MEDIA OUTREACH TO VETERANS: AN UPDATE

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BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

OF THE

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TUESDAY, SEPTEMBER 23, 2008

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
Washington, DC.

The Subcommittee met, pursuant to notice, at 10:08 a.m., in Room 2247, Rayburn House Office Building, Hon. Harry E. Mitchell [Chairman of the Subcommittee] presiding.

Present: Representatives Mitchell and Space.

OPENING STATEMENT OF CHAIRMAN MITCHELL

Mr. MITCHELL. Good morning, and welcome to the House Veterans' Affairs Subcommittee on Oversight and Investigations hearing. This is a hearing on media outreach to veterans, an update, September 23, 2008. This hearing will come to order.

Today, we are following up on the U.S. Department of Veterans Affairs (VA) outreach efforts. If, by the VA's own estimate, only 7.7 million of America's 25 million veterans are currently enrolled and receiving benefits, how are we bringing the VA to the remaining 17 million veterans?

Waiting for veterans to show up to the VA is neither effective nor acceptable. The VA must be proactive.

We will be hearing from veterans about the perception of the VA's pilot public awareness campaign in Washington, DC, to promote the suicide hotline and VA mental health services. We are honored to have them here today.

We will also hear from the marketing firm of MDB Communications about the best practices for reaching consumers.

Finally, the VA will update us on the status of the pilot public awareness campaign and its plans for expansion in conjunction with a national outreach strategy.

On July 15th, this Subcommittee heard testimony on the creation of an outreach strategy to alert veterans and their families where they can turn for help. In the hearing, marketing experts encouraged the VA to conduct thorough market research before executing an advertising campaign, emphasizing the need for a strategic plan with a market tested message and with measurable objectives that focus on veterans' needs.

We also heard from the VA's Assistant Secretary for Public and Intergovernmental Affairs, Lisette Mondello, about the Department's outreach plans, specifically the 3-month pilot campaign to promote VA's suicide hotline in Washington, DC.

Today Assistant Secretary Mondello will update us on the status of the pilot project, which is scheduled to conclude next month.

Based on initial results, the VA's stated intent was to expand the program. We look forward to hearing how VA plans to do this and how the VA can maximize effectiveness.

After hearing about the importance of a well-researched, comprehensive, targeted outreach strategy in the July 15th hearing, we also look forward to hearing what recent progress has been made in procuring the necessary marketing research expertise to help VA develop and refine its national outreach strategy.

Additionally, in the July 15th hearing, a public service announcement (PSA) featuring Gary Sinise was shown. I am curious to learn today why it was not distributed to television stations in the Washington, DC, area as part of the DC-based pilot public awareness campaign so the VA could gain additional feedback.

It is now my understanding based on what the VA has told our Subcommittee staff that the VA plans to award a contract next week to distribute this public service announcement nationwide.

If the subsequent market research concludes that it is not an effective outreach tool, I want to know what the VA will be able to make of the necessary adjustments and that this one PSA will not be distributed as a substitute for thoroughly market tested messages in the future.

I am also eager to learn how the VA will be tracking the use of this public service announcement by television stations and whether it is proving effective.

Finally, I look forward to hearing more about the VA's potential use of paid advertising at movie theaters nationwide to show the Gary Sinise public service announcement.

In response to a post-hearing question from our July hearing, Ms. Mondello suggested the VA is considering this as an option. This is certainly innovative and if this is the best way to reach veterans at risk for suicide and let them know where they can turn for help, then I am all for it. The only question is, is it the best method?

But first we will hear from four veterans who live in the Washington, DC, area, who have been exposed to the pilot public awareness campaign. I am eager to hear their impressions of this campaign and I trust their input will be useful to the VA as well.

We will also hear from Ms. Cary Hatch, President and Chief Executive Officer of MDB Communications. I expect that her testimony will enlighten all of us on the requirements and potential pitfalls of launching an effective national advertising campaign.

I want to thank all of our witnesses for coming to testify before the Subcommittee today. The fact that we are holding this hearing, the second this year to focus on media outreach, should make clear the importance of this issue. And we look forward to your testimony.

Before I recognize the Ranking Member for her remarks, I would like to swear in our witnesses. I ask that all witnesses, please stand and raise their right hand.

[Witnesses sworn.]

[The prepared statement of Chairman Mitchell appears on p. 30.]

Mr. MITCHELL. Thank you.

I ask unanimous consent that all Members have five legislative days to submit a statement for the record. Hearing no objection, so ordered.

The first panel, at this time, I would like to recognize Mr. Brian Hawthorne, a veteran of Operation Iraqi Freedom (OIF); Mr. Wade Spann, also a veteran of Operation Iraqi Freedom; Ms. Carolyn Schapper, our third OIF veteran; and Mr. Rick Weidman, Executive Director of Policy and Government Affairs for the Vietnam Veterans of America (VVA) as well as a Vietnam vet.

I thank all of you for coming and I thank you for your service to our country. Would you please come to the table.

And I ask all of our witnesses to stay within the 5 minutes of their opening statements and your full statement will be submitted for the record.

And we will begin with Mr. Hawthorne, if you do not mind, and then we will just go on down the table.

STATEMENTS OF BRIAN HAWTHORNE, WASHINGTON, DC (OIF VETERAN); WADE J. SPANN, WASHINGTON, DC (OIF VETERAN); CAROLYN SCHAPPER, REPRESENTATIVE, IRAQ AND AFGHANISTAN VETERANS OF AMERICA (OIF VETERAN); AND RICHARD F. WEIDMAN, EXECUTIVE DIRECTOR FOR POLICY AND GOVERNMENT AFFAIRS, VIETNAM VETERANS OF AMERICA

STATEMENT OF BRIAN HAWTHORNE

Mr. HAWTHORNE. Good morning, Chairman Mitchell and the other Members of this distinguished Subcommittee. I truly appreciate the privilege of your time to offer my perspective on veterans' health and suicide prevention.

My name is Brian Hawthorne. I am currently serving as an Army Reservist while I attend George Washington University here in DC.

I am a combat medic in the military and served two tours in Iraq, most recent as part of the surge in Baghdad. I returned to U.S. soil on Memorial Day of this year after ten difficult months.

As a medic, I am responsible and intimately connected to the health and well-being of the soldiers in my unit, which is increasingly revolving around mental health.

The Army has begun placing much greater emphasis on the mental health of its soldiers with the assignment of combat stress teams on most bases in theater and many more required hours of training and briefings for Commanders, medics, and soldiers alike.

These efforts have paid great dividends in reducing the stigma associated with mental healthcare and I believe that leadership at all levels is now much more available and able to identify soldiers at risk for this condition.

This not only enhances the level of care available to most soldiers in theater, but it is encouraging the efforts across the military to reduce these stigmas.

Obviously, however, this fight does not stop upon leaving the battlefield. Even more important than the availability of mental

healthcare in theater is the availability and usage of such care at home.

There are some key differences between these environments, however, that I would like to outline for you.

In country, your average servicemember has daily interactions with their chain of command as well as with their peers who are experiencing essentially the same stresses. Therefore, it is significantly easier for an aware leader to be able to identify at risk individuals by comparing how he or she is handling their stress compared to everyone else.

Along these same lines, it is much easier for a healthcare provider or Commander to track the development of a condition over the course of a tour because for the most part, everyone entered theater at the same time and, therefore, their exposure to trauma and stress is equal.

In these conflicts, especially at this phase, when the theaters are so mature and rich with resources, servicemembers have many more stimuli affecting their stress levels than ever before. It is not uncommon to have soldiers talking to their family or friends hours or even minutes before leaving the wire on a combat patrol.

Now, imagine for a moment if that short, albeit critical, conversation does not end well for that servicemember, be it a fight with a spouse, a sick child, a sudden or unexpected expense, or just tension on the other line. That soldier now has significantly more on his or her mind than their peers, yet still must be able to handle the same stresses of their mission.

I am not a psychologist, but I can say from experience that stresses from home can significantly amplify the stress in combat.

Upon redeployment, homecoming experiences run the gamut from good to bad. For the most part, excitement of reuniting with families and the real world takes precedence over all else and whatever issues that servicemember was facing are pushed down.

As we now know, this is not only unproductive, but it is normal. The mantra of what happens in Vegas stays in Vegas does not apply here, yet many servicemembers wish it did. Maybe they think their buddies do not want to talk about it anymore or that their families or friends just would not understand. But for the most part in those first few weeks, elation and relief is perceived for progress and a cure.

The veteran selects middle of the road answers on a mental health survey and is released from the out-processing center. In most units, this is the time when most issues begin to occur. A family or a lifestyle is not as he remembered and he no longer has his battle buddies around to talk to, to keep track of him. He may have had a few months off now with a regular paycheck and no one accountable for him.

As a Reservist with multiple tours, I had almost 70 days of leave accrued which was kindly tacked on to the end of my tour as part of my terminal leave. During this time, I reached out to my families and friends and a few battle buddies from the tour. However, at no time did anyone from my chain of command or the VA contact me to see how I was doing.

The rationale for this, at least in my experience, soldiers do not want to be bothered with Army visits during this time, so they are not.

During these months, however, other soldiers reached out to me even though we were off duty and in some cases not in the same unit or even the same country. My guys from down range still felt comfortable calling Doc Hawthorne and to chat about what was going on as they had while we were in Iraq.

Mostly they want to know what normal was. Should I be having trouble sleeping still? Is three beers a night too much? I have flashbacks. What do I do? And so forth.

As I said, I am not a psychologist. I know the limits of my capabilities. I would help as I could, but mostly I referred them to *Military OneSource* which was heavily advertised to us both down range and during our post-deployment briefings.

For the most part, they received outstanding treatment from the system there, continued to see one of their assigned therapists with great success. The question then becomes, hence this hearing, what of the veterans who do not have a doc, who do not know about *Military OneSource*, or are not eligible for its services? What about the family member who has concern about their recently returned veteran?

That, I believe, is where the VA suicide hotline plays the most important role. By advertising its availability and convenience, not only where the veterans are, but where their families are, by making this service public knowledge, we are infinitely increasing the likelihood that a veteran will end up using it either through his own discovery or peer pressure of a concerned family member or friend. If this is indeed our objective, then there should be no limit to the creativity applied to its distribution. While it could be argued that a veteran is not likely to be sitting at home at noon on a Tuesday watching soap operas, it is very possible that his mother or grandmother could be and having had just the conversation with him on his difficulties had been empowered with information that could save his life.

At the other end of the spectrum, his or her teenager may not be able to fully understand what their parent has been through, but understand they are different now. While soap operas may not be the medium to reach this demographic, but certainly ads on arenas such as *Facebook*, *MySpace*, *Google*, et cetera, can register enough with them to prompt a conversation or intervention. We cannot afford to forget the influence of such mediums.

To speak specifically on the ads that are currently running in DC, I would like to make the following comments.

First, it is imperative to emphasize the confidentiality of such services. Bearing in mind that many veterans are still in some kind of Government service or in the military, career progression is a major consideration when seeking help.

I personally know soldiers who refrain from seeking any sort of official mental healthcare due to the fact they do not want a black mark in their record. This is not an official or institutional issue. This is a personal one and that in the military, we promote in our own image.

Take, for example, a friend of mine who is a young infantry platoon leader. He served in Iraq and comes home and wants to seek mental health. How likely is his unit to send him to an arduous course such as ranger school after seeing he struggled with combat stress? What about when he is up for promotion to Major or eligible for Battalion Command? Are officers on his board likely to give him that command with his history of mental health issues? We must allow this soldier the opportunity to talk through some of these issues without hurting their career opportunities down the road. And I believe the VA is the agency for that.

Secondly, the strength of a warrior quote, is an excellent one, and I agree with it wholeheartedly. However, I believe it is limited to the Army and Marine Corps and does little to reach out to our water and skyborne brethren. We cannot afford to have this service seem exclusive in the least.

In closing, I would like to reemphasize the fact that the military is currently making great strides in caring for the mental health of our servicemembers while they are deployed and when they return home. There is still much to be done, especially for Guard and Reservists.

And between the 2 years of my demobilizations, the difference was night and day. I would highly recommend collaboration with *Military OneSource* and other such services for best practice.

Second, these initial efforts of advertisements are to be commended. And I would like to ask the VA to expand on these initiatives for all their benefits, particularly education and the new GI Bill.

What often keeps a veteran from achieving their full potential with earned benefits is sadly just ignorance of their entitlements. Again, it may be an observant family member or friend that sees an ad. It can drastically improve the life of one of our Nation's heroes.

Thank you for your time and for your service to our veterans and their families. I welcome the opportunity to answer your questions, sir.

[The prepared statement of Mr. Hawthorne appears on p. 31.]

Mr. MITCHELL. Thank you.

Mr. Spann.

STATEMENT OF WADE J. SPANN

Mr. SPANN. Chairman Mitchell, my name is Wade Spann and I am honored to be here today. I speak about my experience as a combat-wounded veteran.

I would like to take the opportunity to thank the VA in helping with my transition from the Marine Corps to academic life.

I joined the United States Marine Corps in August 2001. I fought alongside my brothers in the 1st Battalion, 5th Marine Regiment. As an infantryman, I did three separate and distinct tours. The first was the push to Baghdad. The second was in Fallujah and my third was Al Ramadi.

In June 2004, while on my second tour in support of Operation Iraqi Freedom, four of my fellow Marines and I were wounded by an improvised explosive device (IED) attack in our Humvee. I wish

I could speak about this incident in detail, but my injuries and the loss of consciousness prevent me from remembering a whole lot.

The following year in March 2005, I returned to Iraq with one five. This time to Al Ramadi, Iraq. During this point, I reached the end of my obligated tour of duty and returned home in June of 2005.

Upon returning from Iraq, I participated in the mandatory separation classes. These classes made an attempt to explain to me all the veterans' benefits that I was entitled to and available, but it was difficult to fully understand.

There was a great deal of paper that needed to be sent and people who needed to be contacted. Accomplishing this while simultaneously preparing to move across the country presented a significant obstacle.

On August 6th, 2005, I finally said my farewells and started a new chapter in my life. The change from the Marine Corps to an academic environment was filled with frustration, miscommunication, and a sense of feeling out of place. To be honest, I felt more comfortable in Iraq than in a classroom.

Only a few short weeks after my discharge from active duty, I began my first college classes and quickly learned that my injuries I suffered in Iraq were complicating my transition into student life.

The short-term memory loss that I suffered was a direct result of my head wounds in Iraq. Having this dramatic effect on ability to retain information, I was going to need everyday assistance from professors and tutors in order to succeed in academic life.

Although George Washington University and major colleges and universities do not offer transition programs for veterans, I was lucky because my injuries qualified me for disability student support.

With an established infrastructure for providing services and information, it seems only natural that VA should take the opportunity to partner with schools and to assist educating veterans on benefits available to them.

Through educating one veteran about the benefits available to them, many more can be reached. There were numerous times when I learned of a benefit or other service available to me through word of mouth. A great deal of my knowledge about my entitlements and disability benefits has come from listening to other veterans who have already gone down this process.

For instance, I would have been unable to attend George Washington University had I not learned about the VA Chapter 31 benefit.

Vocational rehabilitation. It was not easy to get approval for this benefit of vocational rehab. It is the only reason I am able to attend such a prestigious institution.

When I informed a fellow Marine that he could qualify for the same Chapter 31 benefit and return to Pepperdine University and finish his degree he had started prior to enlistment, he was amazed.

