

Annual Legislative Presentation  
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AMVETS

Before a Joint Hearing of the  
House and Senate Committees on Veterans' Affairs  
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Chairman Tester, Chairman Takano, Ranking Member Moran, Ranking Member Bost, and honorable members of the House and Senate Committees on Veterans' Affairs, I appreciate the opportunity to present you with the 2021 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 that represents and is open to all of our nation's veterans, this annual address allows AMVETS to assist you in your legislative decisions that serve veterans' best interests across the nation.

We are thankful for all of your staff's efforts and time. AMVETS has made increased investments in Capitol Hill's actions because we believe there are numerous troubling outcomes that the veteran community faces. As you know, there is a lot of work to be done.

As such, we are optimistic that in the 117th Congress, the House and Senate Veterans Affairs Committees and the veteran community as a whole will work together on a bipartisan basis. Veterans have long enjoyed a tradition and respect of decorum that both parties abide by. We hope that all of the leaders on these committees will commit to putting veterans' needs before politics.

All of our institutions: Congress, the Department of Veterans Affairs, and its union, need to put veterans first. The past Congress exhibited numerous examples of individuals and organizations placing their interests before that of veterans. Our veterans deserve better, and we expect that of the many leaders within the halls of Congress, VA political appointees, and those who represent VA employees.

As President Biden's budget is prepared, we are hopeful that the proposals therein are bold and start to provide a vision of VA's future. Now more than ever, Congress and the administration need to take significant steps to address veterans' many challenges.

The VA is facing record deficits for significant infrastructure projects. Veteran suicide continues to climb despite the mental health budget quadrupling for evidence-based programs that are simply not proven to provide long-term sustainable outcomes. COVID has led to the infection of nearly 250,000 veterans, 10,000 deaths, and more than 800,000 veterans seeking employment.

Further, when you look throughout history, operating the VA has looked similar to a game of whack-a-mole, as administrations and Congresses have moved from one crisis to the next. The claims backlog, the Phoenix VA Medical Center waitlist scandal, infected surgical equipment, the appeals backlog, the Mar-A-Lago scandal, the call for Secretary Wilkie's resignation, and on and on.

What has been missing throughout all of these eras is a veteran-centric, veteran-first roadmap and strategy clearly articulating a VA that best serves veterans and will lead to the best long-term proactive outcomes for them.

## **BOLD VISION IS NEEDED TO CREATE BETTER OUTCOMES FOR VETERANS**

What is missing from our national leaders regarding the VA is an articulation of what the VA will look like in 10 years. VA is an amalgamation of programs, services, and healthcare that has grown year over year. Often stove-piped and lacking integration, VA services are reactive to veterans' needs. There are certain services veterans are not aware of and never utilize, while other services are inundated or are simply ineffective, requiring enormous investments.

The new Electronic Healthcare Record is the most extensive and most expensive contract in the VA's history. Implementation aside, the EHR represents an effort to create a seamless lifetime record for servicemembers and veterans.

Using this as a model, or possibly as a backbone, AMVETS encourages our congressional leaders and President Biden to be bold in thinking of what is possible. As a veteran, ideal care is not what is provided. We would argue that it's not even close to what ideal care would look like. We should refrain from any further labels of VA as "world-class." These artificial labels simply suggest that VA is better than the poor-performing private American healthcare system.

An ideal VA might leverage technology to a much greater degree than what we see today. AMVETS envisions a VA that utilizes technology solutions to provide proactive, preventative, and economically-beneficial services at meaningful and timely points of veterans' life cycles.

Envision a veteran with a VA digital personal assistant who interacts with their iPhone health app or their Fitbit. Imagine this digital assistant reaching out to a recently separated servicemember to schedule their first physical exam while at the same time making an appointment for them to meet with an educational representative to discuss their GI Bill benefits. Imagine VA providing health and diet recommendations based on the veteran's current health and exercise regimens. Imagine VA checking in once a year to ask if the veteran has considered utilizing her VA home loan. Or check in on diabetic patients to ask if they are still planning on making their appointment or checking and seeing if they need to reschedule.

As it stands today, the VA is primarily reactive and uncoordinated, focused on providing an array of services as veterans request them.

AMVETS encourages Congress and the administration to consider working toward a VA that proactively assists veterans in living happy, healthy, successful lives worth living versus the current system that broadly reacts to veterans and focuses primarily on reducing symptoms or problems.

Also, AMVETS will advocate for any climate change, infrastructure, or COVID relief measures to include VA. With massive overruns in major and minor construction, it is past time that a strategy address creating and maintaining environmentally safe and structurally sound facilities for veterans to receive care and assistance.

