

# Krulak Marine Alliance of Alabama

Hoover, AL



## SPARE A Life™ Initiative

*Alabama Veteran Suicide Prevention Program*



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# Every Three Days in Alabama



## A Veteran Dies by Suicide!

# KMAA SPARE / What You Need To Know About Suicide!

## Who is **most likely** to die by suicide?

Suicide rates are highest in teens, young adults, and the elderly. People over the age of 65 have the highest rate of suicide. Although women are more likely to attempt suicide, men are more likely to be successful. A perceived serious life crisis is more often than not linked to suicide!



## **Suicide risk** also is **higher** in the following groups:

1. Veterans are at a 21% higher risk than the general population
  - a. Post-Traumatic Stress
  - b. Traumatic Brain Injury
2. Older people who have lost a spouse through death or divorce
3. People who have attempted suicide in the past
4. People with a family history of suicide
5. People with a friend or co-worker who committed suicide
6. People with a history of physical, emotional, or sexual abuse
7. People who are unmarried, unskilled, or unemployed
8. People with long-term pain, or a disabling or terminal illness
9. People who are inclined to violent or impulsive behavior
10. People who have recently been released from a psychiatric hospitalization, which is often a very frightening period of transition.
11. People in certain professions, such as police officers and health care providers who work with terminally ill patients
12. People with substance abuse problems

## What are the **warning signs** for suicide?

Some of the possible warning signs that a person may be at risk for suicide are:

1. **Excessive sadness or moodiness:** Long-lasting sadness and mood swings can be symptoms of depression, a major risk factor for suicide.
2. **Sudden calmness:** Suddenly becoming calm after a period of depression or moodiness can be a sign that the person has made a decision to end his or her life.
3. **Withdrawal:** Choosing to be alone and avoiding friends or social activities also are possible symptoms of depression. This includes the loss of interest or pleasure in activities the person previously enjoyed.
4. **Changes in personality and/or appearance:** A person who is considering suicide might exhibit a change in attitude or behavior, such as speaking or moving with unusual speed or slowness. In addition, the person might suddenly become less concerned about his or her personal appearance.
5. **Dangerous or self-harmful behavior:** Potentially dangerous behavior, such as reckless driving, engaging in unsafe sex, and increased use of drugs and/or alcohol might indicate that the person no longer values his or her life.

# KMAA SPARE / What You Need To Know About Suicide!

6. **Recent trauma or life crisis:** A major life crisis might trigger a suicide attempt. Crises include the death of a loved one or pet, divorce or break-up of a relationship, diagnosis of a major illness, loss of a job, or serious financial problems.
7. **Making preparations:** Often, a person considering suicide will begin to put his or her personal business in order. This might include visiting friends and family members, giving away personal possessions, making a will, and cleaning up his or her room or home. Some people will write a note before committing suicide.
8. **Threatening suicide:** Not everyone who is considering suicide will say so, and not everyone who threatens suicide will follow through with it. However, every threat of suicide should be taken seriously.

## Can suicide be prevented?

**In many cases, suicide can be prevented.** Research suggests that the best way to prevent suicide is to know the risk factors, be alert to the signs of depression and other mental disorders, recognize the warning signs for suicide, and **intervene before the person can complete the process of self-destruction.**

People (Veterans) who receive support from caring friends and family, and who have access to mental health services are less likely to act on their suicidal impulses than are those who are isolated from sources of care and support. **Enrolling with the VA is a critical first step for Veterans.** If someone you know is exhibiting warning signs for suicide, don't be afraid to ask if he or she is depressed or thinking about suicide. In some cases, the person just needs to know that **someone cares** and is looking for the chance to talk about his or her feelings. You can then encourage the person to seek professional help.

## What should I do if someone I know is talking about attempting suicide?

1. If someone you know is threatening suicide, take the threat seriously.
2. Do not leave the person alone.
3. If possible, ask for help from friends or other family members.
4. Ask the person to give you any weapons he or she might have.
5. Take away sharp objects or anything else that the person could use to hurt himself or herself.
6. Try to keep the person as calm as possible.
7. Call 911 or take the person to an emergency room.

## VA Suicide Prevention Resources:

- **VA Suicide Hot Line:** 1-800-273-8255
- **Deaf-Hard of Hearing Call** 1-800-799-4889
- **Text:** 838255



## VA Enrollment Options:

- **On Line:** [www.va.gov/health-care/apply/application/introduction](http://www.va.gov/health-care/apply/application/introduction) (Recommended)
- **Call Toll FREE:** 1-877-222-8387
- **In Person:** Visit your local VA Medical Center
- **Mail In Application:** [www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf](http://www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf)



# Alabama

## Veteran Suicide Data Sheet



The U.S. Department of Veterans Affairs (VA) conducted the Nation's most comprehensive analysis of Veteran suicide rates in the United States. The resulting report, released in 2016, examined more than 55 million records from 1979 to 2014 in all 50 states, Puerto Rico, and the District of Columbia. Data from the report have allowed us to examine Veteran suicide rates in each state and region.