The word of mouth is a powerful thing, but it should not be the primary nor the most successful way to disseminate information about veterans' benefits. An effort must be made to better dissemi-

nate the information to veterans about the services available to them.

These are benefits and services that have been earned in a very real, painful, and sometimes life-changing way. Whether by way of a more sophisticated Web site, through an intense e-mail campaign, or by some other method, information about the services must get to the people who have earned and deserve them.

Now that you have heard my experiences of transition out of the military and into an academic environment, I want to speak about the main reason I came here today.

As everyone is well aware, there is a brotherhood formed when men are in combat. It has been over 3 years since my platoon turned in our weapons, dropped our packs, and took off our body armor, yet we continue to suffer casualties.

On July 31st of this year, I received word from my best friend, Gunnery Sergeant Timothy Cyparski, that a member of our platoon, Timothy Nelson, had taken his life. Corporal Nelson was an ideal Marine. He took on diversity, followed orders, respected authority, and was a relief during trying times. I had not spoken to Nelson since I got out, but the news shook me to my core.

That week, I talked to Gunnery Sergeant Cyparski regularly for support and just to find answers. Corporal Nelson's death had brought a lot of the guys from the platoon back together and persuaded me to call guys I had not talked to in years.

From talking to the other Marines in the platoon, I learned that Corporal Nelson had been recalled, was preparing to honor his country, called back to duty. Following his medical physical, he was disqualified from returning to duty because he had previously been diagnosed with Post Traumatic Stress Disorder (PTSD). This among other several factors was a significant contributor to his tragic death.

Gunnery Sergeant Cyparski flew to Washington State to help Corporal Nelson's newlywed wife and grieving family. He wanted to show that Corporal Nelson was, and always will be, a brother in our platoon and that we would always keep him in our hearts.

Only a week after Gunnery Sergeant Cyparski flew out to Washington, I received the most devastating news imaginable. My best friend and my mentor, Gunnery Sergeant Timothy Cyparski, had taken his own life, leaving behind his wife and two beautiful young children.

The news hit us hard within the company and many Marines came together searching for answers to why we lost 2 brothers in 2 weeks. To me, Gunnery Sergeant Cyparski was the greatest Marine infantryman imaginable and he was a role model to all of us.

A Purple Heart recipient, he was injured by the same IED explosion that I was. The injuries Gunnery Sergeant Cyparski received that day only truly manifested themselves 3 years after the event, at the beginning of this year. His Traumatic Brain Injury (TBI), diagnosed as a hematoma deep inside the right hemisphere of his brain, began causing him significant cognitive issues and memory loss. This caused Gunnery Sergeant Cyparski to be assigned to a limited duty and the Wounded Warrior Program as he pursued medical treatment.

Gunnery Sergeant Cyparski had also been awarded two Bronze Stars for valor in combat. These awards, though significant, do little to illustrate the full measure of a man who was so admired and respected by everyone who met him and worked with him. To me, he was a great influence and I base much of my success in school to his encouragement. We constantly talked and I asked him for advice and guidance.

That being said, Gunnery Sergeant Cyparski did suffer from the effects of war and he had difficulties dealing with physical and psychological. However, he was proactive in seeking treatment and hoped to one day finish an academic degree to better provide for his family.

I consider Corporal Nelson and Gunnery Sergeant Cyparski to be combat casualties. Their deaths were a direct result of their combat duty and this great Nation lost two outstanding heroes that can never be replaced. For this loss, our great country is a little weaker now.

In the past month, I have spent a great deal of time reflecting on these events and what could have been done to save these two young Marines who had so much to look forward to.

Through this reflection, I have found that there is no single absolute correct answer because each individual needs a different approach and different solutions. However, there are clear signs and similarities in a majority of these cases.

For Corporal Nelson and Gunnery Sergeant Cyparski, their similarities began with their diagnosis of PTSD. And this diagnosis led both to be disqualified from serving their country as Marine infantrymen. Being an infantryman was what they had signed up to be in the Marines and it was their passion.

In addition, both were given difficult to adjust medications as treatment for PTSD following their doctors' advice.

Through my observations and experience, I have come to the conclusion that there needs to be a strong network of friends and family they are going to educate on the signs and symptoms of both PTSD and TBI. Obviously families are more easily accessible than friends. However, if you consider friends being members of their respective military unit, others in the military, and those who served with them, they are more likely to be accessible to VA outreach and more likely to recognize a problem and an issue.

Another aspect that needs to be addressed is seeking treatment is confidential and their cases will not be disclosed to anyone or threaten future job opportunities. I know the stigma associated with PTSD is not easily altered, but there are steps that can be taken to educate veterans and our society as a whole about this seeming epidemic.

Accessibility to VA's resources should reflect an emerging demographic of veterans. Problems need to be addressed and new outlets need to be explored. The majority of recent veterans are a young, technologically savvy generation and we depend on online mediums for information. The VA needs to make their Web site more user friendly and benefits easier to understand, with resources available either by electronic chat services or by phone. As it stands now, I still have trouble comprehending it.

A case manager to coordinate appointments and discuss benefits with each individual would be ideal. The small details and the upscale programs that the VA offers need to be divulged to the veteran rather than the individual having to rely on their own investigative skills.

I have great hope for the VA that it will be able to carry its message regarding PTSD and TBI to a larger audience of veterans and their families. It needs to utilize the very best America has to offer in technology and media in order to increase veteran awareness on what has the potential to become a true epidemic if continued unresolved.

If the Army and Marine Corps can sponsor commercials at halftime shows, I am sure the VA can equally do a good job putting the word out during these same time slots and to those same viewers.

We also utilize social networking sites like *MySpace* and *Facebook*. In fact, this is one of the easiest ways for me to stay in contact with my brothers in the Marine Corps. These networks make it effortless to contact one another and there are support initiatives that could easily be utilized for veterans and their families.

In a more expansive effort, the VA could invest in its own social networking sites allowing veterans to join these groups specific to their unit. This would enable them to maintain contact with their fellow servicemembers, their primary source of support for all combat trauma-related issues, or providing a form for easy dissemination of relevant information from the VA.

Several veteran groups from individual units have tried to do this with some success, but detachment from the VA's information and services data and prohibitive startup costs have handicapped the true potential of such sites.

An additional network that the VA could utilize or perhaps organize is the veteran nonprofit community. Americans have always been generous and grateful to its veterans. This is demonstrated through the many organizations and individuals who have donated time and money to assist us. However, there is no defined coalition that ensures these services are not duplicating and that veterans know how to utilize these services.

A veteran will not ask for something if he does not know it exists or where to go to receive it.

I came here today for action. PTSD and TBI are very real afflictions facing an unknown number of veterans today. The nature of these injuries means that the true number of these affected may never be known. The type of combat we have been or are currently engaged in ensures the numbers will be large.

Preparations must be made now for what unfortunately may prove to be the most significant long-term maladies suffered by this generation of servicemembers.

Getting information to us first is the most important step to preventing a tragedy that has already befallen too many of my brothers. I know that being here today will not change the fact that my two brothers will never return. However, if speaking to you in this room can do anything to prevent one of my fellow brothers from going down that same path, I will have done my part.

I know the VA is aware of the media outreach. It is a necessity in order to inform veterans and the resources. It must happen now. This is a situation where oversaturation of the message is not possible.

I ask America's leaders to unite under a solid commitment and do whatever it takes to end these unnecessary losses. Corporal Nelson, Gunnery Sergeant Cyparski, and all veterans made a solemn oath to defend you and this Nation. Please do the same for us.

[The prepared statement of Mr. Spann appears on p. 33.]

Mr. MITCHELL. Thank you.

Ms. Schapper.

STATEMENT OF CAROLYN SCHAPPER

Ms. SCHAPPER. Good morning, Mr. Chairman, Members of the Subcommittee. Thank you for the opportunity to testify today on the VA's first efforts at media outreach to veterans of Iraq and Afghanistan.

As an Iraq veteran, I know well the importance of VA's outreach. As a member of the Army National Guard, I served in Iraq from October 2005 to September 2006. I was a member of a military intelligence team that went out on over 200 combat patrols. My team and I experienced IEDs, mortar fire, and sniper fire.

When I came home, I began to deal with a wide range of adjustment issues including anger, isolation, increased drinking, nightmares, and hypervigilance. My symptoms altered and grew over time. I knew I was not the person I used to be.

I suspected I might have PTSD, but I had no way to figure it out. I started to look online for factors for war veterans and PTSD, but nothing spoke to me as an Iraq veteran. I even looked at the VA's Web site and I did not find anything on there that was helpful.

Fortunately, I ran into another vet who had gone to a Vet Center and asked for help. So I, too, went to a Vet Center that helped me start going through the maze that is the Veterans Affairs Administration.

The best way to describe PTSD is feeling like you are in the bottom of a dark hole and that you are lost and disconnected. When you feel this way, it is very hard to pull yourself out of that hole and to start going to the VA and figuring out who you need to talk to.

So when I saw the posters in the Metro recently, I was very excited because I could have used this 2 years ago. If I had known there was a hotline I could call, I would have been all over it.

However, one of my questions about the posters is, they are great for DC metro area, but how do we reach out to the people in rural areas that do not have buses and subways?

Also, the phone number on the poster, unless you are sitting right next to it, you cannot really see it. And if someone thinks they are dealing with mental health problems, they are not going to want to walk up to a public poster and start writing down a phone number. So I just recommend something as simple as making the phone number bigger.

Something that has been done well is I read a copy of the letter the VA is apparently sending out in conjunction with this campaign that outlines several of the symptoms I described previously. The

letter is good and comprehensive, but I ask who and who is not receiving it as I personally have not received it.

Before being asked to testify, I had not come across the public service announcement with Gary Sinise, so I think it is a great announced PSA. However, it only focuses on suicide. I took the time to call the number myself to find out about the hotline. It is also for anybody suffering from any symptoms of PTSD, even their family members that have concerns.

If a message is just focusing on suicide, it is too little too late. If you can hit PTSD symptoms before they get to the point of suicide, that is when people can really be helped.

However, a lot of soldiers, Marines, airmen, sailors are just going to suck it up. If they think it is just for people who have suicidal thoughts, they are not going to call it. They are going to be like I came home with all my body parts, I am okay. I can handle this. Again, we do not want to wait until they get to suicidal tendencies before they call that hotline.

I think a lot of these problems could be solved if the VA did more testing of ads before they rolled them out including more focus groups and taking the suggestion of online social networking sites, *Army Times*, anything that can be found in the Post Exchange (PX) that a soldier can buy.

In my spare time, I am also representative for Iraq and Afghanistan Veterans of America. We are one of the largest nonpartisan Iraq and Afghanistan veterans groups in America and we are also working on a public service announcement partnered with the Ad Council to conduct a multi-year PSA campaign to reduce the stigma surrounding mental healthcare and to ensure veterans seeking access to care and benefits, and particularly those who need treatment for their psychological injuries. But we alone cannot do it. The VA needs to do it because they are ultimately the ones that can provide services.

So our PSA campaign will in no way eliminate the need for the VA to plan its own outreach and advertising campaign. Only a concerted effort on the part of the VA will ensure that veterans finally have easy access to the many benefits the VA has to offer.

Thank you for your time.

[The prepared statement of Ms. Schapper appears on p. 36.]

Mr. MITCHELL. Thank you.

Mr. Weidman.

STATEMENT OF RICHARD F. WEIDMAN

Mr. WEIDMAN. Thank you, Mr. Chairman, for your leadership in holding this hearing and the previous hearings that led to this today. We appreciate it from Vietnam Veterans of America.

And it is not just a question of media. The media really emanates from a communication strategy. And the communication strategy has to begin with your governance strategy and your decisions about how you are going to interact with the people whom you serve. If you were in private business, it would be how you are going to interact with your customer and then how you are going to do business. And then from that emanates your communication strategy that has to be of a whole.

VA is doing a lot of stuff, but it is not very well coordinated nor does it grow organically from the way in which they practice medicine within the VA itself. All too often it is stuff on the side in response to outside pressure.

A lot of it has to do with credibility. You heard people to my right, these fine young people who served in OIF, talk about that a veteran will believe another veteran before they will believe anything in a shiny brochure or a PSA. And that is accurate. The question is, how do you start the chain going where one veteran is convinced and passes it on to another and how do you reach enough veterans in order to do that.

The first thing you have to do is develop credibility. Vietnam veterans and the VA have had a rocky history since we came home some 40 years ago. One could put a diplomatic face on it, but basically we were lied to over and over again and not welcomed at the VA.

And the founding principle of Vietnam Veterans of America is, and we still remain true to that, never again shall one generation of American veterans abandon another. That credibility or lack of credibility that the VA has still with many Vietnam veterans is not faced by as many OIF and Operation Enduring Freedom (OEF) veterans. However, I know young people who do not have the same faith in the Marine Corps or the military that these young people have talked about this morning nor do they have the same faith in the VA.

So the first thing is that you have to look at and start telling people the unvarnished truth. I will tell a vignette if I may digress a moment.

Fifteen years ago, someone who should have had better judgment invited me down when I was working for Governor Cuomo in New York to interview for the Deputy Assistant Secretary for Public Information. Everybody who knows me started to laugh and said, Weidman, you are the anti-flack, no way that you could fulfill that position. Ultimately they hired somebody much more qualified for what they wanted, Jim Holly, who is terrific, did well in the position from their point of view.

But in that, I was watching come down while the young lady who was the Assistant Secretary, it was the same day that the first announcement leaked that there had been veterans exposed to ionizing radiation, and so she was on the phone back and forth with Didi Myers at the White House, with Hazel O'Leary's office over at Energy, et cetera. And the line then was we think a few dozen veterans may have been exposed.

And so I listened to all of this and then finally she turns to me and while she has the phone on hold, she covers the receiver and says, Mr. Weidman, really what we want to do here, Rick, is restore credibility with the veterans community, what are the first three things you do?

And I said, well, the first thing is the most important thing is I would stop lying to veterans. She looked at me, hung up the phone, and said what do you mean. I said you do not even know you are lying to them. I will tell you right now, it will not be a couple a dozen, but you will change your story about the end of the week and it will be a couple a hundred. Next week it will be a cou-

ple a thousand. And before this is all done, my guess is that we are going to be talking about six figures. And, in fact, that turned out to be prescient.

But instead of saying from the outset we do not know how many have been exposed, but by God, we are going to find them all, we are going to provide the healthcare that they are due and we are going to provide the benefits that they have earned by virtue of being injured, they took exactly the opposite tact and tried to minimize everything and say everything is okay, it never happened.

That has been traditionally and still remains today VA's first response no matter what it is. There is no suicide epidemic. There is no major problem. We are on top of it. And it does not matter whether it is physiological or neuropsychiatric.

You have to change that attitude and the attitude begins in your attitude toward the individual whom you are seeing of taking the veteran as your full partner in his or her health overall and the veterans community.

I want to compliment Dr. Vic Nowabi and the whole suicide thing, but the problem is, is that he is laboring under that is one part of VA over here and it is not going organically and emanating from the Under Secretary's and the Secretary's Office as a piece of the governance structure as an overall communication strategy so that many of your materials even do not look alike.

Now, we are small and poor and we are struggling hard to get a better look. These are our three most effective brochures that begin with a service ribbon. If you have this, check and see if you have diabetes or prostate cancer or these other things. And this one in particular, we cannot keep in stock. And we are dropping back now and reviewing our whole process to get a much more coordinated strategy with folks and to work through the private sector.

