Annual Legislative Presentation
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AMVETS

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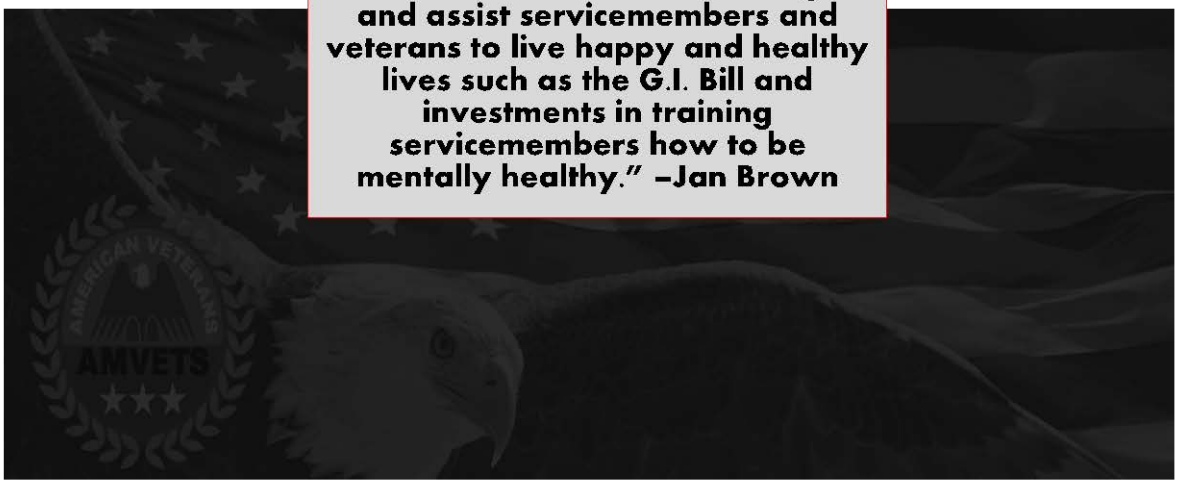
"We continue to maintain that the best investments Congress can make are those that encourage and assist servicemembers and veterans to live happy and healthy lives such as the G.I. Bill and investments in training servicemembers how to be mentally healthy." –Jan Brown



Chairman Moran, Chairman Takano, and honorable members of the House and Senate Committees on Veterans' Affairs, I appreciate the opportunity to present you with the 2020 legislative priorities and policy recommendations of AMVETS. For more than 75 years, our organization has been a leading voice in veterans' advocacy work. As the largest veteran non-profit to represent all of our Nation's veterans, this annual address allows AMVETS to assist Congress in making policy decisions that serve the best interests of veterans across the Nation.

We are thankful for all of your team's efforts and time over the first year of this Congress. AMVETS has made increased investments in our efforts on Capitol Hill because we believe there are many troubling outcomes that the veteran community is facing. As you know, there is much work to be done in a presidential election year.

As such, we are worried that, unfortunately, the veteran space has become overly politicized, particularly on the House Veterans Affairs Committee. Veterans have long enjoyed a tradition and respect of decorum that both parties and the individuals assigned to lead these committees abide by. We hope that all of the leaders on these committees can make necessary adjustments and thereby significant progress on the many issues we will discuss.

We continue to maintain that the best investments Congress can make are those that encourage and assist service members and veterans in living happy and healthy lives such as the G.I. Bill and investments in training servicemembers how to be mentally healthy. Too often, we are finding ourselves focused on emergent needs. The problem with this approach is generally expensive programs with poor long-term outcomes.

AMVET pursues those issues that are most negatively affecting our veterans or that stand to provide the most significant positive benefit to them.

As such, we have three pressing issues we are advocating for in the remainder of this Congress: addressing our mental healthcare crisis and suicide epidemic, addressing the critical needs of women veterans, and providing timely access to high-quality healthcare.

AMVETS Encourages Congress to make a Significant Investment in Alternative Approaches to Mental Health

If the entire 2019 mental health care budget was $100, the House Veterans Affairs Committee spent the first year of Congress arguing over a quarter. Meanwhile, AMVETS sees no reason or any new significant change in efforts that would lead us to believe we did not lose another 6,000 veterans in 2019. Victory laps were taken for hearings and roundtables. Poorly thought out legislation was marked up before having any hearings that included the VSO and non-profit community. Any voices that are not supportive of

the status quo have generally been shut out of the conversation or not considered for finding a path forward. Union needs were prioritized over coming up with new solutions amidst a crisis. Draft legislation was not shared with VSO's for consideration. Key staff bullied other staff on the committee, and the list goes on.