This Alabama Veteran Suicide Data Sheet is based on a collaborative effort among VA, the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics herein are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the Defense Suicide Prevention Office. Cause of death was identified through the NCHS National Death Index (NDI). For additional information, please email Dr. Megan McCarthy, Deputy Director, Suicide Prevention, VA Office of Mental Health and Suicide Prevention, at [megan.mccarthy@va.gov](mailto:megan.mccarthy@va.gov).

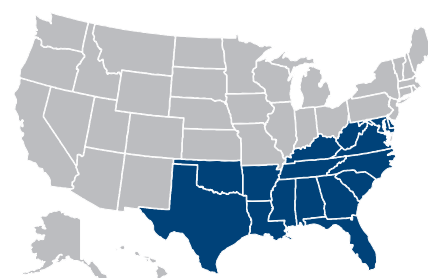
### Alabama Veteran Suicide Deaths, 2014

Sex	Veteran Suicides
Total	130
Male	120–130
Female	<10

Because of Alabama's relatively smaller Veteran population for select populations, suicide deaths are presented in ranges rather than precise counts, where applicable, in order to protect individual information.

### Southern Region

Alabama  
Arkansas  
Delaware  
District of Columbia  
Florida  
Georgia  
Kentucky  
Louisiana  
Maryland  
Mississippi  
North Carolina  
Oklahoma  
South Carolina  
Tennessee  
Texas  
Virginia  
West Virginia



### Alabama, Southern Region<sup>a</sup>, and National Veteran Suicide Deaths<sup>bc</sup>, by Age Group, 2014

Age Group	Alabama Veteran Suicides	Southern Region Veteran Suicides	National Veteran Suicides	Alabama Veteran Suicide Rate	Southern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	130	3,019	7,388	37.8	37.9	38.4
18–34	23	533	1,171	86.1	71.3	70.4
35–54	40	866	2,193	45.7	41.5	47.7
55–74	47	1,065	2,594	29.3	30.6	30.4
75+	20	555	1,430	28.7	33.7	32.0

After accounting for differences in age, the Veteran suicide rate in Alabama was not significantly different from the national Veteran suicide rate ( $p=0.5641$ )<sup>d</sup>.



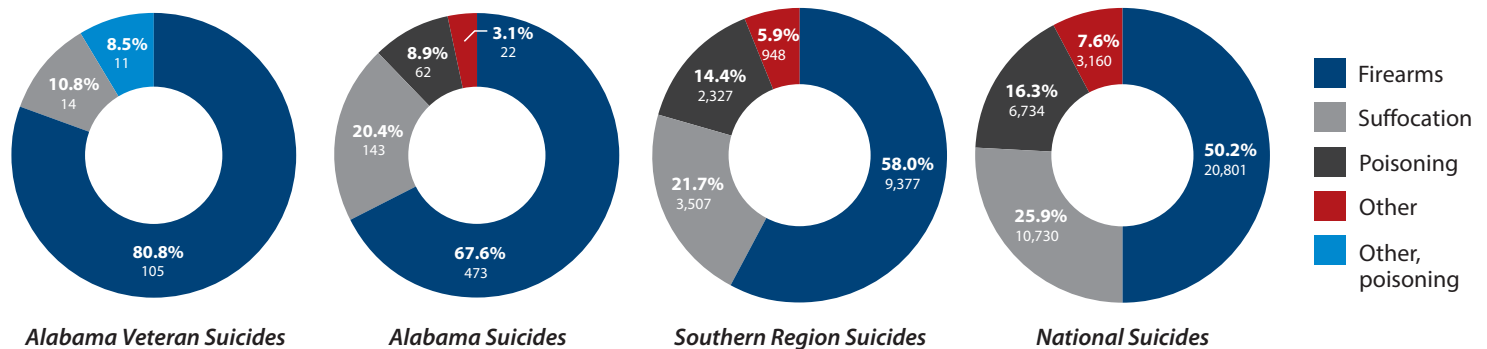
**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
Office of Mental Health and  
Suicide Prevention

## Alabama Veteran and Overall Alabama, Southern Region<sup>a</sup>, and National Suicide Deaths<sup>b,c,e</sup>, by Age Group, 2014

Age Group	Alabama Veteran Suicides	Alabama Total Suicides	Southern Region Total Suicides	National Total Suicides	Alabama Veteran Suicide Rate	Alabama Suicide Rate	Southern Region Suicide Rate	National Suicide Rate
Total	130	700	16,159	41,425	37.8	18.8	17.7	17.0
18–34	23	176	4,123	10,732	86.1	16.1	14.9	14.5
35–54	40	280	6,015	15,473	45.7	22.3	19.1	18.4
55–74	47	192	4,622	11,637	29.3	18.0	18.6	17.5
75+	20	52	1,399	3,583	28.7	16.7	19.4	18.1

After accounting for differences in age, the Veteran suicide rate in Alabama was significantly higher than the overall national suicide rate ( $p < .0001$ )<sup>d</sup>.