Eighty percent of vets, it is a slightly higher proportion among the young vets, but 80 percent of vets do not go anywhere near the VA. Only about 15 to 20 percent use the VA. And the same is true, it is a slightly higher proportion of the young vets use the VA.

So most of them are going to go to the private sector, so you have to work through the media and you have to work through the civilian medical establishment and how do you educate the public and how do you educate the providers who in turn will educate the public and those individual veterans who do not go anywhere near the VA.

And there is no overall communication strategy that is trying to reach out and educate folks as to what are the wounds, maladies, illnesses, and conditions that are endemic to military service depending on branch of service, when did you serve, where did you serve, what was your military occupational specialty or military job, and what actually happened to you.

And that is the crux of the issue and that can only emanate from the top down beginning with the Secretary ensuring that all of his or her hopefully in the future lieutenants have the message and the same thing and work to change the corporate culture that is always deny, deny, deny, everything is fine, to one of we are going to openly and cooperatively with the rest of America address something that is not a veteran's problem but is an American problem which is the health of our returned warriors of every generation.

Thank you, Mr. Chairman.

[The prepared statement of Mr. Weidman appears on p. 37.]

Mr. MITCHELL. Thank you.

First, I want to thank all of you for your service to our country. It is terrific.

And I want to ask Mr. Weidman, first of all, I have a general impression that veterans from the Vietnam era will best be reached in ways much different than the OEF and OIF era.

What do you think would be the best way to communicate with Vietnam veterans?

Mr. WEIDMAN. Well, we are a more skeptical bunch because we have been burned more often. And, frankly, the VA today is, in fact, much better than when we came home. And we would like to think that those of us who are Vietnam vets, whether in Veterans Benefits Administration (VBA) or not, have had something to do with that different attitude on the part of society.

Most people, just the average citizen, is determined not to have happen to these young people what the country did to Vietnam vets when we came home. It was not just what happened in combat, but when we came home.

So what sets us differently than the other folks? I think the Vietnam vets, because we are more skeptical, you have to approach us in a different way. And that different way is, number one, changing the way in which you do business at the VA. You can have all the slick ads in the world about telling other Vietnam vets that the VA is today not what it was in 1977 or 1975 and it is only from another vet that they will believe that.

So how do you reach more of those other vets? And we would suggest that going through the medical societies and going through the disease groups and to reach to the civilian medical establishment is probably the most credible way of convincing folks. We have become convinced of that.

VA is supposed to be doing that. We have despaired of them taking a military history. We have despaired of them even using the veterans health initiative curricula and the wounds and maladies of war. Therefore, we have on our own started a private effort, sir, working with the major medical societies and with the disease groups in order to do that kind of consistent outreach and education with the goal of improving veterans' health, not just healthcare, veterans' health through education and advocacy.

Mr. MITCHELL. Thank you.

And to Brian, Wade, and Carolyn, let me ask you. You know, looking through all of your written testimony, you have mentioned things like networking through Web sites like *Facebook* and *MySpace*, is ideal for reaching out to veterans.

What kind of information would you want to know in that initial snapshot, whom to call, what Web site to visit, what benefits are available? For you three and other veterans you know, what is the most pressing question the VA could answer in a quick online advertisement?

And any of you could answer.

Mr. HAWTHORNE. Sir, I would say that in a flash, you need to provide what services are available, so not just suicide hotline, but also, as we have mentioned, general mental health counseling and,

if possible, absolutely the statement of confidentiality and the fact that it does not have to be a commitment.

And when we go to the VA, we do not want to necessarily commit to a year of therapy. Maybe we want an hour-long conversation. And so the statements of what kind of care is available, how to contact, and the fact that it is confidential should absolutely be on that first flash.

Ms. SCHAPPER. The ad that is currently running in the Metro, I think, says it all for me personally. I think if you just simply had that ad on the online advertising, it would work because it says any emotional problems or disorders or anything you are experiencing, just call this number. And that number definitely can help you.

Mr. SPANN. What I would say about this ad put online, definitely needs to be changed. We want to include suicide. Suicide is big for me, but also the benefits that veterans are entitled to, not just suicide, but also, you know, VA home loan, GI benefits.

A lot of people do not know about the new GI Bill, you know, because they are outside of this region. And that is one of the big important things that I have been stressing to the veterans I talk to. They have not heard about it, and, yet, you know, everybody here is still carrying on as usual, but they know about the new GI Bill.

As far as marketing, I am not a marketing guru, but I could say they could do something about this picture. I would say this does not really interest me if I saw it on the side. Do something that has some history to it or something that, you know, gets the emotions going. I think it would be a better point in case.

Mr. MITCHELL. Thank you.

Mr. Space, do you have a comment or statement?

Mr. SPACE. Thank you, Mr. Chairman.

Ms. Schapper, I think you touched on this during your testimony. In rural America, you know, we do not have Metros, and we do not have subways. And, unfortunately, many of the people who live in rural America, especially those impoverished pockets that are out there, do not even have access to broadband or, therefore, the Internet, which, as I see it, puts those rural veterans at a considerable disadvantage when it comes to awareness and it puts the VA at a disadvantage in trying to reach them.

I would be interested in any of your thoughts concerning some creative strategy, marketing strategies that might apply toward those living in impoverished rural America, which would be a considerable number.

And I would also be interested in your perspective as to whether there are some things we can do outside of the traditional marketing and advertising venues, specifically the process of making the DD–214s, for example, available to all Veterans Service Offices within 30 days of a veteran's discharge so that they can engage in progressive outreach within the community.

Our experience has been that a lot of times, we do not know these veterans are back and these veteran service organizations (VSOs) would like to reach out to them, more want to reach out to them, but simply do not have the means of identifying where they are or even that they are home.

So I would be interested in your thoughts on both of those subjects.

Ms. SCHAPPER. Regarding the rural campaign, if the letter that I saw the prototype of online does get sent to everyone, that pretty much covers everything. So we just need to assure that every veteran that is returning gets that. But as you touched on, maybe they do not know who has returned and who has not. How do we overcome that? I do not know.

I would have to think more about the idea of giving DD–214s to VSOs because it may have to be a timing thing because a lot of veterans may not even know they are suffering from anything, may not want to be contacted by an outside person within a month of coming home. They just want to chill out and be alone. I would say definitely targeting 6 months someone reaching out is definitely a good time period.

Also, going back to the rural, I think they pointed out that if you did the PSAs during football games, that would reach a lot of veterans. So something like that or just, again, magazines that you can generally get in the PX like *Army Times* or any of those types of things.

Mr. WEIDMAN. Or during NASCAR races, they are going to reach a lot of vets in many parts of the country.

Let me just mention that you do have to think about it differently if you are going to reach veterans in a rural area. And here's an example. VA has thousands of these sitting around. I mean, we are the biggest customer at VBA in turning around and giving these out.

Now, most of those folks when they go back to a rural area, they are nowhere near a VA hospital. The best shot of reaching them is through the outreach of the VA Vet Centers. Demanding full staffing, increased staffing in existing Vet Centers in order to augment the teams for doing rural outreach. They already purchased the vans last year, so they are ready to do it, but they need the staff to do it, is demanding that they staff up there. It is not a quick process to staff up, but they can do it.

But as an example, reaching through the medical community in rural areas to inform doctors of things like the diseases endemic to southwest Asia and how do you recognize that. It is important for neuropsychiatric reasons and health, but it is the whole health of the individual.

It is not just PTSD today that is still killing and taking Vietnam veterans early or the physiological manifestations of PTSD. It is Agent Orange, and it is not going to be Agent Orange for the young people serving in Afghanistan and Iraq today, but it is going to be something else. I will guaran doggone tee you that it is going to be something else.

And so as those things become clear, to do a complete epidemiological study becomes important, but that is not the subject here. It is how do you educate and reach those people in a rural area.

And using the general media and talk shows and employing the veterans organizations in going on talk shows, they all get radio no matter where they live in America, and educating using those media in creative ways.

Oftentimes they will not take a VA spokesperson, but they will take a veteran on a talk show.

As to locating people when they come home, every State Director in all 50 States plus Puerto Rico, the District of Columbia, and the Pacific Islands receives that DD–214 when an individual ETSs or ends their term of service or when they are demobilized. So somebody gets it in your State, and it is the State Director.

In small States, and there are a number of States where such things are happening, but in Connecticut, the State Director, it is small enough that Dr. Schwartz visits every single person who comes home. She is there for every homecoming and then makes sure that they reach out to the families, either the spouse or to the parents of every single person coming home whether wounded or not when they ETS.

So someone in your State has that, and the first line of defense is the State Directors. However, they are not coordinated by and large with the VA because the VA, even though the State Directors want to work closely with VA for overall strategy and believe that they are the front line in terms of reaching these young people, VA has not played very well.

Mr. SPACE. Well, our experience has been that there are confidentiality issues that those Directors at home are worried about breaching by providing that information to third parties, specifically the VSOs. And we are trying to figure out a way to break through that wall without compromising privacy issues that are associated with the veterans.

Mr. WEIDMAN. Forty years ago, and it still is under Title 38, it was legal for the VSOs to contact people to inform them of their benefits. And the way in which that was done was a material package and paying for the mailing went to the VA and they mailed that package to the individual.

And that is how the Disabled American Veterans (DAV) and Veterans of Foreign Wars got so big after Vietnam, particularly the DAV, because they had the money and the brains to follow through on it.

Once the individual contacts the VSO, then the VSO can pursue it obviously from that point on. But there is no systematic effort that I know of to reach the young people all utilizing that mechanism, Mr. Space.

Mr. SPACE. Thank you.

Yes, sir.

Mr. HAWTHORNE. Sir, on the DD–214, when you are discharged, the address that is on there is usually your current location. So if you are discharged from Fort Bragg, it is going to say something along the lines of Fayetteville, North Carolina.

However, when you move, an e-mail address generally follows you. So if the DD–214 asked for a personal nonmilitary e-mail address, you could follow that young veteran. I cannot speak for the older generation. But for the young generation, we are going to follow our e-mail because that is how we keep track of our battle buddies, and that is how we look into people.

So if the Government would collect our personal e-mail address. It is likely to not change. It can be a voluntary submission.

Mr. SPACE. Sure. I think that is an excellent point.

I want to thank you all for your service and certainly for your commitment and your time today.

I yield back.

Mr. MITCHELL. Thank you.

Mr. Wu.

Mr. WU. Chairman Mitchell, thank you very much for the accommodation for the questions for Ranking Member Brown-Waite.

First of all, on behalf of Ms. Brown-Waite, I would like to thank all of you for your services.

Brian, you have another Combat Medic Badge wearer probably a little more than twice your age, but you have something in common.

Mr. WEIDMAN. Three times, Colonel Wu.

Mr. WU. You know, and I know that your battle buddies considered you a doc and that is very important and that you have probably witnessed up close the horrors of war closer than most people in this room with some exceptions. We would applaud you on that.

Wade, thank you. You should be very proud of your service, your Purple Heart.

And, Carolyn, my dad was military intelligence, but I am not sure what the military intelligence team does when they go out on combat patrol. I do not think we have the time, but I would like to talk to you later on exactly what you do do on that issue. He served 27 years in military intelligence.

And, Rick, thank you for your service in the past. I do have a question, though. Your testimony says 85 percent of the veterans do not go to the VA. I am not going to denigrate you on that number right there.

But if I looked at the numbers that we are looking at and the shortfall the VA had in treating OIF/OEF, it is my recollection that at least a quarter million veterans have made some intervention and contact with the VA, good or bad, or for whatever their service is. I am not sure how that number works.

And a question also for all of you is, I think that Mr. Space and Chairman Mitchell have talked about what is the best way to get out there, and I think the way we wrote the question or the question came up in the first hearing is whether or not you could use an Internet address, nonmilitary as you talked about, Brian, that most younger generations follow.

And I think the VA responded to that in QFR or questions for the record hopefully that Ms. Mondello will be able to expand upon what the progress is on the legality and the privacy issue of using that DD–214 or getting the services to agree somewhere on the DD–214 or for the separating service that they have a good personal e-mail to follow you on. I think that that could be very, very effective and hopefully they will talk about that.

And this is collectively to the group right here. You heard about the ads. Mr. Space talks about rural areas. VA is going to have a million dollars to do this ad campaign. How do you approach multi generations, urban, suburban, rural?

And real quickly your thoughts as to what you think, you know, for VA's use on suicide intervention that solidly captures the soldier's attention, motivates them, what would motivate them, what

would the message be that motivates them to reach for their phone or go to their keyboard?

Mr. SPANN. One idea that I am always taking is the drunk driving commercials, the one where the little girl is on the swing set and then it has the screen go black and it says a drunk driver killed this girl. Ads like that are in your face, that people are going to be remembering.

It has been a few years since I have seen the last one of those, but it still is in my mind. Stuff that, you know, does not hide the truth, the ugliness of suicide, something that is in your face and it is going to make people think right then and there what is happening.

Then again, the people that are viewing these ads, you know, just like an alcoholic. An alcoholic might not admit he has a problem. A person with suicidal issues might not admit they have a problem. It is that person's friends and family who also need to be targeted. And if we can do that through that same ad, I think it is going to be a win-win situation.

Mr. WU. Congratulations on being accepted to George Washington University. Are you in marketing or what is your major?

Mr. SPANN. International affairs, sir, conflict and security.

Mr. WU. You might want to think about that.

Brian.

Mr. HAWTHORNE. Sir, when we were preparing for this testimony, Mr. Bestor showed us a video that the Army is currently using internally and it has a First Sergeant or a higher ranking non-commissioned officer (NCO) going through two different stories of soldiers that went down range and came back. And they said, well, I lost these soldiers. And this is what we should have done.

I think in my experience in the military, the military does not want to hide from these issues. We are an organization that wants to stand in the light of day and we do not want to lose any more of our guys. And so to not only place the burden on the families, but also on the current service.

I wrote down when Mr. Space was speaking on rural areas. There is a recruiter in almost every county, right? I mean, that is a person who is still in uniform. That is someone who has served. I mean, obviously if they are a recruiter, they are an outstanding NCO or officer. That maybe someone who served would say, hey, you know, my buddy, he used to look like you. He is struggling.

Arm the recruiters even if it is one more piece of paper, and I hate to burden them, but they are out there already because obviously we are trying to bring in as much as we are trying to take care of those out. Arm the recruiters because they are there, part of the communities. Most of them speak at high schools, colleges, et cetera.

I mean, give them a couple hours of information just in case someone does come up to them. You know, put the ad on the window. And as much as I worry if this would hurt recruiting, I mean, because obviously we are trying to bring in young men and women who do not want these issues, but to somehow with the marketing people say, hey, if you do ever have these issues, welcome to the Army, but when you do have these issues, we will take care of you

if you do. And it can have a positive spin. It does not have to be negative.

Mr. WU. Thank you.

Mr. WEIDMAN. That would be great if recruiters would do that, but my experience over many years is that it has about as much chance of a snowball in Haiti of that happening because recruiters, the whole reward system is set up for recruiting and they do not want to talk about problems.

But the problems and how the problems get realized is, it is often what gets a veteran to reach out for neuropsychiatric help, but sometimes for physiological help too. It is not the individual veteran. It is his or her family. And the best way in rural areas to reach families is radio and the creative use of radio in cooperation with weekly newspapers which we almost never use.