The reality is no one does more for veterans than the Department of Veterans Affairs. Providing these services in a more strategic, timely, and meaningful way can lead veterans and their families to live longer, higher-quality lives. Lives that would encourage them to become their best selves through education and employment opportunities, reduce avoidable lifestyle-healthcare costs, proactively teach veterans how to become and maintain a status of mental health, and reduce dependencies on disability benefits and other costly services.

What is needed to get us there is a bold vision beyond what we are seeing.

## **CONGRESS NEEDS TO CONTINUE TO PRIORITIZE SUICIDE PREVENTION AND MENTAL HEALTH**

Congress made a tough but necessary stride in the 116th Congress by acknowledging that VA mental healthcare alone, and traditional manualized therapies, were simply not providing the outcomes that have been promised for the past two decades. Nowhere in the VA is there a larger discrepancy with a lack of long-term tangible results associated with tremendous growth in funding for the same ineffective services. More of the same, year over year increases, a quadrupling of VA's mental health budget since September 11th, has simply not yielded the promises provided by the mental health and pharmaceutical industries.

Nonetheless, Congress and the administrations, for the most part, continue to fund these manualized therapies, treatments, and pharmaceuticals, despite there being little, if any, research suggesting that these programs are having meaningful, positive, long-term impacts on the veterans who they are serving. On the contrary, significant research highlighting their ineffectiveness has largely been ignored by Congress.

While The Commander John Scott Hannon Health Care Improvement Act (Public Law 116-171) represents Congressional acknowledgment that new, novel and more effective approaches are needed, the total investment on those approaches represents roughly 0.25% of the overall budget.

AMVETS encourages Congress to continue pressing the issue. Most importantly, take a deep dive into the research highlighting that VA's go-to methods do not work for many veterans.

If Congress simply increases the funding for ineffective and unproven manualized evidence-based treatments and prescribing pharmaceuticals that lead to suicide, more veterans will continue to die by suicide.

### **VA Mental Health Recently treated 6 of 20 Veterans Who Died by Suicide**

The inverse statement often pedaled by those suggesting that simply getting veterans to the VA will resolve or reduce suicide is not particularly strong. The figure, likely outdated at this juncture, was compiled by looking at suicide data throughout two years. For this reason alone, the model should stop being used as a suggestion that VA programs are particularly effective.

First, that means that 30% of veterans who died by suicide have been to the VA within the past two years.

More important questions regarding this data point are:

- Of these 20 veterans, how many have ever used VA programs and services?
- Of these 20 veterans, how many ever used VA mental health services?
  - How long did they participate in these services, and what manualized treatments were provided?
  - How many were prescribed pharmaceuticals related to mental health?
  - Were any non-VA pharmaceutical or evidence-based treatments provided to these veterans, and what were the differences or similarities in treatments provided, length of treatments, or correlations in medications?

The point here is this statistic is likely misleading, failing to answer critical questions about how the VA and the broader mental healthcare and pharmaceutical industries have or have not engaged these veterans and how we could have provided better outreach or more effective services. For instance, if 14 of 20 veterans who died by suicide had not been to the VA in their last two years, but 15 of 20 veterans had at some juncture used VA mental health, or VA services generally, does that change the meaning of this statement?

We think so, and we encourage our leaders in this space to employ more meaningful and accurate data in their communications.

## **Recommended Actions Related to Mental Health**

As we did last year, AMVETS recommends spending the totality of any proposed budget increase for VA Mental Health on a VA/DOD Mental Health Center for Innovation. Any mental health increase in the budget should not be used as additional funding for approaches that fail far too many veterans, far too often, 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 VA 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 effective 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. The reality is the approaches we are using are not compelling enough. The research and death tolls state the same, despite RCTs suggesting that the methods are effective in the short-term.

We need to stop doing the same actions and expect fewer deaths, it did not work when the budget was 2.4 billion dollars, and it will not work when it is well over 10 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, the Clay Hunt SAV Act reports, and individuals who have provided evidence for alternative models being effective 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.

AMVETS has been appalled at the amount of lip service provided to this issue while many who have proven to be effective in this space, or who have shown that what we are doing is not working have been shut out of the space.

The Department of Defense should be at the table. In most discussions, including at the President's PREVENTS task force and throughout 2019 and 2020 congressional hearings and roundtables, the Department of Defense has been a major, noticeable non-participant. AMVETS believes a servicemember's time in service and their transition are likely the most important component missing as we work to help service members and veterans create a true antidote to suicide: a life worth living.

Having DOD involved in all of these solutions is the most proactive way to 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, losing their sense of mission and purpose, they 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 Congress require higher levels of budget accountability for VA mental health. We continue to write blank checks for VA without regard to their programs' effectiveness over the long-term.