## Alabama Veteran and Overall Alabama, Southern Region, and National Suicide Deaths by Method<sup>f</sup>, 2014



Statistics contained herein are derived from the U.S. adult population 18 years of age or older. Suicide rates displayed are standard unadjusted mortality rates per 100,000 people. These rates are based on the number of suicide deaths within the 2014 calendar year divided by the population estimates multiplied by 100,000. The national statistics displayed include the contiguous United States, plus Alaska and Hawaii. The overall state, regional, and national rates presented include both Veterans and non-Veterans. Significance testing and rankings are derived from the direct age-adjusted rates, using the 2000 standard U.S. population<sup>g</sup>. Because suicide rates based on less than 20 suicide deaths are considered unreliable, any comparisons of age-adjusted rates with underlying age-specific rates with less than 20 suicide deaths should be interpreted with caution.

A customary “rule of twenty” was applied to all rates based on a number of suicides that was less than 20. These rates are marked with an asterisk (\*) as unreliable because rates calculated on a small number of deaths are considered unstable, and a small change in the number of suicides can result in a large change in the rate.

The method of suicide death is based on the cause of death listed on the state death certificate using the International Classification of Diseases, 10th revision (ICD-10), and for which the underlying cause of death is defined as (a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury (World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Cause of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977). For purposes of this data sheet, the ICD-10 codes used to define suicide deaths are X60–X84 and Y87.0.

<sup>a</sup> Southern region includes Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

<sup>b</sup> Rates presented are crude rates per 100,000. Death counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered unreliable, as indicated by an asterisk (\*).

<sup>c</sup> Veteran and overall population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2014 American Community Survey 1-year estimates. Specific population estimates used in rate calculations are available upon request.

<sup>d</sup> Suicide rates presented here are unadjusted for age and are influenced by the underlying age distribution of the state or region. Age-adjusting suicide rates ensures that differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates.

<sup>e</sup> National, regional, and Alabama state total suicide counts are obtained from the U.S. Centers for Disease Control and Prevention (CDC) WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

<sup>f</sup> Methods are defined based on ICD-10 codes X72 to X74 for firearm, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). “Other” includes cut/pierce, drowning, fall, fire/flame, other land transport, struck by/against, and other specified or unspecified injury.

<sup>g</sup> Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, no. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

# Suicide Prevention Among Alabama Veterans /

## Veteran Lives Matter!

**SCOPE:** KMAA shall create and promote a Veterans Suicide prevention initiative called SPARE a Life™, which stands for **S**uicide **P**revention **A**wareness **R**esources & **E**nrollment. The SPARE a Life™ initiative is intended to put into the hands of Veterans and those who know Veterans, the information and resource options to prevent suicide, thus sparing a life, that of a Veteran.

**STRATEGY:** Create greater Veteran and public awareness of the early signs that often lead to suicide, so family members, friends, and coworkers can readily recognize the need for professional intervention to avert a potential Veteran suicide.

**TACTICS:** KMAA will employ the following tactics:

1. Research suicide amongst Veterans and embrace best prevention methodologies. (Work in Progress).
2. Create an effective awareness communications program to include the following:
  - a. Create the ways and means to enroll more Veterans with a VA Medical Center.
  - b. Create attention grabbing suicide prevention and VA enrollment poster(s)
  - c. Identify the best practice suicide intervention programs and resources.
  - d. Create and distribute a suicide prevention comic book (illustrated reference)
  - e. Develop suicide prevention speakers
  - f. Establish corporate and community sponsors
3. Distribute materials to target audiences congregating locations, e.g., Churches, Libraries, firearm retailers, etc.