And the second thing is look at what are the social organizations, whether it be the Eagles or the Elks or religious organizations, and VA often says no, no, no, that is a violation of church and state. Well, it is not a violation of church and state in order to educate those clergy of all faiths to then share good information with the families in their congregation.

And that is another way that has not been tapped at all, particularly having to do with the importance of pastoral counseling in rural America. It is something that we have not tapped into at all and that the military is using more and more in training chaplains in pastoral counseling that really goes over into PTSD and neuropsychiatric counseling.

Mr. MITCHELL. Thank you very much and thank you all for your service. We appreciate you coming today and hopefully we can make some real changes as a result of what we learned from you. Thank you.

I would like to welcome the second panel. At this time, I would like to recognize Ms. Cary Hatch, President and Chief Executive Officer, MDB Communications located here in Washington, DC.

I would like to recognize you for 5 minutes, Ms. Hatch.

STATEMENT OF CARY HATCH, PRESIDENT AND CHIEF EXECUTIVE OFFICER, MDB COMMUNICATIONS, INC., WASHINGTON, DC

Ms. HATCH. Good morning, Chairman Mitchell and distinguished Members of the Subcommittee. My name is Cary Hatch. I am the President and Chief Executive Officer of MDB Communications.

MDB is an independent, 27-year-old advertising agency headquartered here in Washington, DC. We serve a diverse national and global client base including National Geographic, Hunter Douglas, and Boston Market.

We have also worked with the Partnership for a Drug-free America, the wellness community, and Samaritans for the Homeless.

Our agency expertise encompasses television, print, online, and social media, as well as direct marketing and PR programs.

I am privileged to serve as the Chairman of the Mid-Atlantic Board of Governors for the American Association of Advertising Agencies or the four As. And I am the recent Chairman of Advertising Week DC.

I also serve on the Executive Committee of the Greater Washington Board of Trade and hold a Board position for Leadership Greater Washington.

I have been fortunate to be recognized as a Silver Medal honoree, an honor given by the American Advertising Federation for leadership and commitment to the community and to the industry.

More importantly, as a lifelong advocate and perpetual student of the ever changing advertising industry, I have devoted my entire career to leading advertising and marketing initiatives that meet or exceed their goals. And I maintain a keen sensitivity to the return on investment for every program we lead or are a part of no matter the brand, whether publicly traded or not for profit.

I just want to add that it is a great honor to be here today. You know, my credentials do not really hold a candle to the prior panel, but it is really a privilege to talk about advertising as a force for good more than just selling a product or service.

So thank you for the opportunity to share my thoughts today regarding the pilot program for the Veterans Administration's current outreach efforts.

With a new directive from Secretary Peake, the VA is provided with a wonderful opportunity to utilize paid media to fulfill a communications mission, to promote awareness of veterans' programs, including opportunities for education, training, healthcare, and other benefits, including the prevention of veterans' suicides.

Chairman Mitchell during your last hearing, I believe, ably pointed to the need for the VA to take advantage of the communication possibilities of modern media but must do so intelligently. This was further supported by the Honorable Ginny Brown-Waite stating that 21st century technology needs to be explored.

Furthermore, Chairman Mitchell, I understand you went on to correctly point out that the VA marketing efforts are not about the VA, but it is about the veterans. I applaud that.

Before doing anything, you went on to state that the VA must learn to see the world from the perspective of the veterans' perspective, not just the VA's. The VA must come to understand where veterans can be reached and what messages and messengers will get veterans' attention. And you went on to acknowledge that this is not something the VA has done before.

I am proud to underscore the history, power, and corresponding results of public service advertising and what has been documented since 1941.

Whether we consider the United Negro College Fund's, "A mind is a terrible thing to waste," campaign, the Peace Corps' effort of the toughest job you will ever love, or the Partnership of a Drug-free America's numerous campaigns that unsell drug use, they have all been effective in changing perceptions and behavior.

Key to this are the fundamental tenets found in all effective advertising campaigns. Therefore, public service advertising as with all advertising relies on achieving their potential by calibrating the following ingredients.

The right message, one central idea that matters to them. I know Mr. Spann spoke to that earlier. The right media, reaching the target based on their media consumption habits, not on our budgets or what we believe to be right, but what we know will reach them.

And all this is to be propelled by sufficient investment spending levels or media weight, as we would say, to communicate the message to the prospective target and securing reasonable awareness resulting in comprehension, conviction, and motivation to action when they need it, not just when we are out in the marketplace.

In order to ensure that this is done, the VA must produce the right message that I mentioned earlier, garnering a visceral response that will lead to action.

In my experience in working with the Partnership for a Drug-free America, the best campaign successes are founded on specific consumer research that identifies a unique consumer insight that is in turn conveyed to the target in a meaningful way.

This is the distinctive talent that seasoned advertising professionals bring to life. While advertising is not an exact science or merely just an art, it is a combination of research, insight, inspiration, and persuasion that moves people to consider your message and compel them to act on or advocate for your notion.

When done well, tremendous results can take hold. Done poorly, your effort will join the clutter of thousands of messages that lay dormant. My advice, hire a pro.

One option is to engage the Ad Council. I know that the VA has done that previously. So if you have not already done that for this initiative, I would strongly recommend it.

The Ad Council marshals volunteer talent from the advertising and communications industries and facilitates the media and resources of business and nonprofit communities to create awareness, foster understanding, and motivate action.

Ad Council campaigns are produced on a pro bono basis for advertising agencies retained by the American Association of Advertising Agencies. Each Ad Council campaign is sponsored by a nonprofit organization or Government agency such as this.

The Ad Council works with ad agencies throughout their development of the campaign. They help you conduct your research, media outreach, public relations activities, and creative services.

That brings me to investment spending. Brilliant advertising ideas can only take flight when supported by ample but prudent investment spending. Top notch creative ideas cannot be supported if you do not allow the budget to make it happen.

It is important to note that the air time that PSA campaigns seek can be largely decided by public service directors at media outlets across the country and getting them to select your television spot over the plethora of others can be tricky.

It is not just about your cause, but also about the quality and impact of the campaign you submit for their consideration. The directive here is to meet the needs of the public service directors, the very folks you need to engage to actually run your television, to place your print advertising, to support your radio campaign, or your transit work.

I am a tenacious advocate of managing campaign expectations by aligning investment spending with productive results as they are in direct correlation with one another and it is a necessary disciplined effort that will bring them to light and a successful conclusion, which leads me to the next tenet, using the right media or fish where the fish are.

It is my understanding that in addition to reaching all prospective candidates for VA support, ensuring that we reach younger veterans as well is of prime importance, specifically those young men and women returning from Iraq and Afghanistan.

I would put forth for your consideration that with the evolving media consumption habits of the country and indeed the world, embracing the fast-paced area of new media options would be of foremost consideration for a campaign of this type.

Use of social networking platforms that were mentioned of *Facebook*, *MySpace*, and others can prove to be some of the most cost-effective media strategies the VA can examine and exploit.

Modern media such as online advertising campaigns, social networks, search engine marketing, contextual targeting, et cetera, in addition to television and radio are essential tools for outreach, particularly when it comes to young and old servicemembers alike.

Strategically when there is alignment on the definition of what success looks like, smart investments of funds can take place, seasoned agency partners and internal support from the VA and a firm commitment to tracking campaign results, this can all lead to a solid campaign road map and program and outcomes that can be achieved and measured.

I look forward to hearing the results of the test program here in Washington, DC, and what was learned from that activity and what was achieved. That will likely shape the program going forward.

I think we can all agree that there is much to consider in committing additional funding to roll out the program on a regional or national level.

In summary, recommendations include consider working with the Ad Council or the four As to identify an agency partner in this effort. Their experience in this arena can shorten the inevitable learning curve and the lack of experience that VA has acknowledged in this arena in prior comments. This strategic alliance is likely to ensure the best use of the Government's resources.

Next developing and documenting desired outcomes such as the campaign and what that campaign should look like and committing to tracking campaign performance with regular reporting is absolutely necessary. The beauty of the Internet is you can change your investments on the fly. If something is not working, you can conserve those dollars and reappropriate them quickly.

Evaluating and aligning the internal VA leadership that will direct and administer the campaign is also critical. And that comes with also aligning with outside firms and agencies to maximize your internal talent and your external expertise.

It is critical that the VA embark on a nationwide effort with the best professionals it can secure by its side in this uncharted area. It is necessary to avoid wasted time and money and key to achieving this and our intended goals is informing and supporting our veterans.

Thank you again for the privilege to meet with you and share my point of view on this important program. The power of advertising is great and the outcomes can be significant when based on thoughtful, strategic, and comprehensive planning that leads the way. Thank you.

[The prepared statement of Ms. Hatch appears on p. 39.]

Mr. MITCHELL. Thank you.

I just want to remind everyone that we are expecting votes within the next 15 minutes.

I have a quick question, Ms. Hatch. Dealing with an organization like the VA, which has very different demographics, what steps would you advise the VA to take to ensure that the public awareness is effective? And then as a follow-up to that, when you do a nationwide campaign or any big advertising campaign, how do you measure success?

Ms. HATCH. Many times it begins with acknowledging what the universe is that exists that we are trying to reach. There are different kinds of tracking mechanisms that you can put into place.

For instance, I know the number earlier was circulated of eight million possible veterans that we are looking to target. You know, we are looking for increases, movement, and activity regarding phone calls, e-mail inquiries, actual service and commitment to those people, responding to their inquiries. Those would be all sources of demonstrating success.

In terms of the demographics, you know, we may want to look at segmentation. We may want to look at different campaigns going to different and younger demos, for instance. We may look at a print and radio campaign going to an older demo. Those would be some of the variables I would look at.

Mr. MITCHELL. Mr. Space.

Mr. SPACE. Thank you, Mr. Chairman.

Just as a follow-up to some of the questions I asked the previous panel, I am curious as to whether there are any special or different types of advertising or marketing techniques that would be more effective either in rural America or in an effort to reach out to rural Americans, whether their appeals are a little different.

And you referenced very briefly telephone calls. You know, I know that, you know, we in this business and the business of statesmanship, others would call it politics, find it compelling to reach out to our constituents. And, you know, we use radio. We use TV. We use telephone calls. We use direct mail.

But I have noticed, you know, we are in a changing world when it comes to the technology available to us, things like widespread telephone townhalls are now very easy to set up where you could, for example, create a system whereby every veteran with a telephone could be called on a given time and a given date and invited to participate in this thing live.

These are new and kind of evolving technologies. I am curious as to your take on, you know, the best way to reach out to these rural veterans, many of whom do not have access to broadband again and many of whom do not access large public arenas like subway stations.

Ms. HATCH. I believe it may have been a prior witness that referenced telephone calls and I will bow to them in that recommendation.

To address your first question regarding rural locations, it may be more of a PR effort. I mean, one of the things that we have not talked about today to any great extent, and I am not sure to the degree it is a part of the marketing mix that is being examined,

is PR initiatives. You know, the third-party credibility of seeing things in print, seeing things in newspapers could be a way specifically.

There also could be events related kinds of activities as well, radio. Traditional mass media like radio and television would reach those audiences as well.

On the online side, one of the things that is the beauty of the Internet is when you talk about *MySpace* and *Facebook*, you can invite people to events. You can invite within that online community web casts, veterans talking about successful intervention or interface with the Veterans Administration what is has meant to them.

You know, those kinds of things can be done anonymously which I think has, you know, certainly benefit to a lot of people that are concerned about confidentiality. Those are the kinds of things from an online perspective I would look to examine.

The PR, I think, could benefit both people in highly concentrated, you know, urban environments as well as, you know, more rural environments.

Mr. SPACE. Thank you.

Mr. MITCHELL. Mr. Wu.

Mr. WU. Thank you, Chairman Mitchell.

Ms. Hatch, I have just two questions here. I have seen where the cost per minute for an ad at halftime, I mean, it is prohibitive depending on what the Federal budget is. And maybe I just do not pay attention to maybe other than equipment malfunctions at halftime.

But are there PSAs that go on at halftime? I do not think I have ever seen one. A lot of PSAs I see are at one o'clock in the morning.

Ms. HATCH. Well, the answer is not clear. It depends. You know, sometimes you are able to slot PSA material in brilliant time, meaning high traffic time, you know, whether it is a sports event or not. It has a lot to do with inventory and the ability for paid advertisers to deliver spots.

Occasionally we will have our public service clients benefit from somebody who has dropped out of the loop. It depends on what you can get in terms of supply and demand, you know, for the marketplace.

Mr. WU. Can you compel the big four or cable or XM or Sirius to do a PSA?

Ms. HATCH. You can. One of the things we have been successful in doing for the Partnership for a Drug-free America, and I am sure everybody in this room is familiar with their success, has been to bring together, you know, the major networks and the major players to get them to commit to roadblocks, for instance, where every major broadcast partner will run the same material for the same cause at the same time has a huge impact.

I will tell you my experience in this area has changed over the last 15 years. I was the key market coordinator for the Partnership for a Drug-free America here for Washington, DC. I was the person that went and begged for space and time to run our messages in a reasonable way at high volume, high traffic times.

It used to be a lot easier than it is today for sure. Inventory is a problem no doubt, but that is not a reason to stop trying.

Since the Office of National Drug Control Policy got involved with the Partnership for a Drug-free America, we have been successful in working in tandem with them and getting a paid schedule in addition to a bonus schedule where they will plus up the number of spots they will give us for that paid commitment.

So it is a matter of negotiation. It is a matter of working with Ad Council. It is a matter of working with pros that can negotiate with our broadcast partners or our print partners or our transit partners in a way that can get them engaged and bring this to the table.

Mr. SPACE. Thank you very much.

And thank you very much, Mr. Chairman. I do not watch advertising very much, but I still remember on the drug free ad the fried egg.

Mr. MITCHELL. Thank you. Thank you very much, Ms. Hatch.

Ms. HATCH. My pleasure.

Mr. MITCHELL. Our third panel at this time is the Honorable Lisette Mondello, Assistant Secretary for Public and Intergovernmental Affairs for the Department of Veterans Affairs. Ms. Mondello is accompanied by Mr. Everett Chasen, Chief Communications Director for the Veterans Health Administration, Department of Veterans Affairs.

If you could, we are facing vote time, so if you could keep it to 5 minutes, it would be greatly appreciated.

STATEMENT OF HON. LISETTE M. MONDELLO, ASSISTANT SECRETARY FOR PUBLIC AND INTERGOVERNMENTAL AFFAIRS, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY EVERETT A. CHASEN, CHIEF COMMUNICATIONS DIRECTOR, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Ms. MONDELLO. Thank you, Mr. Chairman and Congressman Space.

I am here today to provide the Subcommittee with an update on the progress the VA is making with our new authority to use professional marketing and advertising resources to more effectively reach and educate veterans and their families about VA benefits, services, and healthcare information.

Even in the short time since I last testified before the Subcommittee, I am very encouraged by our progress.

In addition, I will also provide the Subcommittee with the initial results of the Veteran Health Administration's proposed suicide prevention outreach campaign.

And, again, let me thank you and the other Members of your Subcommittee not only for your strong support for outreach that includes, when appropriate, paid advertising but your continued interest in following our progress.

Just 3 months ago, Secretary Peake lifted the restriction on advertising. I was then, and I continue to be now, a very enthusiastic supporter of this effort.

It is critical that an effective and appropriate implementation plan be put in place. Both Ms. Hatch today and the marketing and advertising panel at the last hearing said that as well as the Members of this Subcommittee.