Of all that, most striking, and also most concerning to us is seemingly the intent of doubling down on "evidence-based" approaches that have been shown on at least five occasions to be failing most veterans, most of the time.

How are we ever going to get a handle on this problem if we are spending more than 90% of our resources on approaches that fail most veterans, most of the time?

This approach not only seems to be poor politics, but it will also certainly result in more lives lost.

The Evidence on Evidence-Based Approaches

AMVETS has been astonished that significant research has been released without any consideration by Congress to review the research or ask those who are in charge of these research efforts to testify before Congress. The most glaring examples of this are the two outcomes assessments ordered by Congress.

As a result of the Clay Hunt SAV Act, Congress required V.A. to provide an outside assessment of V.A. Mental Health programs. The first report was due to Congress in October of 2018[1] and the second was due in October of 2019.[2]

In both assessments, V.A. reported that veterans receiving General Mental Health treatment, and PTSD Specialty treatment resulted in no clinically significant outcomes as a result of their treatment.

Just this month, The Journal of the American Medical Association (JAMA) reported that the psychotherapy approaches considered by the Departments of Veterans Affairs and Defense to be front-line treatments for military-related PTSD don't work for up to two-thirds of patients.[3] JAMA reported similar findings in 2015 and 2017[4], whereby they highlighted the need for new and novel treatments.

The bottom-line, our approach for veterans mental health is failing, or as Dr. Edward Coffey recently testified, “what does it mean to be the best in an incredibly mediocre system.” Congress continues to ignore the most critical fact in the room: where we are

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[1] 2018 Annual Report: VA Mental Health Program and Suicide Prevention Services Independent Evaluation.

[2] 2019 Annual Report: VA Mental Health Program and Suicide Prevention Services Independent Evaluation.

[3] Steenkamp, Maria M., et al. “First-Line Psychotherapies for Military-Related PTSD.” *Jama*, vol. 323, no. 7, 2020, p. 656., doi:10.1001/jama.2019.20825.

[4] SteenkampMM,LitzBT,HogeCW,MarmarCR. Psychotherapy for military-related PTSD: a review of randomized clinical trials. *JAMA*. 2015;314(5): 489-500. doi:10.1001/jama.2015.8370

spending the vast majority of resources fails most veterans, most of the time. Most efforts by the White House, the V.A., and Congress continue to focus on creating more "access." Access, or more significant funnels, to treatments that do not work, will not, and have not, achieved the outcomes we need: helping veterans live mentally healthy lives that are worth living.

Recommended Actions Related to Mental Health

AMVETS recommends spending the totality of the proposed budget increase for V.A. Mental Health on a VA/DOD Mental Health Center for Innovation. This $683 million investment should be used not as additional funding for approaches that fail most veterans, most of the time, or for increasing access to those treatments. We should use this funding as an investment to incubate, test, and scale approaches that are proving to be effective. The majority of this funding should be allocated to fund alternative, novel, and non-pharmacological approaches such as Post Traumatic Growth, recreational therapy, yoga, and others that V.A. has not fully embraced, tried or tested. Portions of the funding should be allocated for providing contracts for services to non-profit community providers who have been active in serving veterans. Some of this funding should also go toward creating long term studies on the effectiveness of these approaches. We need to get out of the business of Randomized Clinical Trials (RCTs) as a holy grail of "Evidence-Based" research.[5] The reality is that the approaches we are using are not sufficient; the research and death toll state the same.

The bottom line, we need to stop doing the same actions, and expecting fewer deaths, it did not work when the budget was 2.4 billion dollars, and it will not work when it is well over ten billion dollars. We need to start making significant investments in an approach that gets us out of our flawed and ineffective model.

AMVETS recommends that both HVAC and SVAC hold a joint hearing that includes the authors of the JAMA reports, and the Clay Hunt SAV Act; as well as individuals who have provided evidence for alternative models being useful in the non-profit space. If we don't fully embrace and understand what is working well, what is not working, and what is kind of working, we will be unable to start charting effective models moving forward. More voices should be at the table, particularly those that are doing great work in the community, and those that are sounding the alarms in regards to our current approach.