**GOAL:** To significantly prevent Veteran suicides in Alabama.

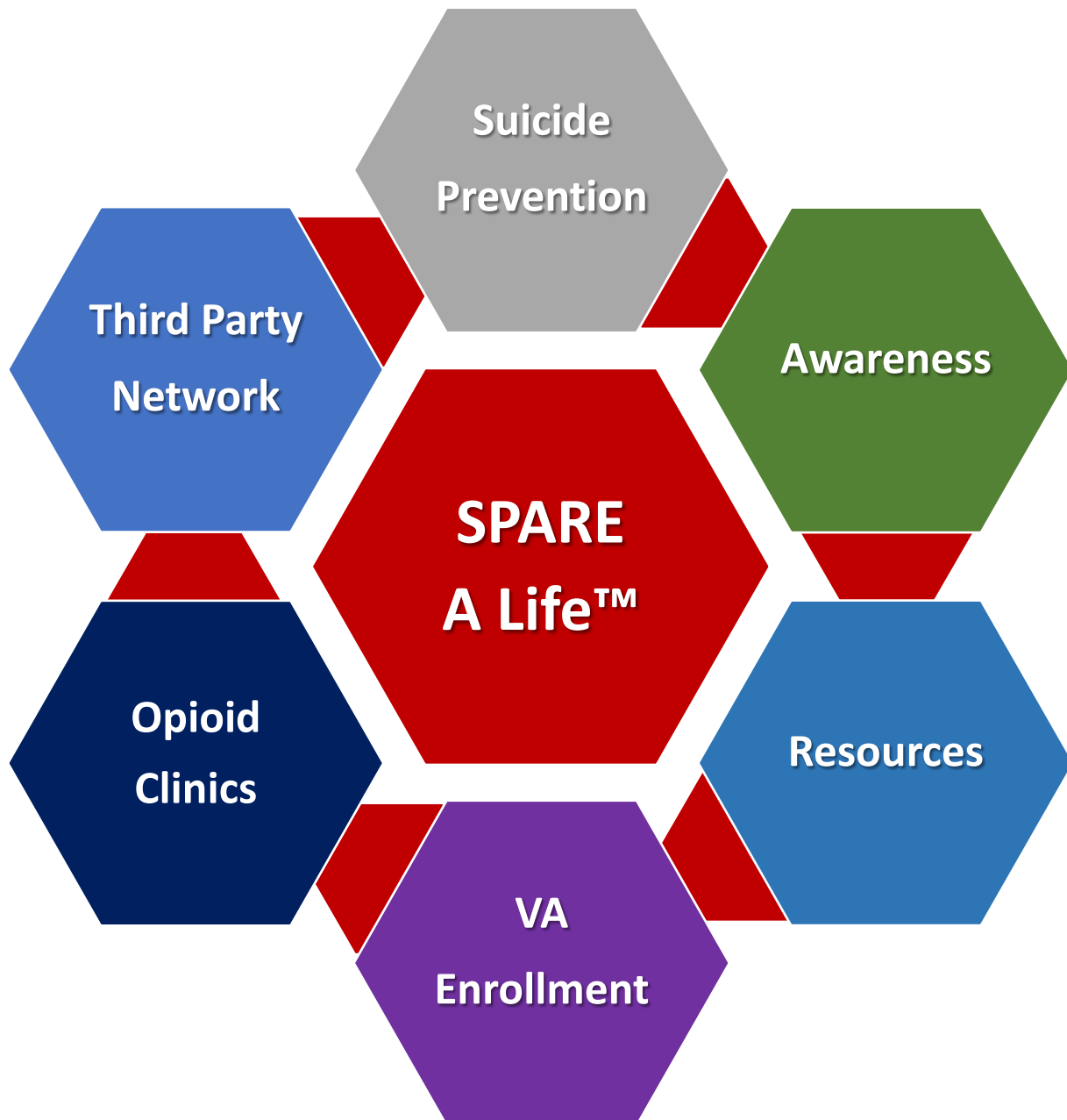
# SPARE A Life™

**Suicide Prevention Awareness Resources Enrollment**

**NOTE:** Because there are many Veteran suicide prevention resources and programs available, KMAA's approach must better target statewide, grassroots "Force Multipliers," who can spread the message, e.g., Veterans, who are not signed up with a VA Medical Center need to do so. It's FREE, it's Easy, and it's important!

Krulak Marine Alliance of Alabama

## The SPARE a Life™ Initiative Diagram...



**On average, every three days an Alabama Veterans dies by suicide!**



# KMAA SPARE a Life™ Initiative

*Suicide Prevention Awareness Resources Enrollment*



## **Situation: Brief Overview of Veteran Suicide Crisis in America.**

- The suicide rate among Veterans is 21% higher than the general population.
- Currently 22 Veterans die by suicide each day, over 8,000 annually, and the number is on the rise.
- Approximately 65% of Veterans who die of suicide are over 50 years of age.
- Approximately 66% of Veteran suicides are by firearms, 80% in Alabama.
- Approximately 70% of Veterans who die of suicide are not enrolled with the VA.

## **KMAA Proactive Position:**

As a result of the ongoing and increasing Veteran suicide crisis in America, KMAA is committed to creating and implementing a Veteran suicide prevention program. The KMAA program is called SPARE a Life™, which stands for Suicide Prevention Awareness Resources Enrollment. SPARE a Life™ is designed to complement current efforts by numerous organizations to minimize, if not eliminate, Veteran suicides in Alabama. Though our primary focus is on reducing Marine suicides, our efforts will contribute to reducing all Veteran suicides in Alabama, and we believe the nation as well.

**Goal:** A noticeable and measurable reduction in the Veteran suicide rate in Alabama by 2020.

## **Objective I: Create Awareness of the Veteran suicide crisis...**

- This will be accomplished by creating and distributing various SPARE a Life™ posters and fliers to high traffic locations for posting and circulating to targeted persons of interest.
- Posters and fliers will be emotionally graphic in nature with supportive text.
- Offer Veteran suicide prevention speakers to interested entities.
- Post the SHARE a Life™ program on the KMAA website, Facebook page, and YouTube.

## **Objective II: Provide access to third-party intervention Resources to Veterans in crisis...**

- Create and distribute Veteran suicide prevention and intervention SHARE a Life™ cards with related contact information.
- Display the SHARE a Life™ cards at locations with targeted high traffic.
- Provide SHARE a life™ cards to other entities to distribute to Veterans in crisis.
- Provide SHARE a Life™ cards via third party entities to family members who have a Veteran in crisis.

## **Objective III: Enroll Veterans with VA Medical Centers...**

- Create and distribute VA Enrollment cards with related contact information.
- KMAA will offer direct “on-line” VA enrollment assistance.
- Encourage and assist other organizations to do so, e.g., churches, libraries, senior centers, Veteran organizations, etc.
- Request the DOD enroll all military personnel upon leaving active duty.

## **SPARE a Life™ Implementation Funds:**

- KMAA will conduct a dedicated fundraiser to raise the funds to create, print, and distribute posters, fliers, and SHARE a Life™ cards as outlined above.
- KMAA will solicit private and corporate donations and apply for intervention grants.