Last Congress, some members of Congress devalued alternative approaches to mental health and flouted the VA as best in class. They have generally relied on RAND studies that assume "evidence-based" practices to be effective and simply compare VA and non-VA evidence-based approaches. In contrast, JAMA and VA's Clay Hunt Reports review the effectiveness of the dominant evidence-based approaches used at VA and DOD and conclude they are not generally clinically effective at all. Proponents of more of the same also rely on Randomized Clinical Trials to prove the effectiveness of "Evidence-Based" treatments.

The reality is there is very little being tracked at VA with regards to the treatments VA 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 then be referred to inpatient treatment. Along this entire continuum, little is measured to evaluate the effectiveness at six months, 18 months, ten years. Very little is known about these treatments' long-term impact on veterans. It is time we hold VA more accountable for long-term impacts and stop allowing 12-week RCTs 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 a higher quality of life, if at all?

Again, this is all data VA does not track but 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.

### **501(c)(19) Veteran Service Organizations**

AMVETS has asked Congress for help on this issue for more than two years with little progress to report on. We have been asking members from both parties to support a legislative fix that would allow Congressionally-chartered 501(c)(19) non-profit Congressionally-chartered veterans service organizations to receive tax-deductible charitable donations.

The decades-old regulation in Internal Revenue Code section 501(c)(19) is harming our veterans' organizations. The 501(c)(19) non-profit designation is explicitly designated for veterans' service organizations. The key benefits of this designation are tax-exemption and the ability to accept tax-deductible donations. However, the current

regulation requires 501(c)(19) organizations maintain a membership of at least 90% wartime veterans to accept tax-deductible contributions.

Forty-five years following the creation of this Vietnam-era regulation, there are 2.4 million veterans who honorably served in our armed forces while our nation was not at war. That means more than 2.4 million veterans (13%) are not welcome in most veteran organizations, in part because of how they would impact the organization's tax status.

AMVETS is the only one of the "Big 6" Congressionally-chartered veterans service organizations open to all non-wartime veterans. About 38% of our members are not wartime veterans, leaving our 77-year-old organization unable to accept tax-deductible donations. This is especially harmful for our local posts located all over the country. AMVETS is active throughout thousands of communities in every Congressional district. But this antiquated tax code is hampering their efforts and limiting the good we can do in the community.

This year, our 250,000 members call on Congress to modernize the tax code by creating a statute that would allow any Congressionally-chartered 501(c)(19) veterans service organization to be eligible to receive tax-deductible charitable donations. This statutory change would positively affect several veterans' organizations and allow the 13% of veterans who served during peacetime to join those veteran non-profits that open their doors to peacetime veterans.

Supporting this fix would prove that you are committed to leaving no veteran behind - regardless of when or where they served.

### **Standing Up for Women and Minority Veterans**

AMVETS led the way in defending women veterans in the 116th Congress. VA, Congress, and all advocates need to work together to eliminate barriers to care and services that many women veterans face. We will work to increase the number of gender-specific providers in VA facilities to enhance privacy and improve the environment of care for women veterans. We will do everything in our power to ensure women veterans feel at home and welcome at their VA.

We applaud Congress and the new administration for making it a priority to ensure women receive the care they have earned and need in a safe, welcoming environment in every VA facility. We are committed to helping every step of the long way.

With a fast-growing women veteran population of more than 2 million, we must recognize their needs and understand how different their needs are compared to male veterans. Last year, I mentioned in my Congressional testimony the importance of

understanding and providing services to women veterans, hearing our stories to understand what is needed. But we, as a community, are still behind the curve on women veteran issues.

According to the VA's latest suicide report, women veterans are two times more likely to die by suicide than non-veteran women. The contributing factors include homelessness, unemployment, and hopelessness.

Many women veterans have lost faith in the VA system and don't seek the services they need at the VA because they aren't confident their needs will be met, be respectfully treated, or be safe. That is wholly unacceptable.

The VA needs to work on its messaging and create a national narrative to draw women veterans into the VA. When a woman veteran does engage with the VA, it needs to be a positive engagement. Whereby she feels just as valued, as welcomed, and as safe as her male counterparts. The culture throughout VA must reflect these values.

AMVETS has hosted numerous roundtable discussions and events over the past two years, centered around the women veteran experience to offer women veterans support. At our focus group in 2019, we discovered women veterans want mentorship, separate services, and an environment at the VA that is safe and comfortable.

The VA needs to offer more services in reproductive health. AMVETS is proud to be working with Representative Lauren Underwood on this issue. We are specifically supportive of the Protecting Moms Who Served Act.

At our ROSE event on Veterans' Day weekend, with more than 90 women veterans in attendance, women veterans were treated to an evening with free food, music and lavished with adoring gifts from Swarovski and Kendra Scott. Women veterans felt they mattered, were heard, and not forgotten on Veterans' Day.