The Department of Defense should be at the table. In most discussions, including at the President's PREVENTS task force and throughout 2019's congressional hearings and roundtables, the Department of Defense has been a significant and noticeable non-participant. AMVETS believes a Servicemembers time in service, and their transition is likely the most critical component missing as we work to help service members and

[5] Shedler, Jonathan. "Selling Bad Therapy to Trauma Victims." *Psychology Today,* Sussex Publishers, 19 Nov. 2017, www.psychologytoday.com/blog/psychologically-minded/201711/selling-bad-therapy-trauma-victims.

veterans alike to create a real antidote to suicide: a life worth living. Having DOD involved in all of these solutions is the most pro-active way we can get ahead of this issue. For many of our veterans, their downward spiral starts at their transition from the military. At that moment, when they leave behind their band of brothers and sisters, lose their mission and purpose, they will often find themselves isolated. This is a critical final touchpoint, one in which crucial training and resources can be provided before their geographic dispersion.

We recommend that Congress require higher levels of budget accountability for V.A. mental health. We continue to write blank checks for V.A. concerning the effectiveness of their programs over the long term. This year, some members of Congress devalued alternative approaches to mental health and flouted the V.A. as best in class. These same members, and their staffs, took no time to do any oversight of the programs they have negated. They have generally relied on RAND studies that, in their research, assume "evidence-based" approaches to be effective, and simply compare V.A. and non-VA evidence-based approaches. In contrast, JAMA and V.A.'s Clay Hunt Reports review the effectiveness of the dominant approaches used at V.A. and DOD and come to the conclusion they are not generally clinically effective at all. Proponents of more of the same also rely on Randomized Clinical Trials, as the proof for the effectiveness of "Evidence-Based" treatments.

The reality is there is very little being tracked at V.A. with regards to the treatments V.A. patients are receiving and their effectiveness over significant periods. There is even less data when you consider the combination of treatments veterans receive over time. For instance, many veterans receive psychotropics in combination with Cognitive Behavioral Therapy. If this proves to be ineffective, they will be referred to inpatient treatment. Along this entire continuum, little is measured evaluating the effectiveness at 6 months, 18 months, 10 years. Very little is known about these treatments long term impact on veterans, and it is time we hold V.A. more accountable for long-term impacts and stop allowing 12-week RCT's to be held up as the holy grails of treatment modalities.
Further, all modalities should also start to incorporate quality of life measures. How are these treatments leading to veterans living higher quality of lives, if at all? Again, this is all data V.A. does not track and should, if we are going to get a handle on this situation, spend this budget effectively, and most importantly, help veterans live high quality mentally healthy lives.

AMVETS strongly discourages using the following statement: “16 of 20 veterans who have died by suicide have not been to the V.A." The statement is highly misleading, and it denigrates what is possibly the most critical question we should be asking: "How many of the veterans who have commit suicide have EVER been to the V.A.?" The importance of the question highlights the fact that at some point, many of these veterans have been to the V.A. and that we may have failed them somewhere within that continuum. We need to stop blaming the victim by suggesting a different result may have occurred had they been to a V.A. recently. The facts point to V.A. Mental Health as generally ineffective for too many veterans who have very few alternatives. The more important questions we need to start asking are: at what point did we lose this veteran’s confidence in V.A. and

why?; what programs, treatments, and pharmaceuticals did these veterans receive at V.A. before their suicide?; and how do we deliver high impact treatments that are effective over time?

Lastly, AMVETS encourages Congress to enact S. 785. While this effort does little to drastically change V.A.'s status quo of the $9.4 billion being spent on efforts that don't work up to 2/3's of the time, it is a step forward in that it would provide some funding to innovative programs in the community while also creating pilots for new approaches. With that said, if these investments do not grow significantly, we don't see them having a dramatic effect on the 6,000 veterans, and maybe more at this point, we are losing every year. A more significant portion of the Mental Health Budget needs to be spent on creating a bulwark and access to non-pharmacological, non-traditional approaches within V.A. and DOD, and within the communities in which veterans reside.