**The SPARE a Life™ Kit consists of the following:**

1. SPARE a Life™ initiative document (1)
2. SPARE a Life™ VA Enrollment posters (5)
3. SPARE a Life™ VA Enrollment cards (50)
4. SPARE a Life™ Suicide prevention posters (5)
5. SPARE a Life™ Suicide prevention cards (50)
6. SPARE a Life™ Opioid treatment poster (5)
7. SPARE a Life™ Opioid treatment card (50)
8. Plastic card holder (3)
9. Implementation directions (1)
10. KMAA contact card (1)

**A SPARE a Life™ Kit is FREE:**

KMAA and its representatives will distribute the SPARE a Life™ kit for display in their community at area locations where Veterans and/or their family members are most likely to congregate or visit, such as:

1. Veteran organizations
2. Places of worship
3. Senior centers
4. Gun retailers
5. Libraries
6. Military bases
7. ER / Hospitals
8. Foundations serving Veterans

SPARE a Life™ VA Enrollment cards will also be available for direct handout to Veterans and/or concerned individuals at all KMAA functions and events.



**Contact** John O'Malley / 205-995-8495 / [recruiter\\_retention@krulakmarines.org](mailto:recruiter_retention@krulakmarines.org)  
KMAA SPARE a Life™ program coordinator for your initial SPARE a Life™ Kit and/or resupply.

# Attention Veteran!



## Enroll With The VA

**It's Free - It's Easy - It's Important**

**It Could Save a Life, Yours!**

**70% of Veterans who die by suicide  
are not enrolled with the VA!**

**Call Toll FREE: 1-877-222-8387**

**On Line: [www.va.gov/health-care/apply/application/introduction](http://www.va.gov/health-care/apply/application/introduction)**

**In Person: Visit your local VA Medical Center**

**Mail In Application: [www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf](http://www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf)**

**Krulak Marine Alliance of Alabama**  
KrulakMarines.org



**You committed to serve!  
Now commit to being served!**

**Enroll With the VA**

**It's FREE - It's Easy - It's Important**



**Call Toll FREE: 1-877-222-8387**

**On Line:** [www.va.gov/health-care/apply/application/introduction](http://www.va.gov/health-care/apply/application/introduction)

**In Person:** Visit your local VA Medical Center

**Mail In Application:**

[www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf](http://www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf)

**Don't Give Up without a Fight...  
There is More to Life than Death!**



**You will discover there is a way and the  
means to bring you out of darkness, and  
into the light of a new life!**

**We Care...**

**Suicide is not the light  
at the end of the tunnel...**

**Call 1-800 -273-8255**



Krulak Marine Alliance of Alabama

**You Are not Alone, Talk  
With Someone Who Cares!**

**Call:** 1-800-273-8255

**Text:** 838255

**Deaf-Hard of Hearing Call:**  
1-800-799-4889



**Suicide Prevention Awareness Resources Enrollment**

**A crisis may involve thoughts of suicide, early warning signs:**

- Withdrawing from family and friends
- Hopelessness; feeling like there's no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug misuse



**The following signs requires immediate attention:**

- Thinking about hurting or killing yourself
- Looking for ways to kill yourself
- Talking about death, dying, or suicide
- Self-destructive behavior such as drug misuse, excessive drinking, or carelessly handling weapons, etc.

# OARRS / Opioid Addiction Reversal & Rehabilitation System

Opioids are pain-relieving drugs that include codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, and oxycodone. Doctors usually recommend them for treating moderate to severe pain. They also advise precaution when taking them. Because of their highly addictive nature, patients may begin abusing them without even realizing.

**Understanding what opioids are is vital in order to potentially diagnose opioid addiction or abuse.**



Opioids reduce the feelings of pain by acting on the limbic system, the brainstem, and the spinal cord. **They attach to receptors in the brain, sending signals to block out the pain and induce a calming and relaxing effect.** Whether we're talking about Vicodin or the street drug, heroin, the primary effect is the same. However, it varies in intensity according to how much of the drug you take and how. If you swallow the pills, for example, it will take the substance longer to reach the brain than if you inject it.

Opioids usage, much like opioid addiction, varies among subgroups – **adults aged 40 years or older are more likely to experience issues and become addicted to the drug than younger users.** Some noticeable differences are between men and women, as well. Women are more likely to use prescription opioids and become addicted to them than men. However, keep in mind that addiction affects all genders, ethnicities, and ages when attempting to diagnose opioid addiction.

