

38, United States Code (as amended by paragraph (1)), the Secretary of Veterans Affairs shall ensure that the Department of Veterans Affairs personnel who provide assistance under such section are trained in the provision to persons who have experienced sexual trauma of information about the care and services relating to sexual trauma that are available to veterans in the communities in which such veterans reside, including care and services available under programs of the Department (including the care and services available under section 1720D of such title) and from non-Department agencies or organizations.

“(3) The telephone assistance service shall be operated in a manner that protects the confidentiality of persons who place calls to the system.

“(4) The Secretary shall ensure that information about the availability of the telephone assistance service is visibly posted in Department medical facilities and is advertised through public service announcements, pamphlets, and other means.

“(5) Not later than 18 months after the date of the enactment of this Act [Nov. 2, 1994], the Secretary shall submit to Congress a report on the operation of the telephone assistance service required under section 1720D(c)(1) of title 38, United States Code (as amended by paragraph (1)). The report shall set forth the following:

“(A) The number of persons who sought information during the period covered by the report through a toll-free telephone number regarding services available to veterans relating to sexual trauma, with a separate display of the number of such persons arrayed by State (as such term is defined in section 101(20) of title 38, United States Code).

“(B) A description of the training provided to the personnel who provide such assistance.

“(C) The recommendations and plans of the Secretary for the improvement of the service.”

TRANSITION PERIOD FOR ELIGIBILITY FOR COUNSELING

Pub. L. 102-585, title I, §102(b), Nov. 4, 1992, 106 Stat. 4946, as amended by Pub. L. 103-210, §2(b), Dec. 20, 1993, 107 Stat. 2497, provided that in the case of a veteran who was discharged or released from active military, naval, or air service before Dec. 31, 1992, the two-year period specified in 38 U.S.C. 1720D(a)(2) was to be treated as ending on Dec. 31, 1994, prior to repeal by Pub. L. 103-452, title I, §101(h), Nov. 2, 1994, 108 Stat. 4785.

COMMENCEMENT OF PROVISION OF INFORMATION ON SERVICES

Pub. L. 102-585, title I, §104, Nov. 4, 1992, 106 Stat. 4946, directed Secretary of Veterans Affairs, not later than 90 days after Nov. 4, 1992, to commence the provision of information on the counseling relating to sexual trauma that is available to women veterans under 38 U.S.C. 1720D.

REPORT ON IMPLEMENTATION OF SEXUAL TRAUMA COUNSELING PROGRAM

Pub. L. 102-585, title I, §105, Nov. 4, 1992, 106 Stat. 4946, directed Secretary of Veterans Affairs, not later than Mar. 31, 1994, to submit to Congress a comprehensive report on the Secretary's actions under 38 U.S.C. 1720D.

§ 1720E. Nasopharyngeal radium irradiation

(a) The Secretary may provide any veteran a medical examination, and hospital care, medical services, and nursing home care, which the Secretary determines is needed for the treatment of any cancer of the head or neck which the Secretary finds may be associated with the veteran's receipt of nasopharyngeal radium irradiation treatments in active military, naval, or air service.

(b) The Secretary shall provide care and services to a veteran under subsection (a) only on

the basis of evidence in the service records of the veteran which document nasopharyngeal radium irradiation treatment in service, except that, notwithstanding the absence of such documentation, the Secretary may provide such care to a veteran who—

(1) served as an aviator in the active military, naval, or air service before the end of the Korean conflict; or

(2) underwent submarine training in active naval service before January 1, 1965.

(Added Pub. L. 105-368, title IX, §901(a), Nov. 11, 1998, 112 Stat. 3360.)

§ 1720F. Comprehensive program for suicide prevention among veterans

(a) ESTABLISHMENT.—The Secretary shall develop and carry out a comprehensive program designed to reduce the incidence of suicide among veterans incorporating the components described in this section.

(b) STAFF EDUCATION.—In carrying out the comprehensive program under this section, the Secretary shall provide for mandatory training for appropriate staff and contractors (including all medical personnel) of the Department who interact with veterans. This training shall cover information appropriate to the duties being performed by such staff and contractors. The training shall include information on—

(1) recognizing risk factors for suicide;

(2) proper protocols for responding to crisis situations involving veterans who may be at high risk for suicide; and

(3) best practices for suicide prevention.

(c) HEALTH ASSESSMENTS OF VETERANS.—In carrying out the comprehensive program, the Secretary shall direct that medical staff offer mental health in their overall health assessment when veterans seek medical care at a Department medical facility (including a center established under section 1712A of this title) and make referrals, at the request of the veteran concerned, to appropriate counseling and treatment programs for veterans who show signs or symptoms of mental health problems.

(d) DESIGNATION OF SUICIDE PREVENTION COUNSELORS.—In carrying out the comprehensive program, the Secretary shall designate a suicide prevention counselor at each Department medical facility other than centers established under section 1712A of this title. Each counselor shall work with local emergency rooms, police departments, mental health organizations, and veterans service organizations to engage in outreach to veterans and improve the coordination of mental health care to veterans.

(e) BEST PRACTICES RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on best practices for suicide prevention among veterans. Research shall be conducted under this subsection in consultation with the heads of the following entities:

(1) The Department of Health and Human Services.

(2) The National Institute of Mental Health.

(3) The Substance Abuse and Mental Health Services Administration.

(4) The Centers for Disease Control and Prevention.