Closing the Gap for our Women Veterans and Servicemembers

Addressing mental health issues that are specific to women is a top priority for AMVETS. The rate at which women choose to end their own lives is 180 percent higher than members of the same gender who never served. Male veterans, meanwhile, are 140 percent more likely to commit suicide than their peers who have only known civilian life.

Let AMVETS be clear. There are many improvements to be made at V.A. to make women veterans feel welcomed and safe. This is a top-down effort, and at no time should we be questioning victims about their experiences at the V.A. AMVETS is appalled to learn of continued lapses at V.A. with regards to its policies in handling such incidents. Adequate, timely, and practical training needs to be provided to all employees with regards to creating safe environments for all veterans. And when claims of harassment are made, there should be clear guidelines that are followed in those incidents for attending to those victims. V.A. personnel and V.A. leadership should be held accountable for those policies. Blaming victims or insinuating character issues would be unacceptable if it were your mother, sister, or daughter; thus, it is equally unacceptable when they are someone else's loved one.

AMVETS is supportive of the *Servicemembers and Veterans Empowerment and Support Act of 2019*, introduced in the House as H.R. 1092 and in the Senate as S. 374. This legislation expands health care and benefits from the V.A. for military sexual trauma. Section 101 of this legislation adds technological abuse as an assault that the V.A. is required to provide counseling and appropriate care for. Technological abuse may include unwanted, repeated phone calls, text messages, or social media posts.

Upon passage of this bill, if a veteran claims that a covered mental health condition was caused by military sexual trauma during active service and the opinion of a mental health professional is consistent with that claim, the V.A. will accept this claim as sufficient proof of service-connection even if there is no official record of such incurrence in the service.

H.R. 1092 and S. 374 will allow members of the reserve components of the Armed Forces, including members of the National Guard, to be able to access all V.A. health care

facilities to receive counseling and treatment relating to military sexual trauma and not just Vet Centers.

There are specific sections of S. 785 *John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* that address mental health disparities specific to women veterans. We support language that will require an assessment of the capacity of peer specialists of the V.A. who are women. This assessment will be required on the geographical distribution of peer specialists of the V.A. who are women, the geographical distribution of women veterans, the number and proportion of women peer specialists who specialize in peer counseling on mental health or suicide prevention, and the number and proportion of women peer specialists who specialize in peer counseling on non-mental health-related matters. Based on this assessment, the V.A. will then submit a plan to hire additional qualified peer specialists who are women.

AMVETS has also endorsed H.R. 4281 *Access to Contraception Expansion for Veterans Act* and H.R. 5045 *Veteran Employment and Child Care Access Act of 2019*. This legislation allows Women Veterans to have autonomy and feel empowered to decide what's best for them. With the benefits of contraception beyond the pregnancy, Women Veterans should have peace of mind knowing the lack of contraception won't be an added stressor.

AMVETS supports H.R. 4281, which gives women veterans the option to receive a 12-month supply of oral contraceptive pills at the V.A. Providing women service members with more than the current 6-month standard supply allows them to have greater control over how their bodies regulate. This may further maximize performance while on deployment or in circumstances where women's health services are not readily available during unexpectedly prolonged assignments.

AMVETS also urges the passage of H.R. 5045, which requires the Secretary of Veterans Affairs to provide childcare assistance to a veteran who is receiving training or vocational rehabilitation on a full-time basis. The VA currently provides a wide gamut of supportive services for veterans undergoing vocational rehabilitation, such as training costs, tuition and fees, books, supplies, equipment, tutoring, and special services. A lack of childcare options has been a long-standing barrier for too many veterans who would otherwise benefit from this additional support to fully participate in vocational rehabilitation.

Timely High-Quality Access to Healthcare

The VA has pledged to serve our veterans' healthcare needs, but the means of accessing this care is different for every veteran. There are an estimated 4.7 million rural and highly rural veterans who face a unique combination of factors that create disparities in healthcare not found in urban areas, such as inadequate access to care, limited availability of skilled care providers and additional stigma in seeking mental healthcare. There is also the continued challenge of the politicization of V.A. healthcare. AMVETS realizes that the best healthcare option for veterans will provide a reliable, well run, and

fully staffed V.A. first! As a support mechanism, V.A. will utilize private care when it makes sense to provide ease of care to veterans, as is often the case for veterans in rural areas.