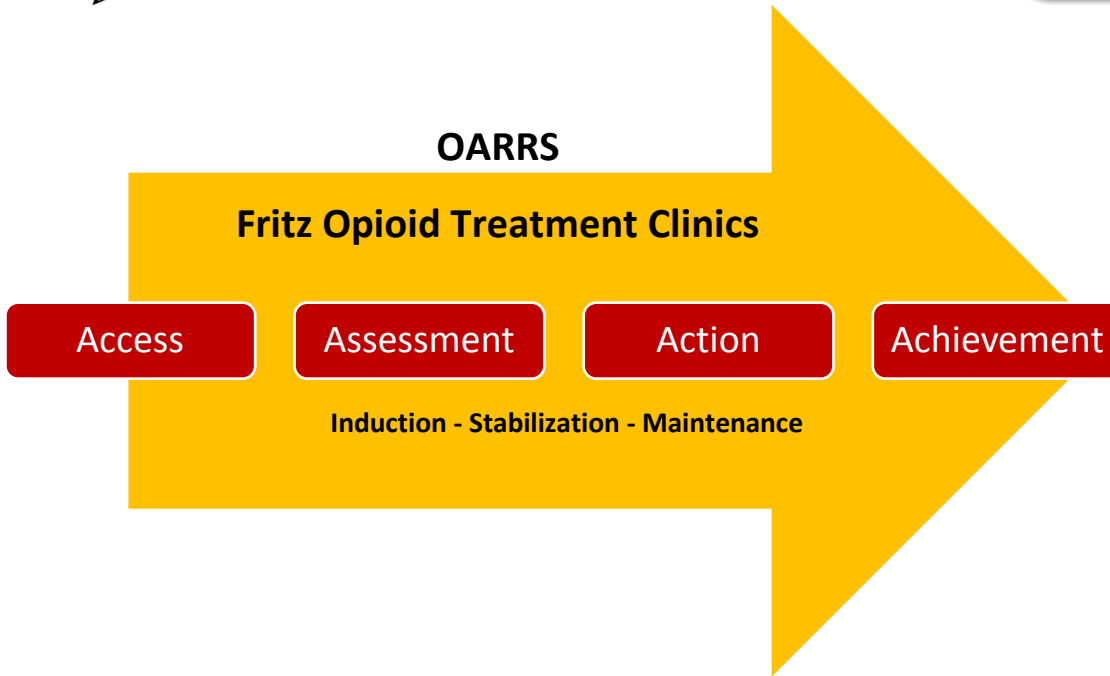
**OARR Participants:** All aware, involved, and proactive in opioid addiction reversal.

- Addicted
- Parents
- Siblings
- Relatives
- Friends
- Physicians
- Clergy
- Coworkers
- Teachers
- Law Enforcement
- Veterans
- Neighbors



Women face a higher risk of developing opioid addiction largely because they are more likely to experience chronic pain than their male counterparts. While the percentage of men that die from drug overdoses is overall greater than that of women, there is evidence that shows that women are the ones that are more prone to initiate opioid use. That is because doctors usually prescribe opioids to women for longer periods, increasing the probability of them developing an addiction. <https://windwardway.com/symptoms-of-addiction/opioid/>

KMAA will partner with Fritz Clinic, a statewide network of opioid treatment clinics for an assessment and treatment option for Veterans experiencing opioid addiction.



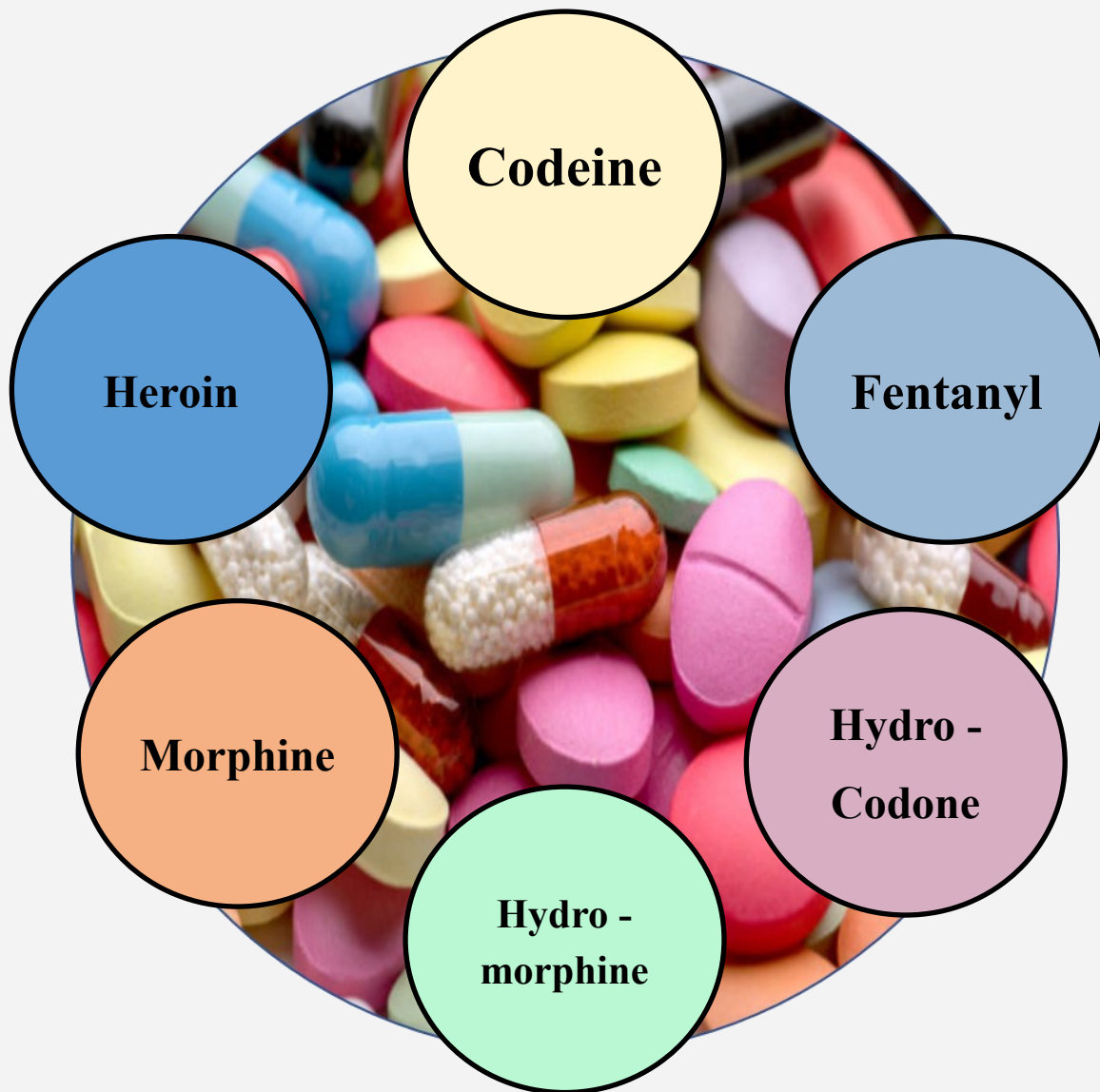
The four stages or phases of the OARRS Program:

