicide among all known Veterans of U.S. military service, as obtained from the National Center for Health Statistics National Death Index. The database provides information on suicides among all U.S. Veterans, not only those who use VHA services. In August 2016, VA released a report detailing these rates and trends, “Suicide Among Veterans and Other Americans: 2001–2014.”
- The suicide rate for the total U.S. Veteran population in 2014 was 35.6 per 100,000. In 2014, the suicide rate for women Veterans was 19 per 100,000, which was about half the male Veteran suicide rate of 37.2 per 100,000.
- From 2001 through 2014, the suicide rate among women Veterans increased to a greater degree (62.4 percent) than the suicide rate among male Veterans (29.7 percent).
- Different trends and suicide rates have been noted between women Veterans who do and do not use VHA services; however, this gap has diminished over the past decade.
 - Accounting for age differences, in 2001 the suicide rate among women Veterans using VHA services was higher than the rate among women Veterans not using VHA services. This difference diminished over time, and since 2013 there has been no statistically significant difference between the suicide rates of Veterans who do and do not use VHA services.
 - Although the suicide rate increased overall for women Veterans from 2001 through 2014, the suicide rate decreased by 2.6 percent for women using VHA services during this same time period.
- Different trends and suicide rates have been observed between women Veterans in different age groups from 2001 through 2014. Compared to other age groups, those under age 40 experienced a higher suicide rate, and a greater increase in the suicide rate over this period.
 - After adjusting for differences in age, risk for suicide was 2.5 times higher among female Veterans compared with U.S. civilian adult women. (2014)
 - An increased likelihood of using firearms, which are highly lethal, as the method for suicide may explain some of the difference between suicide rates of Veteran and civilian women. Firearms were used by 40.5 percent of women Veterans who died by suicide, compared to 31.1 percent of U.S. civilian adult women who died by suicide.

Current Suicide Prevention Initiatives and Resources and VA Mental Health Services for Women Veterans

- **Outpatient mental health services:** VA provides a full continuum of mental health services to women Veterans through VA medical centers, Vet Centers, community-based outreach clinics, and partnerships with other local treatment providers across the country.
- **Inpatient programs:** VA has regional and national residential and inpatient programs that either provide treatment to women only or have separate tracks for women and men.
- **Specialty treatment for post-traumatic stress disorder (PTSD):** Evidence-based therapies for PTSD, including prolonged exposure or cognitive processing therapy, have been shown to decrease suicidal ideation. These treatments are available at every VA medical center.
- **Support for treating the effects of military sexual trauma (MST):** VA is committed to ensuring that appropriate services are available to meet the treatment needs of all Veterans, male and female, who have experienced MST.



To learn more about VA’s mental health services and resources for women Veterans, visit www.mentalhealth.va.gov.

VA Suicide Prevention Resources

- **Immediate support through the Veterans Crisis Line:** Caring, qualified Veterans Crisis Line responders are available 24/7/365 to provide support for Veterans who are at acute risk for suicide, and for those calling on the behalf of a Veteran. Call **1-800-273-8255** and Press 1, text to **838255**, or chat online at VeteransCrisisLine.net/Chat.
- **Local Suicide Prevention Coordinators:** At least one full-time Suicide Prevention Coordinator (typically a nurse or social worker) is assigned to each VA medical center and large community-based outpatient clinic. These individuals are responsible for providing support for Veterans at a high risk for suicide — including patients who have attempted suicide, who are experiencing serious suicidal ideation, or who are otherwise clinically determined to be at high risk for suicide. Suicide Prevention Coordinators help provide integrated care for these Veterans, tracking appointments and coordinating with the Veteran and their other clinical providers.

To find your local Suicide Prevention Coordinator and other treatment programs near you, go to VeteransCrisisLine.net/ResourceLocator.

VA Women’s Health Services

- **Women Veterans Program Manager:** At every VA medical center, VA has a designated Women Veterans Program Manager who acts as an administrative leader for the Women’s Health Program and as an advocate for women Veterans.
- **Designated Women’s Health Providers:** Women Veterans can be assigned to trained and experienced Designated Women’s Health Providers, who provide general primary care and gender-specific care as part of the patient/provider relationship.
- **Women Veterans Call Center:** This service is available to provide women Veterans with information about relevant VA benefits and services and to answer questions they may have about their benefits. Call **1-855-VA-WOMEN (1-855-829-6636)** to contact responders who can make referrals to Women Veterans Program Managers, the Health Eligibility Center, the Veterans Benefits Administration, and suicide and homeless crisis lines as needed.

For more information about VA’s programs and services for women Veterans, Veterans currently enrolled in VA health care may speak with their VA mental health or health care provider. Other Veterans and interested parties can find a complete list of VA health care facilities, Vet Centers, local Suicide Prevention Coordinators, and other resources at VeteransCrisisLine.net/ResourceLocator or www.va.gov.

For more information about this fact sheet, contact Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention, at David.Carroll@va.gov.

References

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. Suicide: Facts at a Glance. 2015.
2. Curtin SC, Warner M, Hedegaard H. Increase in Suicide in the United States, 1999–2014. NCHS Data Brief, no. 241. Hyattsville, MD: National Center for Health Statistics. 2016.
3. Department of Veterans Affairs, Suicide Prevention Office. Suicide Among Veterans and Other Americans: 2001–2014. 2016.