As such, AMVETS fully supports H.R. 4154, the Leave No Veteran Behind Act, which requires V.A. to reach out to veterans who have not utilized V.A. care for an extended period. Even though these veterans are out of sight, they should not be out of mind. Proactively encouraging veterans to receive overdue, baseline, comprehensive physical exams, comprehensive eye examinations, and mental health check-ins can go a long way in reducing long-term higher cost treatments and reducing veterans isolation.

AMVETS also supports language in S. 785 that will make telehealth available to more veterans living in rural areas.

The Largest and Least Discussed Threat to the Veteran Community: The Combustible Cigarette

Despite a great deal of effort and resources put forth by the government, AMVETS, and many other organizations, far too many veterans and their family members still choose to participate in one of the most unhealthy, legal actions one can take: smoking combustible cigarettes. The U.S. Centers for Disease Control and Prevention and V.A. estimate that nearly one in three veterans use tobacco. Anecdotally, we see an even higher rate, of about 40 percent, in our posts.

In testimony last year, my predecessor spoke of AMVETS' deep concern and AMVETS' new efforts to address the number-one cause of preventable deaths in the United States.

Veterans smoke at much higher rates than most non-veterans. It is easy to trace the disproportionate number of smokers in the veterans' population back to military service. The majority of our members served in uniform when our military still issued cigarettes in military rations. Many tell us the stress inherent to military service made it virtually impossible not to at least try smoking at some point on a deployment, after a firefight, or to fend off hunger pangs during downtime in the field.

AMVETS has spent years promoting smoking cessation programs in partnership with the V.A. Clearly, it would be best if veterans refrained entirely from using nicotine. But there is ample evidence that there is still a lack of interest in quitting among far too many. Encouraging and helping veterans to quit their nicotine use will remain a long-term goal. But we now are thinking and acting outside the box to aid veterans in finding alternative means to obtain nicotine.

Over the past year, AMVETS has developed an innovative, a first-of-its-kind nationwide program that brings to our members special access to products and incentives to try alternatives such as e-cigarettes.

This AMVETS program is voluntary, solely for veterans and their spouses who already smoke, and are at least 21 years of age. We have made available to our members' support and e-cigarette alternatives at reduced costs.

AMVETS hopes this program will help in the national effort to reduce secondhand smoke. After decades of progress in the United States, efforts to reduce exposure to secondhand smoke among non-smokers recently stalled, according to the CDC. Being that veterans organizations' posts are private clubs, many state and local codes allow these gathering centers to be the last places in town in which smoking is legal indoors. The secondhand smoke is affecting non-smokers, their spouses, and even the posts' viability as non-smoking veterans find smoky rooms unwelcoming. The importance of having welcoming, inclusive places for veterans to share one another's comradery cannot be overstated.

As we've discussed the program with our posts' leaders, we found most "smoking posts" unwilling to go "smoke-free" out of fear they would lose many current members. But the desire to do so is real. We hope that as more veterans go through our program, more posts will stop allowing smoking indoors.

Interest in bringing the program to their posts has been very high, with more posts requesting inclusion than we had the capacity for in the first year. It is clear that our members want and need alternatives, such as this program.

Over the first year of this program, AMVETS has significantly reduced the number of combustible cigarettes being smoked by our members and in our posts.

The program was brought to 35 of our posts in eight states in 2019, with members joining from about a dozen other posts remotely. AMVETS' goal beginning the program was to enroll 200 members. We exceeded that with 371 members enrolling. 189 were women, and 182 were men. That ratio is notable, given that women make up only about 12 percent of our membership.

Most participants self-identified as "long-term heavy smokers." The average participant started smoking when they were 18 years old, had been smoking for an average of 37 years and was smoking at least a pack a day (20 cigarettes) when they began the program.

We found that switching from cigarettes to an e-cigarette is not easy and is not for everyone. While program participation does not guarantee a full transition from combustible cigarettes, it is a good indicator of program interest and value. Each participant in the 90-day program was asked to voluntarily complete a survey every 30 days. 60 percent of those who enrolled completed the first survey. 43 percent completed the 60-day survey. And 36 percent completed the 90-day survey.

Numerous participants provided additional feedback, many describing fully transitioning from smoking a pack or more a day for decades. 92 percent of those who completed the program said they would recommend it to others.