- **Access** / Engage resources (*SPARE a Life™ initiative*)
- **Assessment** / Situation & condition (*Fritz OTC Network*)\*
- **Action** / Treatment & follow-up (*Fritz OTC Network*)
- **Achievement** / Outcome & sustainability (*Fritz OTC Network*)

As part of the SPARE a Life™ initiative, Fritz Clinic offers medically assisted treatment via a network of conveniently located clinics using Suboxone. This protocol commonly involves three phases: induction, stabilization, and maintenance. The introduction phase is the medically monitored start-up of addiction therapy.

\*OTC / Opioid Treatment Clinics

# Don't Be a "Gotcha" Ten Percenter! You're Smarter Than That...



Studies reveal one-third of people taking opioids for chronic pain become dependent on them and **more than ten percent become addicted in a short period of time.** Source: Mayo Clinic

**Call Now: 205-942-4222**

Fritz Clinic will help you **kick the habit** with a highly-effective, FDA-approved medication!

**Krulak Marine Alliance of Alabama**  
KrulakMarines.org



**Kick the Habit**  
**Substance Abuse is Self Abuse!**  
**Call Now...**

**205-942-4222**

**Fritz Clinic Network of Alabama**

**OARRS / Fritz Clinic**  
**Opioid Addiction Reversal & Rehabilitation System**

Opioids are pain-relieving drugs that include codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, and oxycodone. Doctors usually recommend them for treating moderate to severe pain. They also advise precaution when taking them. Because of their highly addictive nature, **Veterans may begin abusing opioids without even realizing they are addicted.** This could be you, or a friend through no fault of your own or theirs. **Call us now**, we can help you **kick the habit** with a highly-effective, FDA-approved medication.



**fritz clinic**  
Good Medicine

**Birmingham**  
**Decatur**  
**Gadsden**  
**Jasper**  
**Opelika**  
**Tuscaloosa**





## Krulak Marine Alliance of Alabama

1561 Montgomery Hwy, Birmingham, AL 35216



December 22, 2018

James N. Mattis  
Secretary of Defense  
1000 Defense Pentagon  
Washington, DC 20301-1000

Reference: Reducing Veteran Suicides

Dear Secretary Mattis:

As I am sure you are aware, the Veteran suicide rate has been increasing over the years. This is a growing concern to many, especially brothers in arms. According to the latest VA National Suicide Data Report, 2005-2016, Office of Mental Health and Suicide Prevention, September 2018, there is a lower increase in the suicide rate among Veterans in VHA care, (13.7 percent) than among Veterans who were not in VHA care (26.0 percent). In short, saved lives.

The Krulak Marine Alliance of Alabama, (KMAA) is a 501(c)(3), and has taken it upon itself to reduce the suicide rate among Veterans, especially Marines. I have included a few key documents from our suicide prevention initiative called SPARE. We believe our grassroots approach will strengthen existing endeavors to reduce Veteran suicides. Part of our overall strategy is this letter requesting the Department of Defense and your support.

We would like the Department of Defense to require all military personnel leaving the service to enroll in the Veterans Health Administration health care system during the discharge or separation process. This simple, yet important act, will have a significant impact toward reducing Veteran suicides.

As Marines are taught to adapt and improvise, the SPARE program focuses family, friends, and third-party entities into a multi-element effort to reduce Veteran suicides on the home front. More steel on target if you will. In fact, we believe the benefits will spill over to active-duty military personnel as well. I am available to discuss the SPARE program in greater detail if requested, but please give serious thought to implementing this modest request.