The first element of such a plan is to bring on advertising and marketing professionals to assist us, including importantly market or consumer research. To that end, the VA's Contracting Office has recommended that we use the Federal Supply Schedule known as FSS.

This will allow us to target all aspects of the marketing and advertising community, particularly small businesses and especially veteran-owned small businesses, and to do so in a timely manner.

This schedule has already provided to us an extensive array of advertising and marketing vendors with much of the appropriate expertise we need to help us shape our marketing and advertising strategy. And I am already in the process of interviewing a number of these companies.

For fiscal year 2009, the Office of Public and Intergovernmental Affairs should have up to a million dollars available to administer this effort.

As we discussed during the last hearing, one area that we are anxious to explore, and I want to thank the first panel as well as the second panel for highlighting the need for this, is social networking. While there are some legal issues that Federal agencies must overcome, discussions are underway to resolve those issues.

VA and our Federal agency partners are working together to secure appropriate contractual agreements with social media companies.

While we expand into new media, which I believe will allow us to more effectively reach our newest generation of veterans, our basic goal remains the same, to reach all veterans of all—I remember those bells from my years here—of all eras of service with the messages of greatest concern to them through the medium that is most effective.

As I originally testified a few weeks ago, we will provide the Committee with a more comprehensive overview in December when we submit our scheduled report of outreach activities to Congress.

Finally, at the last meeting, the Members expressed interest in the Veterans Health Administration's (VHA's) proposed suicide prevention outreach campaign. And we showed you the draft of the ads to my left that were being developed for a pilot in the DC area that was aimed at advertising in the mass transit system. Ads were placed on buses, subway cars, and in Metro stations.

We also showed a proposed public service announcement by actor Gary Sinise. And I am pleased to have the opportunity today to update the Subcommittee on the progress of all those efforts as well.

At the last hearing, VA was asked how we arrived at the messages used in the suicide prevention campaign. Let me first say that we began the process of selecting the message for both the PSA outreach campaigns while we were still subject to the restriction on paid advertising.

VHA's Communication Office decided that a reasonable approach would be to have the project communications team attend a message development workshop. This workshop was conducted by Macro International, a professional communications company that is under contract to the U.S. Department of Health and Human Services, the Substance Abuse Mental Health Services Administra-

tion. This provided our team with the basic skills, training necessary to develop a focused message.

The cost to date for production and distribution including artwork, printing, the leased space in the DC area is $115,000.

VA's analysis of this campaign has revealed a very positive effect. The data shows a 50 to 100-percent increase in calls from this area where the advertising is running.

Specifically the average weekly calls from the area codes in the DC area increased from six to fourteen, in northern Virginia from five to fourteen, and in Maryland from ten to twenty-seven. Quite effective.

As to the Sinise PSA campaign, we expect to begin distribution next month. Based on our successful experience last year with the healthier U.S. vets PSA campaign with John Elway, we expect to reach an audience of over eight million viewers.

Our goal has not changed since we last met. We will do all we can to make veterans and their families aware of the benefits and services VA has to offer. We will take advantage of new opportunities, keep an open mind, and aggressively seek to find the best advertising technology and methods available to reach our customers, the veterans.

I believe, sir, that we are in total agreement that we must move forward with sound professional expertise using a variety of options to reach out and positively connect with veterans and their families.

Mr. Chairman, that concludes my formal statement. I appreciate your time.

[The prepared statement of Hon. Mondello appears on p. 41.]

And we do not have time for questions. I will adjourn this hearing. We have to vote. And then there are votes almost within 45 minutes after that again. So thank you very much. And I thank everybody for coming.

Ms. MONDELLO. Thank you.

[Whereupon, at 11:32 a.m., the Subcommittee adjourned.]

A P P E N D I X

Prepared Statement of Hon. Harry E. Mitchell, Chairman, Subcommittee on Oversight and Investigations

This hearing will come to order.

Today, we are following up on the Department of Veterans Affairs' efforts to reach out to the 17 million veterans in our country who are eligible for benefits but who are not enrolled to receive them.

We will be hearing from veterans about their perception of VA's pilot public awareness campaign in Washington, DC, to promote awareness of the suicide hotline and VA mental health services. We are honored to have them here. We will also hear from the marketing firm MDB Communications about best practices for reaching consumers. Finally, the VA will update us on the status of the pilot public awareness campaign and its plans for expansion in conjunction with a national outreach strategy.

As you will recall, *CBS News* reported last November that veterans aged 20–24 were committing suicide upon return from service at a rate two-and-a-half to four times higher than their non-veteran peers. This report raised a critical question. If, by the VA's own estimate, only 7.7 million of America's 25 million veterans are currently enrolled and receiving benefits, how are we bringing the VA to the remaining 17 million veterans?

Waiting for veterans to show up at the VA is neither effective nor acceptable. The VA must be more proactive.

In June, Secretary Peake took a promising step forward by formally lifting the VA's longstanding, self-imposed ban on paid advertising.

On July 15, this Subcommittee heard testimony on the creation of an outreach strategy to alert veterans and their families where they can turn for help. In the hearing, marketing experts encouraged the VA to conduct thorough market research before executing an advertising campaign, emphasizing the need for a strategic plan with a market-tested message, and with measurable objectives that focus on veterans' needs.

We also heard from the VA's Assistant Secretary for Public and Intergovernmental Affairs, Lisette Mondello, about the Department's outreach plans, specifically, the 3-month pilot campaign to promote awareness of VA's suicide hotline in Washington, DC.

Today, Assistant Secretary Mondello will update us on the status of the pilot project, which is scheduled to conclude next month. Last week, VA National Suicide Prevention Coordinator Janet Kemp testified before the Veterans' Affairs Subcommittee on Health, saying that calls in DC to the suicide hotline more than doubled after the pilot public awareness campaign began and that VA supports extension of the campaign to other areas. We look forward to hearing how VA plans to do this, and how the VA can ensure maximum possible effectiveness.

After hearing about the importance a well-researched, comprehensive, targeted outreach strategy in the July 15th hearing, we also look forward to learning what recent progress has been made in procuring the necessary market research expertise to help VA develop and refine its national outreach strategy.

Additionally, in the July 15th hearing a public service announcement featuring Gary Sinise was shown. I am curious to know why it wasn't distributed to television stations in the Washington, DC, area as part of the DC-based pilot public awareness campaign, so the VA could gain initial some initial feedback?

It is now my understanding, based on what the VA has told our Subcommittee staff, that the VA plans to award a contract next week to distribute this public service announcement nationwide.

While I am pleased to see the VA moving so swiftly, I want to make sure that it is doing all it needs to in order to ensure that its efforts have the maximum chance of success. I know we need to get the message out as quickly as possible, and this is certainly a fast way to do it, but if market research concludes that this

is not the best way to do it, I want to know that the VA will be able to make the necessary adjustments, and that the distribution of this one public service announcement will not preclude distribution of a more thoroughly market-tested public service announcement in the future.

I am also eager to learn how the VA will be tracking the use of this public service announcement by televisions stations, and whether it is proving effective.

Finally, I look forward to hearing more about the VA's potential use of paid advertising at movie theaters nationwide to show the Gary Sinise public service announcement. In response to a post-hearing question from our July hearing, Ms. Mondello suggested the VA is considering this as an option. This is certainly innovative, and if this is the best way to reach veterans at risk for suicide and let them know where they turn for help, then I am all for it. The only question is: is it? I am eager to learn why the VA finds this particular approach so promising.

But first, we will hear from four veterans who live in the Washington, DC, area and who have been exposed to the pilot public awareness campaign. I am eager to hear their impressions of this campaign, and I trust their input will be useful to the VA, as well.

We will also hear from Ms. Cary Hatch, President and Chief Executive Officer of MDB Communications. I expect that her testimony will enlighten all of us on the requirements and potential pitfalls of launching an effective national advertising campaign.

Thank you to all of our witnesses for coming to testify before the Subcommittee today. The fact that we are holding this hearing, the second this year to focus on media outreach, should make clear the importance of this issue, and we look forward to your testimony.

Before concluding, I want to publicly thank Chairman Michaud and Ranking Member Miller of the Subcommittee on Health for their dedication to veteran suicide prevention and all their hard work on this issue. Finally, thank you to Ranking Member Brown-Waite for being such an invaluable partner in helping to ensure that our Nation's veterans receive the benefits they deserve. Before I recognize the Ranking Member for her remarks, I would like to swear in our witnesses.

Prepared Statement of Brian Hawthorne,
Washington, DC (OIF Veteran)

Good morning, Chairman Mitchell and other Members of this distinguished Subcommittee. I truly appreciate the privilege of your time to offer my perspective on veterans' mental health and suicide prevention.

I am currently serving as an Army Reservist while I attend the George Washington University here in DC. I am a combat medic in the military and have served two tours in Iraq, the most recent as part of the Surge in Baghdad, and I returned to U.S. soil on Memorial Day of this year after ten difficult months.

As a medic, I am responsible and intimately connected to the health and well-being of the soldiers in my unit, which is increasingly revolving around mental health. The Army has begun placing much greater emphasis on the mental health and welfare of its Soldiers, with the placement of combat stress teams on most bases in theatre, and much more required training and briefings for Commanders, medics, and Soldiers alike. These efforts have paid great dividends in reducing the stigma associated with seeking mental healthcare, and I believe that leadership at all levels are now much more supportive and encouraging in this matter. This not only enhances the level of care available to most soldiers in theatre, but also makes identification and treatment of issues more rapid and effective. These efforts should be encouraged across the military.

Obviously, however, this fight does not stop upon leaving the battlefield. Even more important than the availability of mental healthcare in theatre is the availability and usage of such care at home. There are some key differences between these environments that I would like to outline for you briefly before I go on.

In country, your average service-member has daily interactions with their chain of command, as well as with their peers who are experiencing essentially the same stresses. Therefore, it is significantly easier for an aware leader to be able to identify "at-risk" individuals by comparing how he or she is handling their stress compared to everyone else. Along these same lines, it is also much easier for a healthcare provider or commander to track the development of a condition over the course of a tour because, for the most part, everyone entered theatre at the same time, and therefore their exposure to trauma and stress is essentially equal.

In these conflicts, especially at this phase, where the theatres are so mature and rich with resources, service-members have many more stimuli affecting their stress levels than ever before. It is not uncommon to have Soldiers talking to their families or friends on phones or online hours or even minutes before leaving the wire on a combat patrol, as the time difference lends convenience to that time of day. Now imagine for a moment if that short albeit critical conversation does not end well for that servicemember, be it a fight with a spouse, a sick child, an unexpected expense, or just tension from the other line. That soldier now has significantly more on his or her mind than their peers, yet still must be able to handle the same stresses of their mission. I am not a psychologist, but I can say from experience that stresses from home can significantly amplify the stress of combat.

Upon redeployment after the tour, the homecoming experiences run the gamut, from good to bad. For the most part, the excitement of reuniting with families and the real world takes precedence over all else, and whatever issues that servicemember was facing are pushed down. As we now know, this is not only dangerous and unproductive, but it is normal. "What happens in Vegas stays in Vegas" does not apply here, yet many service-members wish it did. Maybe they think their buddies don't want to talk about it any more, and that their families and friends wouldn't understand, but for the most part, in those first few weeks, elation and relief is perceived as progress and a cure. The veteran selects the middle of the road answers on the mental health survey, and is released from the out-processing center. After all, he just wants to get home! He doesn't want to stay away from his family any longer, or hold up his buddies' demobilization, so he skimps on details with the healthcare provider and goes on home.

In most units, this is the time where the most issues begin to occur. A family or lifestyle is not as he remembered, and he no longer has his battle buddies around to talk to, to keep track of him. He may have a few months off now, with a regular paycheck and no one accountable for him. As a Reservist with multiple tours, I had almost 70 days of leave accrued, which was kindly tacked on to the end of my tour as part of my terminal leave. During this time, I reached out to the friends and family that I had missed while I was gone, and to my close friends from the tour. At no time, however, did my chain of command, or anyone else, contact me to see how I was doing. The rationale for this, at least in my experience, is that Soldiers don't want to be bothered with Army business during this time, so they are not.

During these months, however, other soldiers reached out to me. Even though we were off-duty, and in some cases no longer in the same unit, my guys from downrange still felt comfortable calling "Doc Hawthorne" to chat about what was going on, as they had while we were in Iraq. Mostly, they wanted to know what "normal" was. "Should I be having trouble sleeping?" "Is three beers a night too much?" "My wife isn't as interested in sex as she used to be; is it me?" and so forth. As I said, I am not a psychologist, and I know the limits of my capabilities. I would help as I could to talk them through these issues, but mostly I referred them to *Military OneSource*, which was heavily advertised to us both downrange and during our post-deployment briefings. For the most part, they received outstanding treatment from this system, and are continuing to see one of their assigned therapists with great success.

The question then becomes, hence this hearing, what about the veterans who don't have a Doc, or who do not know about *Military OneSource*? Or what about the family member who has concerns about their recently returned veteran, and does not know who to call? That, I believe, is where the VA Suicide Hotline plays the most important role. By advertising its availability and convenience, not only where the veterans are, but also where their families and friends are. By making this service public knowledge, we are infinitely increasing the likelihood that a veteran will end up using it, either through his own discovery, or the peer pressure, so to speak, of a concerned family member or friend.

If this is indeed our objective, then there should be no limit to the creativity applied to its distribution. While it could be argued that a veteran is not likely to be sitting at home at noon on a Tuesday watching soap operas, it is very possible that his mother or grandmother could be, and having just had a conversation with him about his difficulties, has been empowered with information that could save his life. On the opposite end of the spectrum, his or her teenager may not fully understand what their parent has been through, but they understand that they are different now, maybe more irritable or withdrawn. Well, soap operas may not be the way to reach this demographic, but certainly ads in arenas such as *Facebook, MySpace, Google,* etc. may register enough with them to prompt a conversation or intervention. We cannot afford to forget the influence of such mediums.

To speak specifically on the ads that are currently running here in DC, I would like to make the following comments. First, it is imperative to emphasize the con-

fidentiality of such services. Bearing in mind that many veterans are still in some kind of government service, career progression is a major consideration when seeking help. I personally know soldiers who refrain from seeking any sort of official mental healthcare due to the fact that they do not want a "black mark" in their record, so to speak. This is not an official or institutional issue, this is a personal one, in that in the military, we promote our own image. Take for example, a friend of mine who is a young infantry Lieutenant who served as a platoon leader in Iraq and then comes home and seeks mental healthcare. How likely is his unit to send him to an arduous course such as Ranger School, after seeing that he struggled with combat stress? What about when he is up for promotion to Major, or eligible for Battalion command as a Lieutenant Colonel? Are the General Officers on the board likely to give him that command, with his history of mental health issues? Again, we must allow for this soldier the opportunity to talk through some of these issues without hurting their career opportunities down the road, and I believe that the VA is the agency for that.

Secondly, the "strength of a warrior" quote is an excellent one, and I agree with it wholeheartedly, however, it is pretty exclusive to the Army and the Marine Corps, and does little to reach out to our water- and sky-borne brethren. We cannot afford to have this service seem exclusive in the least. Lastly, and probably most importantly, basic market research must be done to decide who the VA is trying to reach with each ad, and then tailor the ad for that demographic. A quote in front of a flag is great, but the marketing industry spends billions of dollars every year researching how to best convey a message to a certain audience, and we must tap into that expertise so as to expand the appeal and digestion of our message.