AMVETS continues to closely monitor the U.S. Food and Drug Administration's important work on formalizing regulations concerning vaping products. This AMVETS program has only involved legal, commercially available, factory packaged devices, and liquids.

We encourage other veterans organizations and the V.A. to look at our innovative program. The desire and need for new approaches are strong among veterans and their spouses to address the on-going use of combustible cigarettes at significantly higher rates than non-veterans.

In response to the program's success and growing demand, we are continuing through 2020. Our goals for 2020 are to make our program available to more of our members. We aim to continue reducing the number of combustible cigarettes used by our members and in our posts, making our posts more welcoming, inclusive environments. And we hope the program’s success generates new, meaningful dialogue among other veterans advocates and V.A. to find new approaches and solutions.

Conclusion

Chairmen Moran and Takano, and members of the Committees, I would like to thank you once again for the opportunity to present the issues that impact AMVETS' membership, active duty service members, as well as all American veterans. As the V.A. continues to evolve in a manner that can improve access to benefits and healthcare, it will be imperative to remember the impact that any changes to those systems on millions of individuals who defended our country. We cannot stress enough the need to preserve and strengthen the V.A. as a whole, across all administrations, to ensure the agency can deliver on President Lincoln's sacred promise now and in the future.

Commander Jan Brown

Jan Brown was elected National Commander during the 2019 AMVETS National Convention held in Louisville, Kentucky. Originally from Washington State, Commander Brown faithfully served her country for 27 years in the U.S. Air Force, retired at the rank of Senior Master Sergeant.

After her Air Force career, she joined AMVETS and began to rise through the ranks of the organization, holding several critical leadership positions.

Before becoming AMVETS National Commander, Brown served as AMVETS National First Vice Commander, National Second Vice Commander, the first-ever National Third Vice Commander, National Credential Chairperson for 20 years, a trustee on the Ohio Service Foundation, numerous years as Post 44-OH Commander, and Commissioner of the Mahoning County Veterans Service Commission.

Commander Brown is a recipient of several awards, including Ohio AMVETS of the Year and Mahoning County Veteran of the Year.

Commander Brown lives in Boardman, Ohio, with her husband John P. Brown III, who is a past National Commander of AMVETS.

ABOUT AMVETS

Today, AMVETS is America's most inclusive Congressionally-chartered veterans service organization. Our membership is open to both active-duty, reservists, guardsmen, and honorably discharged veterans. Accordingly, the men and women of AMVETS have contributed to the defense of our Nation in every conflict since World War II.

Our commitment to these men and women can also be traced to the aftermath of the last World War when waves of former service members began returning stateside in search of the health, education, and employment benefits they earned. Because obtaining these benefits proved difficult for many, veterans savvy at navigating the government bureaucracy began forming local groups to help their peers. As the ranks of our Nation's veterans swelled into the millions, it became apparent that a national organization would be needed. Groups established to serve the veterans of previous wars wouldn't do either; the leaders of this new generation wanted an organization of their own.

With that in mind, 18 delegates, representing nine veterans clubs, gathered in Kansas City, Missouri, and founded The American Veterans of World War II on December 10, 1944. Less than three years later, on July 23, 1947, President Harry S. Truman signed Public Law 216, making AMVETS, the first post-World War II organization to be chartered by Congress.

Since then, our congressional charter was amended to admit members from subsequent eras of service. Our organization has also changed over the years, evolving to better serve these more recent generations of veterans and their families. In furtherance of this goal, AMVETS maintains partnerships with other Congressionally chartered veterans' service organizations that round out what's called the "Big Six" coalition. We're also working with newer groups, including Iraq and Afghanistan Veterans of America and The Independence Fund. Moreover, AMVETS recently teamed up with the V.A.'s Office of Suicide Prevention and Mental Health to help stem the epidemic of veterans' suicide. As our organization looks to the future, we do so hand in hand with those who share our commitment to serving the defenders of this Nation. We hope the 116th Session of Congress will join in our conviction by casting votes and making policy decisions that protect our veterans.

Information Required by Rule XI 2(g) of the House of Representatives.

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2018 - None

Fiscal Year 2017 - None

Fiscal Year 2016 - None

Disclosure of Foreign Payments - None