Warmest regards... Semper Fi,

John O'Malley / USMC  
KMAA Director / Recruiting-Retention and Vetting Officer  
337 Turnberry Road  
Hoover, AL 35244  
205-995-8495  
jom@strategicvisionsinc.com



## Krulak Marine Alliance of Alabama

1561 Montgomery Hwy, Birmingham, AL 35216



January 14, 2019

General Robert Neller  
Commandant Marine Corps  
HQMC 3000 Marine Corps Pentagon  
Washington, DC 20350-3000

Reference: Reducing Marine Suicides

Dear Commandant Neller:

As I am sure you are aware, the Veteran suicide rate has been increasing over the years. This is a growing concern to many, especially brothers in arms. According to the latest VA National Suicide Data Report, 2005-2016, Office of Mental Health and Suicide Prevention, September 2018, there is a lower increase in the suicide rate among Veterans in VHA care, (13.7 percent) than among Veterans who were not in VHA care (26.0 percent). In short, enrollment saved lives.

The Krulak Marine Alliance of Alabama, (KMAA) is a 501(c)(3), and has taken it upon itself to reduce the suicide rate among Veterans, especially Marines. I have included our "SPARE a Life" suicide prevention initiative document for review. We believe our grassroots approach will strengthen existing endeavors to reduce Marine & Veteran suicides. Part of our overall strategy is this letter requesting the Marine Corps and your support.

We would like the Marine Corps to require all military personnel leaving the Corps to be automatically enrolled in the Veterans Health Administration health care system during the discharge or separation process. This simple, yet important act, will have a significant impact toward reducing Marine suicides. Over 70% of the Veterans who commit suicide are not enrolled with the VA health care system.

As Marines are taught to adapt and improvise, the "SPARE a Life" program brings family, friends, and third-party entities into a multi-element approach to reduce Veteran suicides on the home front. More steel on target if you will. In fact, we believe the benefits will spill over to active-duty military personnel as well. I am available to discuss the "SPARE a Life" initiative program in greater detail if requested, but please give serious thought to implementing this modest request.

Warmest regards... Semper Fidelis,

John O'Malley / USMC  
KMAA Director / Recruiting-Retention and Vetting Officer  
337 Turnberry Road  
Hoover, AL 35244  
205-995-8495  
jom@strategicvisionsinc.com

# Attention Veterans



**Ask a Library Staff member to assist  
you with enrolling on-line with the  
VA Medical Center.**

**It's FREE - It's Easy - It's Important**

**Don't Delay, Enroll Today!**



## Krulak Marine Alliance of Alabama

1561 Montgomery Hwy, Birmingham, AL 35216



# Congratulations!

***You are about to undertake a major endeavor to help reduce the number of Veteran suicides in Alabama, and hopefully the nation.***

Participating is easier than one, two, three!

### **GETTING STARTED:**

1. Conspicuously display the SPARE a Life™ VA enrollment, suicide prevention and opioid intervention posters in high traffic areas.
2. Place the SPARE a Life™ VA enrollment, suicide prevention and opioid plastic cards in the plastic card holders provided in close proximity to related poster.

That's it, you are now officially helping reduce Veteran suicides in Alabama. You may never know whom your efforts saved, only that you made a proactive effort to save Veterans' lives by participating in the SPARE a Life™ suicide prevention initiative.

### **REFILLS:**

When your supply of SPARE a Life™ Enrollment, Suicide Prevention and/or Opioid cards are low, just send an e-mail to [recruiting\\_retention@krulakmarines.org](mailto:recruiting_retention@krulakmarines.org) requesting a refill. It's that easy!

### **SPARE a Life™ Options:**

1. Request a SPARE a Life™ speaker.
2. Become a SPARE a Life™ Community Coordinator (Identify entities for SPARE kits).
3. Make a patriotic donation to support the SPARE a Life™ suicide prevention initiative in Alabama and/or solicit contributions from others and corporations.

### **Contact SPARE a Life™ Coordinator:**

John O'Malley at 205-995-8495 or [recruiting\\_retention@krulakmarines.org](mailto:recruiting_retention@krulakmarines.org)

## Contact Information

### SPARE a Life™ Advisory Committee:

- **Dale Agan** / Managing partner-GoldenPoint MD (KMAA Member)
- **Ray Looney** / Chairman-Alabama Marine Foundation (KMAA Charter & Life Member)
- **John O'Malley** / Director/Acting Treasurer-Krulak Marine Alliance of Alabama (KMAA Charter & Life Member)
- **Robin Schafer** / Secretary-Krulak Marine Alliance of Alabama (KMAA Charter & Life member)
- **Al Wood** / Regional Director-Still Serving Veterans & Community Veterans Engagement Board (KMAA member)



### KMAA Mailing Address:

Krulak Marine Alliance of Alabama  
1561 Montgomery Hwy,  
Birmingham, AL 35216

### KMAA website:

[www.krulakmarines.org](http://www.krulakmarines.org)

### SPARE a Life™ Initiative Coordinator:

John O'Malley / Director / Treasurer (acting)  
205-995-8495  
[jom@strategicvisionsinc.com](mailto:jom@strategicvisionsinc.com)



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

AUG 14 2018

KRULAK MARINE ALLIANCE OF ALABAMA  
1561 MONTGOMERY HWY  
BIRMINGHAM, AL 35216-0000

Employer Identification Number:  
83-1275935  
DLN:  
26053621001758  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
July 27, 2018  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

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