In closing, I would like to reemphasize the fact that the military is currently making great strides in caring for the mental health of our service-members while they are deployed and when they return home. There is still much to be done, especially for Guard and Reservists who are essentially cut to the four winds upon return home, but even in the two years between my demobilizations, much had changed for the better. The VA, therefore, has big shoes to fill for those who are no longer in and must transition from the military to their services. I would highly recommend collaboration with *Military OneSource* and other such services for best-practice examples.

Secondly, these initial efforts of advertisement are to be commended, and I would ask that the VA expand on these initiatives for all of their benefits, particularly education and the new GI Bill and other health services. What often keeps a veteran from achieving their full potential with earned benefits is sadly just ignorance of their entitlements. Again, it may be an observant family member that sees an ad and can drastically change the life of one of our Nation's heroes for the better.

Thank you for your time, and for your service to our veterans and their families. I welcome the opportunity to answer any questions you may have.

Prepared Statement of Wade J. Spann,
Washington, DC (OIF Veteran)

Chairman Mitchell, Ranking Member Brown-Waite and Members of the Subcommittee, I am honored to be here today to speak on behalf of my experiences as a combat wounded veteran. I would also like to take this opportunity to thank Elsie Moore, Ilene Greene, and other employees from the VA who have aided me in my transition out of the Marine Corps and continuing recovery from my injuries.

I joined the United States Marine Corps on August 6, 2001. I fought alongside my fellow Marines in 1st Battalion 5th Marine Regiment as an Infantryman on three separate and distinct tours in Baghdad, Fallujah, and Al Ramadi. While on my second tour, four of my fellow Marines and I were wounded by an IED attack on our HUMMVEE. I wish I could speak of the incident in detail but I do not remember a great deal due to the shrapnel that imbedded itself in the back of my head and the loss of consciousness. I quickly recovered from my immediate injury and returned back to the United States with my unit during that summer. The following year I deployed to Al-Ramadi, Iraq with my unit in March of 2005.

Upon returning from Iraq in the summer of 2005, I participated in the mandatory TAP class prior to my discharge, which made an attempt to explain all the benefits available to me. However, it was difficult to fully understand what paperwork needed to be sent where, who needed to be contacted, while simultaneously preparing to move across the country. On August 6, 2005, I finally said my farewells and started another chapter in my life.

The transition from the Marine Corps, to an academic environment was filled with frustration, miscommunication, and a sense of feeling out of place. To be honest, I felt more comfortable going to Iraq than stepping into a classroom. Only a few short weeks after my discharge from active duty, I began my first college classes and quickly learned that there were going to be obstacles to face due to my head injury in Iraq. It became clear as time went by, that my short-term memory loss had dramatic effects on my abilities to retain information and that I was going to need everyday assistance from professors and tutors.

Although George Washington University and the majority of colleges and universities do not offer a transition program or direct assistance for veterans, I was lucky because my injuries qualified me for assistance from Disability Support Services (DSS). With an infrastructure to provide services and provide information, it seems only obvious that the VA should take the opportunity to partner with schools to assist in educating veterans on benefits available to them.

There has also been many a time that I have learned of a benefit or other service available to me through word of mouth. A great deal of my knowledge about my entitlements and disability benefits has come from listening to other veterans who have already gone through this process. I would have been unable to afford the most expensive school in the country had I not heard about the VA Chapter 31 Vocational Rehabilitation benefit from another Marine. It was not easy to get approval, but Vocational Rehabilitation is the only reason I am able to attend George Washington University. Two Marines from my platoon had moved to the Philippines because the VA there was quicker and really cooperative to deal with. However, even over there they did not find out all that they were entitled to. When I told a fellow Marine that he could qualify for the same Chapter 31 benefit to return to Pepperdine University and finish the degree he had started prior to his enlistment he was amazed. The word of mouth is a powerful thing. I can only imagine if the VA were able to reach twice as many people, through a more sophisticated website or the use of e-mail, how many more veterans would be aware of the benefits to them.

Now that you have heard my experiences of transition out of the military and into an academic environment, I want to speak about the main reason I came here today. As I am sure everyone is well aware, there is the strong brotherhood that is formed between men in combat. It has been over three years since my platoon turned in our weapons, dropped our packs, and took off our body armor, yet we continue to suffer causalities. On July 31 of this year, I received word from my best friend, Gunnery Sergeant Timothy Cyparski, that a member of our platoon had taken his life, that member was Corporal Timothy Nelson. Corporal Nelson was an ideal Marine; he took on adversity, followed orders, respected authority, and was a relief during trying times. I had not spoken to Nelson since I got out, but the news took me back to fond memories with my fellow brother.

That week I talked to Cyparski regularly for support and answers. Nelson's death had brought a lot of the guys from the platoon back together and persuaded me to call guys that I hadn't talked to in years. From talking to other Marines in the platoon I found out that he had been recalled and was prepared to honor his country's call back to service. Upon his medical inspection, the Doctor disqualified him from duty because he had been diagnosed with PTSD. This, among other things was a factor in his tragic death. Gunny Cyparski flew to Washington State to help Nelson's newlywed wife and grieving family. He wanted to show them that Nelson will always be a brother to our platoon and that we will keep him in our hearts.

Only a week after Cyparski flew out to Washington, I received the most devastating call imaginable. My best friend and my mentor, Gunnery Sergeant Timothy Cyparski, had taken his life—leaving behind his wife and two beautiful young children. The news hit us hard within the company, and many Marines came together in search of answers to why we just lost two brothers in two weeks. To me, Cyparski was the greatest Marine infantryman and a role model for us all. During his years of service he received two bronze stars for valor and one Purple Heart, which he got when we were injured in the HUMVEE from the IED explosion. However, those awards do little justice to a man who was admired and respected by the whole battalion. To me he was a great influence, and I base much of my success in school to his encouragement. We constantly talked and I asked him for advice and guidance. This being said, Tim did suffer from the effects of war and he had difficulties in dealing with his experience in Iraq and recovering from his injuries. However, he was proactive in seeking treatment and hoped to one day finish an academic degree to better provide for his family.

I consider Corporal Nelson and Gunnery Sergeant Cyparski to be combat causalities. Their deaths were a result of their combat duty and this great Nation lost two outstanding heroes that can never be replaced. Our country is a little weaker now because of this.

The past month and a half I have spent a great deal of my time reflecting on these incidents and what could have been done to save these two young Marines who had so much to look forward to. Through this reflection, I found that there is no single absolute correct answer—because each individual needs a different approach and different solutions. However, there are clear signs and similarities in the majority of these cases. For Corporal Nelson and Gunnery Sergeant Cyparski their similarities began with their diagnosis of PTSD and orders by medical staff to no longer carry the duties of a Marine infantryman. Being an infantryman was what they had signed up to be in the Marines and it was their passion. In addition, both had been given controversial medicine as treatment for their medical issues and were actively seeking help from medical professionals following their doctors' advice.

Through my observations and experience, I have come to the conclusion that there needs to be a strong network of friends and family that are educated on the signs and symptoms. Obviously, families are more easily accessible than friends. However, this is not the case if you consider friends being members of their respective military unit. Others in the military and those who have served are more likely to be accessible by the VA outreach and more likely to recognize a problem and relate to the issue. Another aspect that needs to addressed is that those seeking treatment will not have the cases disclosed to anyone or threaten future job employment opportunities. I know the stigma associated with PTSD is not easily changed but there are steps that can be done to educate the veteran and our society as a whole about it.

The process of rehabilitation and seamless transition out of the Armed Services begins with education. Therefore accessibility to the VA's resources should reflect the emerging demographic of veterans. Problems need to be addressed and new outlets to address them need to be explored. We are considered a young and technologically savvy generation. We depend on online mediums for information as much as television, or other media types. Great effort should be made to have the VA come to me; I should not have to spend the day calling numbers and extensions to receive information on my benefits. A case manger to coordinate appointments and discuss benefits with the veteran would be ideal. The small details and obscure programs that the VA offers need to be divulged to the veteran rather than him relying on word of mouth and his own investigating skills. The VA website needs to make its listed programs easier to understand; as it stands now I still have trouble understanding what I'm entitled to under the various programs. Email is a great option and should be examined further. The best way I have found to connect myself with the Marines I fought alongside with is social networks like *MySpace* and *Facebook*. If the VA would simply put a paid advertisement on the screen I think either a veteran having trouble or someone close to one would be inclined to at least see what the VA had to offer.

I have great hope that the VA will be able to carry its message to a larger scope of audience. It needs to employ the very best that America has to offer in media and public awareness. If the Army and Marine Corps can sponsor commercials and half-time shows I believe that the VA can do an equally good job at putting the word out during those same time slots and to those same viewers. My demographic watches professional sporting events, MTV, The History, Military, and Discovery channels—we are a fairly easy to target audience.

America is generous and grateful to its veterans. This fact is shown by the many organizations and individual Americans who have donated time and money to assisting us. However the problem lays in connecting the veteran to these services. A veteran cannot ask for something if he does not know it exists or where to go to receive it.

I came here today for action. I know being here today will not change the fact that my two friends will never return. However, if speaking before you in this room can do anything to prevent another one of my fellow brothers in arms from going down that same path, then it will be a success. I know that the VA knows that media outreach is a necessity in order to inform veterans about their resources, it must happen now. This is a situation where over-saturation of the message is not possible. I ask America's elected leaders to stand up, unite under a solid commitment to do whatever it takes to put an end to these unnecessary losses. Corporal Nelson and Gunnery Sergeant Cyparski made a solemn oath to our Nation, please make one on their behalves.

Prepared Statement of Carolyn Schapper, Representative, Iraq and Afghanistan Veterans of America (OIF Veteran)

Mr. Chairman, Ranking Member and members of the Committee, thank you for the opportunity to testify today on the VA's first efforts at media outreach to veterans of Iraq and Afghanistan.

As an Iraq veteran, I know how important the VA's outreach is. When I was in Iraq from October 2005 to September 2006, I served with the Georgia National Guard in Bayji, a town about 130 miles north of Baghdad. I was a member of a Military Intelligence Team that required me to go out on approximately 200 combat patrols.

When I came home I dealt with a wide range of adjustment issues/PTSD symptoms; rage, anger, seeking revenge, increased alcohol use, withdrawal from friends and family, depression, high anxiety, agitation, nightmares and hyper-vigilance. My symptoms altered and grew over time. I was not the person I used to be and I knew it. I suspected I might have PTSD, but I could not figure out if I did, even though I searched endless websites. Nothing was comprehensive, nothing spoke to me as an Iraq Vet. I even searched the VA website and it was no help to me. I could not put the pieces of the puzzle together on my own.

The best way I can describe PTSD is feeling lost and disconnected, sitting in a dark hole. It is very hard to compose yourself to the point of working your way through the VA maze. Most people will not get help because it is so daunting. Personally, I would still be lost, or possibly worse, if I had not had the dumb luck of running into another veteran who already had gotten help, and who pointed out that a Vet Center could help me start the navigation of the VA system.

Recently, when I first saw the VA's posters in the Metro, I thought it was fantastic that they were finally reaching out to veterans, instead of waiting for us to come to them. I have seen the posters several times. But I also had to ask: Where was the VA two years ago, when I really could have used it? Because the VA is so late to the game, there's a huge backlog of veterans who were not as lucky as I was, and who have not yet found their way to the services they need. There is a huge amount of catching up to do.

I also recently read a copy of the letter the VA is apparently sending out in conjunction with this campaign that outlines several of these symptoms, I mentioned above, in one place. The letter is good and comprehensive, but I ask who is and is not receiving it? I have not received it.

I also have some concerns about the way the ads are designed. For instance, the phone number is hard to read. A veteran in a crowded metro car is not going to want to draw attention to themselves by getting up and walking across to a poster. If they can sit far from the poster and still see the number, it would be much more effective. While these ads can and should definitely be improved, I am certain that even this outreach will help a few lost souls.

Before being asked to testify, I had not come across the Public Service Announcement with Gary Sinese. One concern I have about the ad is that it focuses only on suicide, instead of the more typical combat stress reactions most veterans are facing. Most soldiers who may be facing PTSD do not want to admit it. They think "I can handle it" or "I am the lucky one, I have all my limbs, I do not deserve help." If the hotline is perceived as being only for those considering suicide, they may think they do not deserve to call it, that there are others worse off than them, and that they should just "suck it up." We do not want them to suck it up until they really need a suicide hotline. PTSD is much better dealt with early, so the veteran has the best possible chance of recovery. Overall, I think the messaging for the TV ad could be improved. In addition, I know the hotline can be utilized by the families and loved ones of veterans, but that is not clear through the commercial as it is.

I think a lot of these problems would be solved if the VA did more testing of the ads before they rolled them out. Testing the ads on focus groups of actual veterans would give them a better sense of what messaging would actually work. Also, ads in the Metro and on buses might not be as effective as TV, radio, print and online advertising, especially for the many new veterans from rural areas. I do not know what the guidelines for print advertising are for the VA, but the papers and magazines the majority of military men, at least, read are the *Army Times* and all the sister service *Times* papers, fitness magazines and magazines such as *Maxim*. Basically, anything that is sold in the PX/BX on base could be targeted. In addition, many many troops and veterans use *MySpace, Facebook,* and other online social networking sites.

In my spare time, I am a representative of Iraq and Afghanistan Veterans of America, the country's first and largest nonprofit, nonpartisan Iraq and Afghanistan veterans group, with more than 100,000 active veteran members and grassroots

supporters nationwide. I wanted to let the Committee know about the progress IAVA has been making on our own anti-stigma campaign. IAVA has partnered with the Ad Council to conduct a multiyear Public Service Announcement campaign to reduce the stigma surrounding mental healthcare and to ensure veterans seeking access to care and benefits, and particularly those who need treatment for their psychological injuries, get the support they need. Ad Council is responsible for many of the Nation's most iconic and successful PSA campaigns in history, including "Only You Can Prevent Forest Fires," "A Mind is a Terrible Thing to Waste," and "Friends Don't Let Friends Drive Drunk." The IAVA–Ad Council PSAs will exist on television, radio, in print, outdoors and online, and will be rolling out in November of this year.

But our PSA campaign will in no way eliminate the need for the VA to plan its own outreach and advertising campaign. Only a concerted effort on the part of the VA will ensure that veterans finally have easy access to the many benefits the VA has to offer. Thank you for your time.

Respectfully submitted.

Prepared Statement of Richard F. Weidman, Executive Director for Policy and Government Affairs, Vietnam Veterans of America

Good morning, Mr. Chairman, Ranking Member and Members of the Subcommittee. On behalf of VVA National President John Rowan and all of our officers and members we thank you for the opportunity for Vietnam Veterans of America (VVA) to appear here today to share our views regarding Media Outreach to Veterans. We thank you for your leadership on this all important issue of vital importance to veterans of every generation. I will briefly summarize the most important points of our statement.

It is a truism, but is none the less true that denial of knowledge of veterans' benefits, health issues, and available medical care is tantamount to denying said healthcare, benefits, and services. This is the situation that all too many veterans find themselves today, and they are not even aware of it.

Vietnam Veterans of America (VVA) estimates that the majority of those in-country Vietnam veterans who have had prostate cancer and died, are battling prostate cancer today, or who have battled prostate cancer and are still surviving have no clue that it is related to their service in Southeast Asia during the war. Since about 80 percent of veterans do not go anywhere near a VA medical facility, and the majority of veterans do not belong to any veterans group, and the VA does virtually nothing to educate them and their civilian medical providers that prostate cancer is service connected presumptive at VA and that we are twice as likely to get prostate cancer as those who did not serve in SE Asia, this fact is not surprising.

Some may ask "what is the big deal about that?" Well, what it means for those veterans who get very sick and die is that often their families are left with enormous and crushing medical bills that endanger the retention of the home. Instead of VA paying for something that should be treated as service connected, and the veteran receiving compensation while he is too sick to work and the widow receiving dependency & Indemnity Compensation (DIC) if he dies, the widow and family are left with nothing but debts and in dire financial straights. This is just so wrong on every level. It is egregious that this situation is allowed to continue. Yet VA has done nothing about it, despite the fact that VVA has repeatedly used this example with the current and previous top leadership of VA, to no avail.

This is only one example that is specific to Vietnam veterans, but similar situations exist for the veterans of very generation, whether it be cold injuries and parasites endemic to the Korea, or the diseases, parasites, and extreme environmental exposures of Gulf War I veterans.

Part of the problem is a mindset of the VA that says "we do not have the resources to do anything new, so we will just deal with the overt presentations of those who happen to come to us" and can get into the system in the first place. As the distinguished members of this panel know, as many as a million veterans have been denied entry into the VA since January of 2003 when a "temporary" hiatus was put into effect regarding accepting veterans who are not indigent or service connected. This has had a "chilling" effect on others who do not even try to gain entry.

Further, even within the VA the tools that exist are not used to full effect. An example is the "Veterans Health Initiative" (VHI) curricula that is a series of reasonably well done curricula (about 26 at last count) that are designed to teach clinicians and medical professionals about the wounds, illnesses, conditions, and mala-

dies that stem from military service depending on what branch did one serve, when did one serve, where did one serve and when, what was your military occupational specialty (M.O.S.), and what actually happened to you in military service. These curricula range from "Caring for War Wounded" which is designed for ALL primary care physicians, to Military Sexual Trauma, to Cold Injuries, to Traumatic Brain Injuries. I have here a sampling of these curricula that are available at www.va.gov/vhi to anyone at the VA or in the civilian medical world, or to veterans. However, this is one of the best kept secrets at VA.

Another well kept secret at VA is the existence of Military History cards that have a series of basic questions that should be asked of every veteran seeking services at the VA and used in the diagnosis and treatment protocols. As a matter of fact, it has been a requirement in Veterans Health Administration regulation to take a military history for each veteran since 1982 . . . but they don't do it as a matter of course. (See www.va.gov/oaa/pocketcard/ or attachment #1).

VVA has been promised regularly by everyone from the VHA computer people to four different Undersecretaries of Health to three successive Secretaries of Veterans Affairs to the Chief of Patient Care Services to others that the VA will move to make the military history part of the automated patient treatment record. These have all proven thus far to be "pie crust promises," which are of course "promises" that are easily and facilely made . . . and easily broken. Were the existence of the VHI curricula known to all VA clinicians, and the military history part of the computerized patient treatment records then there could be proper clinical reminders based on a decision tree. To test for possible exposures and maladies/conditions/exposures that may stem from the nature of that individual veteran's service. This will educate VA's own clinicians in the wounds, maladies, conditions, and injuries of war who in turn will better educate the veterans whom they serve. Frankly the most credible outreach means available to reach and educate veterans is other veterans. Veterans will believe another vet long before they will believe a press release or a slick VA brochure.

How do you reach the average veteran when most do not have any contact with the VA nor do they belong to any veterans' organization (except maybe a unit association which rarely even talks about benefits and healthcare)? All of this leads to the conclusion that the only ways to reach most veterans, and their families, is through the general media. That would include traditional media such as newspaper articles, radio, television. It also must today include *FaceBook, Vets4Vets, YouTube,* etc. and other modalities employing the medium of the Internet. But most of all it must be a stance of telling the unvarnished truth, and not the current stream of only self-congratulatory and/or defensive pronouncements. VA officials must "get it" before they can possibly hope to communicate effectively with individual veterans given the baggage of so much bad past history.

As the members of this panel are also no doubt aware, VVA joined with the Honorable Ted Strickland (then a member of this distinguished panel) and the Georgetown Center for Law and the Public Interest to sue VA over the now infamous VHA memo in August of 2003 that curtailed all marketing and publicity of available medical services by VA. What you may not be aware of is that we won that suit. The Federal Court gave VVA standing to bring the suit on behalf of our members, and ruled that VVA was correct that the Secretary of Veterans Affairs was compelled under Title 38 to exercise an affirmative responsibility to ensure that all veterans were informed of the rights, benefits, and medical services due to them by virtue of serving in the United States Armed Forces.

It was no accident that the theme of the 75th Anniversary of the VA was outreach to every living veteran to inform each of what services were available to them by virtue of their military service. It was in response to the order of the Federal Court. Of course, I need not tell the members of this panel that it is debatable whether the lofty stated goal was seriously pursued during that 12 to 15 month period. It was not, at least not in the view of VVA.

So where does that leave us today? VVA does support any and all of the good things that VA tries to do, such as the public service announcement about the Suicide Hotline (which VVA put on our home page the same day it was suggested), distribution of VVA materials ranging from videos, to bumper stickers, to brochures, to whatever is not a "puff piece" that is available from the VA.

There is of course a constant stream (if indeed not a torrent) of self laudatory press releases that emanates from the VA. Because it is generally so patently self serving and not "the rest of the story" as Paul Harvey would say it is taken less and less seriously by anyone who follows this stuff, particularly the press.

VVA is in the process of launching our own effort in association with organizations in the civilian sector to inform non-VA clinicians as to the wounds, maladies, conditions, and wounds of war as a way of educating the clinicians who see the ma-

jority of veterans. Since we have virtually given up on trying to convince the current VA leadership (both at the permanent top civil service level as well as the political level) to make VA what it was always intended to be—a "veterans' healthcare system" and not a general healthcare system that happens to be for veterans, and on them doing anything meaningful or consistent in regard to educating the public or most veterans, we have, of necessity, embarked on a years long major effort to go around them in order to get the job done properly

Mr. Chairman, I again thank you for the opportunity to appear here today, and hope our remarks will prove helpful to you and your colleagues. I will be happy to answer any questions you or your colleagues may have.

Prepared Statement of Cary Hatch,
President and Chief Executive Officer, MDB Communications, Inc.,
Washington, DC

Good morning. My name is Cary Hatch.

I am the President and Chief Executive Officer of MDB Communications. MDB is an independent, 27-year-old, advertising agency headquartered in Washington DC. We serve a diverse, national and global client base including National Geographic, Hunter Douglas and Boston Market.

We have also worked for the Partnership for a Drug-free America, The Wellness Community, and Samaritan Inns for the homeless.

Our agency expertise encompasses television, print, online and social media—as well as direct marketing and PR programs.

I'm privileged to serve as the Chairman of the Mid-Atlantic Board of Governors for the American Association for Advertising Agencies (4A's), and recent Chairman of Advertising Week DC. I also serve on the Executive Committee of the Greater Washington Board of Trade—and hold a board position for Leadership Greater Washington. I've been fortunate to be recognized as a Silver Medal Honoree—an honor given by the American Advertising Federation for leadership and commitment to the community and the industry.

More importantly, as a lifelong advocate and perpetual student of the ever-changing advertising industry—I've devoted my entire career to leading advertising and marketing initiatives that meet or exceed their goals—and I maintain a keen sensitivity to the *return on investment* for every program we lead or are part of, no matter the brand—whether publicly traded or not-for-profit.

Thank you for the opportunity to share my thoughts today, regarding the pilot program for the Veterans Administration's current outreach efforts.

With the new directive from Secretary Peake, the VA is provided with a wonderful opportunity to utilize paid media to fulfill a "communications mission" to promote awareness of veterans programs including:

- opportunities for education, training, healthcare and other benefits including the prevention of veteran suicides.

Chairman Mitchell, during the last hearing—ably pointed to the need for The VA "to take advantage of the communication possibilities of modern media. But it must do so intelligently." This was further supported by Hon. Ginny Brown-Waite, stating that "21st Century technology needs to be explored."

Furthermore—Chairman Mitchell went on to correctly point out that VA marketing efforts, are "***not about the VA, it is about our veterans***".

"Before doing anything, the VA must learn to see the world from the perspective of the veterans the VA wants to reach. The VA must come to understand ***where veterans can be reached and what messages and messengers will get veterans' attention***. And he went on to acknowledge that "This is not something VA has done before."

I'm proud to underscore that the history, power and corresponding results of public service advertising has been well documented since 1941. Whether we consider The United Negro College Fund's "A mind is a terrible thing to waste" campaign; the Peace Corps' "The toughest job you'll ever love"—or the Partnership for a Drug-free America's numerous campaigns that "un-sell drug use . . . they've all have been effective in *changing perceptions and behavior*. Key to this are the fundamental tenets found in *all* effective advertising campaigns.

Therefore Public Service Advertising, as with all advertising, relies on achieving their potential by calibrating the following ingredients:

- The right message—(one central idea that matters *to them*)

- The right media—(reaching the target based on *their* media consumption habits)
- And propelled by *sufficient investment/spending levels* (media weight) to communicate the message to the perspective target—and securing reasonable awareness—resulting in comprehension, conviction and motivation to move to action . . . *when needed*.

In order to ensure that is done—the VA must produce the

Right Message: garnering a Visceral response—that will lead to action

In my experience, in working on the Partnership for a Drug-free America, the best campaign successes are founded on *specific* consumer research that identifies a *unique* consumer insight that is in turn conveyed to the target in a meaningful way.

This is the distinctive talent that seasoned advertising professionals bring to life. While advertising is not an exact science, or merely an art—it is a combination of research, insight, inspiration and persuasion that moves people to consider your message and compel them *to act on* and/or advocate for your notion. When done well, tremendous results can take hold, done poorly your effort will join the clutter of thousands of messages that lay dormant. Hire a pro.

One option is to engage with the Ad Council—*if this has not been considered already*.

The Ad Council marshals volunteer talent from the advertising and communications industries, the facilities of the media, and the resources of the business and non-profit communities to create awareness, foster understanding and motivate action.

Ad Council campaigns are produced pro bono by advertising agencies retained by the American Association of Advertising Agencies. Each Ad Council campaign is sponsored by a non-profit organization or a government agency that provides the production and distribution costs and serves as the "issue expert." The Ad Council works with the advertising agencies and the sponsor organizations throughout the development of the campaign by conducting research, media outreach, public relations activities, and creative services.

Investment spending

Brilliant advertising ideas can only take flight when supported by ample (but prudent) investment spending. Top-notch creative ideas must be supported by reasonable budgets that allow them to realize their desired results.

It is important to note that the airtime that PSA campaigns seek can be largely decided by PSA directors at media outlets across the country—And getting them to select to air *YOUR TV* spot can rely on *not just your cause*—but the quality and impact of the campaign you submit for their consideration.

The directive here is to meet the needs of the Public Service Directors—the very folks you need to engage to actually run your TV spots—and place your print or transit work.

I am a tenacious advocate of managing campaign expectations by aligning investment spending with projected results . . . as they are in direct correlation to one another, and a necessary and disciplined effort to bring any program to a successful conclusion.

Which leads me to the next tenet:

Using the Right Media: or "Fish where the fish are"

It is my understanding that in addition to reaching *all prospective candidates* for VA support—ensuring that *we reach the younger veteran as well, is of prime importance*—specifically those young men and women returning from Iraq and Afghanistan.

I believe it was Chairman Mitchell that stated: "The need for outreach is not limited to our younger veterans. The VA has transformed itself over the past 10 to 15 years. VA needs to find ways to communicate to older veterans that the VA has health and other services and many benefit programs of which veterans might not be aware, that veterans of all ages can benefit from.

I would put forth for your consideration that with the evolving media consumption habits of the country (and indeed the world) . . . embracing the fast-paced area of new media options should be a foremost consideration for a campaign of this type.

Use of social networking platforms such as *FaceBook, MySpace,* and others may prove to be some of the most cost-effective media strategies the VA can examine and exploit.

Modern media, such as online advertising campaigns, social networks, SEM—search engine marketing, contextual targeting, etc. in addition to television, are es-

sential tools for outreach, particularly when it comes to the young and older servicemembers alike.

Strategically, when there is alignment on:

- the definition of "what success would look like;"
- smart investment of funds;
- seasoned agency partners; and
- a firm commitment to tracking of campaign results . . .

. . . a solid campaign roadmap and program outcomes can be achieved.

I look forward to hearing the results of the test program here in Washington DC and the learning achieved from that—that is likely to shape the program going forward. I think we can all agree that there is much to consider in committing additional funding to roll out the program on a regional or national level.

In summary, recommendations include:

- Consider working with the Ad Council and/or an AAAA's agency to guide this initiative. Their experience in this arena can shorten the inevitable "learning curve"—and the lack of experience the VA has acknowledged in this arena. This strategic alliance is likely to ensure the best use of the government's resources.
- Developing and documenting the desired outcomes of such a campaign (what does success look like?) and committing to tracking campaign performance with regular reporting.
- Evaluating and aligning the internal VA leadership that will direct and administer the campaign (and who will work with outside firms and agencies) to maximize internal talent and external expertise.

It is critical that the VA embark on a nationwide effort—with the best professionals it can secure by its side—in this unchartered arena. This is necessary to avoid wasted time and money—and key to achieving its intended goals—of informing and supporting our veterans.

Thank you again for the privilege to meet with you and share my point of view on this important program. The power of advertising is great—and outcomes can be significant—when based on thoughtful, strategic and comprehensive planning that leads the way.

Prepared Statement of Hon. Lisette M. Mondello,
Assistant Secretary for Public and Intergovernmental Affairs,
U.S. Department of Veterans Affairs

Chairman Mitchell, Ranking Member Brown-Waite, and Members of the Subcommittee, I am pleased to be here again to provide the Committee with an update on the progress the Department of Veterans Affairs (VA) is making under the new authority to use professional marketing and advertising resources to more effectively reach and educate veterans and their families about VA benefits and services. Even in the short time since I last testified before this Committee, I am encouraged by our progress.

I will also provide the Committee with an interim update on the initial results of the Veterans Health Administration's (VHA) pilot advertising campaign on suicide prevention in the Washington, DC, metropolitan area.

Once again I want to thank you and other Members of the Committee not only for your strong support for outreach that includes purchasing media advertising but your continued interest in following our progress.

Just four months ago, Secretary Peake lifted the restriction on paid media advertising. I was then, and I continue to be, an enthusiastic supporter of this effort on the advertising policy.

I testified at the July hearing that among the challenges we had to meet was to develop a Request for Proposal (RFP) to contract for professional advertising expertise. In order to expedite our efforts, VA's contracting office recommended using the Federal Supply Schedule (FSS). Using the FSS will allow us to target all aspects of the marketing and advertising community, particularly small businesses and especially veterans-owned small businesses.

The FSS has already provided an extensive array of professional advertising vendors with the expertise we need to help us shape our marketing and advertising strategy. I am currently in the process of interviewing a number of these companies, and I will keep you up-to-date as we approach decisions to solicit a request for quotations.

One key aspect of our new authority allows the Under Secretaries of Benefits, Health, and Memorial Affairs to purchase advertising in media outlets for the purpose of promoting awareness of benefits and services in coordination with VA's public affairs office. This will allow them to identify their requirements to improve outreach efforts, to enhance their overall customer service performance measures, and to give us feedback as to what methods of outreach are most effective. It will give VA, with its variety and diversity of services and benefits, the ability to provide the right message through the right medium to reach veterans.

Furthermore, VA is part of an 18 Federal agency working group to try to be a presence on popular social networking sites. Discussions are underway to resolve legal issues, but VA and other Federal agencies are working together to secure agreements with those Web sites.

While we expand into new media, our basic goal remains unchanged: to reach all veterans of all eras of service with the messages of greatest concern to them through the medium that is most effective.

VA's effort is dynamic, and it has the potential to produce strong outcomes in many areas. Although it may be hard to capture and provide all of this information, we will provide the Committee with a more comprehensive overview in December when we submit our scheduled *Report of Outreach Activities* to the Congress. We also aim to include this fiscal year's accomplishments of our market and advertising business plan objectives, which will be linked to the strategic plan goals in the report.

For FY 09, the Office of Public and Intergovernmental Affairs (OPIA) will have up to a million dollars available to administer this effort. In addition, the VBA, VHA, and NCA program budgets provide for outreach as an integral component of their business plans for the delivery of program benefits and services.

Finally, one concrete action I described at the July hearing: a Veterans Health Administration pilot advertising campaign on suicide prevention. We showed you the draft of ads that we were developing that would be used on Metro buses and at Metro stations, and I am pleased to have the opportunity to update the Committee on our progress.

We began the process to select the message for this awareness campaign pilot project while we were still subject to the paid advertising restriction. VHA decided that a reasonable, alternative approach would be to have the project team attend a message development workshop. The workshop was conducted by a communications company, contracted by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). That workshop helped to prepare the VHA team with the basic skills training necessary to develop a message focused on veteran's age, gender, and life experience considerations.

Subsequently, the team arranged for, conducted, and analyzed the results of several feedback sessions from randomly selected veterans, suicide prevention coordinators, and VA employees who are also veterans. They received candid feedback and recommendations for revision. They further considered the recommendations and guidance I received from the Committee at the July 15 hearing, and as a result we arrived at the final message. We continue to seek and plan to make use of further feedback.

The approximate cost for production and distribution including artwork, printing and the leased space for advertisement for the pilot was $115,000. This funding comes from the VHA mental health budget.

The criteria used to assess the effectiveness of the Washington Metro pilot public awareness campaign are the rate of increase in daily calls to the suicide prevention hotline and the rate of increase of veterans seeking consultation by the suicide prevention coordinators at the Washington, DC, VA Medical Center. Using these outcome measures, VHA's analysis of the pilot campaign outreach results revealed a very positive effect. The data shows a 50- to 100-percent increase in calls from the area where the advertising is running. Specifically, the average weekly calls from area codes in the DC area increased from 6 to 14; in Northern Va. area codes, from 5 to 14; and in Maryland area codes, from 10 to 27.

Our goal has not changed since we last met. We will do all we can to make veterans and their families aware of the benefits and services VA has to offer. We will take advantage of new opportunities, keep an open mind, and aggressively seek to find the best advertising technology and methods available. I believe we are in total agreement: We must continue to move forward with sound expertise based upon the strategic needs of the Department using a variety of options to reach out and positively connect with veterans and their families.

Mr. Chairman, this concludes my formal statement. We will continue to seek your counsel as we move forward. I am pleased to respond to any questions you or the Subcommittee Members may have.

MATERIAL SUBMITTED FOR THE RECORD

Committee on Veterans' Affairs
Subcommittee on Oversight and Investigations
Washington, DC.
September 24, 2008

Hon. James B. Peake, MD
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Peake:

On Tuesday, September 23, 2008, the Subcommittee on Oversight and Investigations of the House Committee on Veterans' Affairs held a hearing on *Media Outreach to Veterans: An Update*. Thank you for the testimony of the Honorable Lisette M. Mondello, Assistant Secretary for Public and Intergovernmental Affairs. In addition, thank you for sending Everett A. Chasen, Chief Communications Director, Veterans Health Administration, U.S. Department of Veterans Affairs to accompany Assistant Secretary Mondello.

Please answer the following questions:

1. What will you need to see from the pilot program in terms of results in order to expand it to a national campaign?
2. Does the VA have all the resources and legal authority you need to run the campaign in its entirety, including an eventual national expansion, and maintain accountability and tracking?
3. We have heard from veterans that sometimes they don't need suicide counseling, but just another veteran to talk to concerning PTSD. We know there are other call centers that accomplish this goal and this is a high-priority mission for the Vet Centers.
   a. Do you plan on promoting these alternatives to the suicide hotline?
   b. Did you consider this in developing the pilot program and suicide hotline promotional material?
4. You have explained that response calls increased from the areas where the pilot advertising is running. How many of these calls were from the veterans actually seeking urgent help?
5. In your testimony you stated that there will be up to one million dollars budgeted for this pilot program to roll out nationally. Will any money for this program have to come out of VHA's mental health budget? And if so, would it assist VA if during the next budget process we create a separate budget line item for advertising that way the three administrations within the VA can pull from that pot of money for advertising?
6. In your response to my written questions after the July 15th hearing, you mentioned that VA is considering purchasing ad time in movie theaters around the country to air the Gary Sinise PSA. Why does the VA think this method is so promising? Is this a better way of reaching veterans than television?
   a. If this method is selected, how soon would this PSA begin showing in theaters?
   b. Has the VA done any analysis as to what something like this would cost, or established how the VA would measure its effectiveness?
7. The pilot public awareness campaign in Washington, DC, is coming to a close, and we have seen encouraging results. Last week, the VA told the Subcommittee on Health that it now supports an extension of the campaign to other areas. Does the VA have a plan yet for when, where, and how this will be expanded?
   a. If not, when can we expect one?
   b. By what criteria will the VA choose additional cities?
8. I would like to ask you about the upcoming nationwide distribution of the Gary Sinise PSA. It is my understanding that the PSA will be made available to television stations by mid-October free of charge. Does the VA have a plan

to track where, when, and how often it ultimately airs, and if those time-slots are the best PSA time-slots to reach veterans?

a. If not, how does the VA plan to evaluate the effectiveness of the PSA?

9. Regarding the Gary Sinise PSA, if this video was completed in time to show it at the July 15 hearing, a week before the pilot public awareness campaign began in DC, and if the VA has found it valuable enough to post on its Web site, why is it not already available to TV stations, especially stations in DC, where the VA's pilot public awareness campaign is under way?

a. Did the VA have feedback about the PSA before distributing it nationally?

10. As the Subcommittee established in the July 15th hearing, the VA needs marketing experts to provide guidance for creating the most effective message. We understand that you are using the Federal Supply Schedule to acquire these services. Can you describe your criteria in selecting a vendor, and can you provide us with the VA's timeline for finalizing a contract?

If you have any questions concerning these questions, please contact Subcommittee on Oversight and Investigations Staff Director, Geoffrey Bestor, Esq., at (202) 225–3569.

Sincerely,

HARRY E. MITCHELL
Chairman

Questions for the Record

The Honorable Harry E. Mitchell, Chairman
Subcommittee on Oversight and Investigations
House Committee on Veterans' Affairs
September 23, 2008
Media Outreach to Veterans: An Update

Question 1: Assistant Secretary (AS) Mondello explained that calls to the suicide hotline have increased from the areas where the D.C. pilot program is posted on buses and trains. How many of these calls were veteran-related?

Response: The Department of Veterans Affairs (VA) does not have the ability to track the specific nature of calls to the hotline by area codes at this time. VA has reviewed the call logs, and it has been determined that calls from veterans are increasing. There are numerous specific reports of veterans who called the hotline from the Washington, DC area who were indeed having difficulty and stated they got the number from the "train" or "bus" advertisement.

Question 2(a): In AS Mondello's testimony, she stated that there will be up to one million dollars budgeted for outreach purposes. Will any money for this program have to come out of VHA's mental health budget? If so, would it assist VA if during the next budget process we create a separate budget line item for advertising that way the three administrations within the VA can pull from that pot of money for advertising?

Response: Public health messages for suicide prevention will be funded through the Mental Health Enhancement Initiative, a component of the Veterans Health Administration (VHA) funding that is directed toward mental health services. With an allocation of $557 million for fiscal 2009, the initiative has sufficient funding to support outreach for purposes of suicide and prevention, and to enhance the delivery of mental health services in VA medical centers and clinics.

Question 2(b): If so, would it assist VA if during the next budget process we create a separate budget line item for advertising that way the three administrations within VA can pull from that pot of money for advertising?

Response: As we begin to make concerted efforts to implement advertising, we need to have flexibility. Therefore, we would not seek a separate line item for advertising at this time.

Question 3(a): The pilot public awareness campaign in Washington, DC, is coming to a close, and AS Mondello has seen encouraging results. Last week, the VA told the Subcommittee on Health that it now supports an extension of the campaign

to other areas. Does the VA have a plan yet for when, where, and how this will be expanded?

Response: VA is actively working on an extension plan for the Suicide Prevention public awareness campaign.

Question 3(b): If not, when can we expect one?

Response: The plan should be completed by mid-December 2008. This will allow us time to evaluate the current campaign in Washington, DC and conduct field research. Mid-December is also the beginning of the holiday season, a time when depression rates increase.

Question 3(c): By what criteria will the VA choose additional cities?

Response: Several factors go into this decision-making process, but principally, VA will consider the reported number of events of veterans' suicidal behavior, including attempted and completed suicide, for both enrolled and non-enrolled veterans in the community. Other considerations are the availability of mass transit systems and the level of readiness of these localities (specifically, the availability of expert suicide prevention coordinators, dynamic suicide prevention programs and active community intervention strategies) to respond to the additional volume of calls.

Question 4: We have heard from veterans that sometimes they do not need suicide counseling, but just another veteran to talk to concerning PTSD. We know there are other call centers that accomplish this goal and this is a high-priority mission for the Vet Centers. How will you promote these alternatives to the suicide hotline?

Response: The Vet Center call center (an alternative to the suicide hotline) is staffed 24/7 by peer combat veterans. Vet Centers are VA's nationally acknowledged pioneer leader in outreach and adjustment services to combat veterans of all theaters. Vet Centers are designed as primary community access point for combat veterans in VA. The Vet Center program understands the value of veteran-to-veteran peer outreach services in overcoming the devastating effects of stigma common to many combat veterans related to accessing professional help. In addition to extending the program's outreach capacity, the call center will promote confidential veteran peer counseling and information on military-related issues, such as Post Traumatic Stress Disorder (PTSD) and other readjustment problems. The call center will be integrated with the suicide hotline, a 24/7 medical referral with the capacity to transfer veterans without hanging up. The call center will provide benefits and other information that promote getting the veteran to the nearest location for assistance. The call center will be integrated with the VA system to ensure timely referrals, crisis intervention, and follow-up services. The Vet Center program's ability to provide a safe community-based environment and assurances of strict confidentiality renders the program the optimum choice for implementing a call center for traumatized combat veterans. The projected target date for implementing the call center is December 2008.

Prior to implementation, the call center will be announced publically via a VA news release. Once in place and operating, the call center will be part of all Vet Center outreach briefings, both in the community and at military demobilization, to include National Guard and Reserve sites. Vet Center brochures will also be developed to promote the call center and telephone numbers will be incorporated into the Readjustment Counseling service Web site, *www.vetcenter@va.gov*.

Question 5: Regarding the Gary Sinise PSA, since this video was shown at the July 15 hearing along with the posters for the DC pilot program, why was the PSA not aired on TV, especially in DC where the pilot public awareness campaign is under way?

Response: The Gary Sinise public service announcement (PSA) shown at the July 15 hearing, was not yet complete. The PSA's completion was delayed due to negotiations with Paramount Entertainment Industries to use Forrest Gump clips in the PSA.

Question 6(a): It is my understanding that the PSA will be made available to television stations by mid-October free-of-charge. Does the VA have a plan to track where, when, and how often it ultimately airs, and if those time-slots are the best PSA time-slots to reach veterans? If not, how does the VA plan to evaluate the effectiveness of the PSA?

Response: The contract for the suicide prevention PSA distribution was awarded Wednesday, October 8, to the Plowshare Group, Inc. The distribution through the contractor began the week of October 20 and will continue throughout the weeks leading up to Veterans Day. The Washington, DC market will receive emphasis, and the ABC affiliate in DC has expressed interest in this PSA.

All tapes and digital files sent to television stations will have an encoding signal commonly known as "Sigma" or "SpotTrack" encoding. These encoding methods help track how many times, where, and what time of day the PSA aired. With other data provided by the contractor, the demographics of the viewing audiences can also be ascertained.

VA will also explore the distribution of the PSA to 800 cable-access stations across the country, which participates in the "Soldiers Radio and Television Network". VA has a positive experience with many of these stations in that they aired our "VA TV" program in the past. We believe that the yield will be high and many of these stations will broadcast the Gary Sinise PSA.

The PSA has already been airing regularly on the Pentagon Channel. The Pentagon Channel is seen on military installations around the world, and is carried by over 60 U.S. cable networks.

VA is exploring other free venues, such as military movie theaters and the closed-circuit television programming found at military base exchanges and commissaries.

Question 7(a): In AS Mondello's response to my written questions after the July 15th hearing, you mentioned that the VA is considering purchasing ad time in movie theaters around the country to air the Gary Sinise PSA. Why does the VA think this method is so promising? Is this a better way of reaching veterans than television?

Response: The use of theaters will be a complementary distribution venue for our message of suicide prevention in markets where research indicates it will be appropriate. We are exploring the use of theaters to complement the televised PSA, especially in those markets where public transportation is not as heavily used as it is in the DC Metro area. A final decision has not been made regarding whether theaters will be used. That decision will be made once costs in various markets are available and have been reviewed.

Question 7(b): If this method is selected, how soon would this PSA begin showing in theaters?

Response: A final decision has not been made regarding whether theaters will be used. Once the analysis is completed, VA will update the Committee on its timeframes for such placements, if any.

Question 7(c): Has the VA done any analysis as to what something like this would cost, or established how the VA would measure its effectiveness?

Response: VA is currently conducting an analysis to determine the cost of placing PSAs in movie theaters. Once the analysis is completed, VA will update the Committee on its projected cost, and plans for accomplishing such placements, if any. If VA decides to place PSAs in movie theaters, its effectiveness will be measured by the following:

- increased number of calls to the suicide hotline in areas where the PSAs were placed in theaters; and
- increased referrals to the local VA medical centers.

Question 8: As the Subcommittee established in the July 15th hearing, the VA needs marketing experts to provide guidance for creating the most effective message. We understand that the VA is using the Federal Supply Schedule to acquire these services. What criteria are being used in selecting a vendor, and can you provide us with the VA's timeline for finalizing a contract?

Response: In keeping with the Department's mandate, as well as the intent of Congress, our procurement will be targeted to Veteran Owned Small Businesses (VOSB). We reviewed the General Services Administration's Schedule 541 Advertising & Integrated Marketing Solutions (AIMS) for Veteran Owned Small Businesses sources. Specifically we reviewed the following Special Item Numbers:

541 1 Advertising Services
541 2 Public Relations Services
541 3 Web Based Marketing Services
541 5 Integrated Marketing Services
541 4A Market Research and Analysis Services

As a result of this analysis, we identified 25 Veteran Owned Small Business firms that could potentially provide the required services, 12 of which are in the Washington, DC, Metropolitan Area. Because the selected vendor will being working closely with VA Central Office staff, a decision was made to target the 12 vendors in the Washington, DC, Metropolitan Area.

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