It's important to mention that there are challenges within the women veteran community as well. Many women veterans of color want more representation at the VA. Having providers to who women can relate is essential. Being sensitive to offering services that cater to different ethnic groups will foster diversity and inclusion within the VA. It should be a priority at VA that their providers are diverse and able to relate to women veterans.

AMVETS, priding ourselves on inclusivity, knows the importance of addressing all veterans' needs absent of race, creed, or color. The VA can learn from us in offering the same to women veterans concerned that the VA is unrelatable to their needs.

The VA must do a better job at making the facility more welcoming of the LGBT+ community. AMVETS created a LGBT+ roundtable program. Those discussions make it clear LGBT+ veterans have felt isolated and unwelcome at the VA. One transgender veteran stated that after correcting the receptionist at the front counter about her gender preference, though visibly she looked male, the receptionist refused to acknowledge this change and continue to misrepresent her in front of a waiting room filled with other women veterans. As a result, this woman veteran felt ignored and not accepted by the

VA staff. Robust training is still needed, recognizing the diversity of our veterans community.

## **Meeting the Challenges Created by COVID-19**

AMVETS strongly urges Congress to provide prioritization of vaccines to the many high-risk veterans across the nation. VA is amply positioned to distribute the vaccine to every veteran, and as their Fourth Mission, it can help address the many challenges facing distribution of the vaccine.

In the 117th Congress, AMVETS has supported H.R.617 No Coronavirus Copays for Veterans Act, H.R.1276 VA VACCINE Act, and Fiscal Year 2021 Congressional Budget Resolution—which includes COVID-19 relief funding for the Department of Veterans Affairs (VA).

The VA VACCINE Act has received bipartisan support and is imperative to pass in order to secure COVID-19 vaccines for more veterans and their caregivers. Currently, VA is providing COVID-19 vaccines to veterans who are enrolled in their healthcare system. Upon passage of H.R.1276, VA will be able to provide vaccines to all veterans – including those who are not currently enrolled in the VA healthcare system.

Our country needs to make the vaccine readily available to every veteran and caregiver who chooses to receive it. Our members and veterans nationwide have felt the actual effects of the COVID-19 vaccine. We believe this bill is critical to getting past this pandemic and moving forward into a healthier year.

The No Coronavirus Copays for Veterans Act would close the CARES Act loophole to ensure that veterans receiving care through the Department of Veterans Affairs (VA) do not face any copayment or other form of cost-sharing for vaccines or other forms of qualifying preventive services related to COVID-19. Veterans in our country have been affected by the coronavirus in devastating ways. The virus has not only threatened veterans' health, but it has impacted their financial stability and mental health. This legislation is intended to prohibit the VA from requiring co-payment for preventive services related to COVID-19, such as a vaccine. Our veterans have already felt the burden of the virus, and those who choose to receive the vaccination should be able to do so without facing a financial burden.

AMVETS supports the funding included for veterans in the American Rescue Plan. \$17 billion of the total \$1.9 will be set aside for the Department of Veterans Affairs. \$14.5 of the \$17 billion will go toward vaccination distribution, healthcare, mental healthcare, staffing, suicide prevention, research, women's health, and telehealth expansion.

Over the past year, more than 19 million appointments were canceled or deferred because of the COVID-19 pandemic. We hope the VA will be able to use this funding to care for veterans who have not received care.

We support the measure included in the American Rescue Plan that will close the 90/10 GI Bill loophole. The 90/10 rule was put in place to prevent abuse of federal dollars, but for-profit universities have exploited this rule. In other words, for-profit universities have used the rule as a way to abuse federal dollars. The measure included in the coronavirus relief package would reclassify how GI Bill money is counted. For-profit schools must collect at least 10 percent of their revenue from non-federal sources. The 90/10 rule doesn't count the GI Bill as federal revenue, despite military scholarships coming from federal funding. Because of this, for-profit colleges have a lot of incentive to unfairly recruit veterans for their own benefit. Veterans in these situations often get cheated out of their education benefits and receive frivolous degrees.

More than \$270 million from the American Rescue Plan will go toward processing veterans' claims for benefits. The VA has been working through a backlog of hundreds of thousands of benefits claims after the process was paused at the start of the pandemic.

AMVETS is proud of the effort put forward by VBA leadership in doing their best to schedule and contract exams during the pandemic. Their effort during these trying times to keep processing disability claims is laudable, and we need to ensure they have the resources they need to not again visit the heights of a backlogged claims system we saw nearly a decade ago.

### **Wraparound Services for Veterans**

AMVETS takes a holistic approach to services offered to all veterans. Our professional staff, working with our volunteer members around the country, have developed a four-pronged suite of services to help veterans live lives worth living.

Our corps of highly-trained services officers serve veterans and survivors in every state and territory, providing no-cost-to-the-veteran claims representation.

As the COVID-19 pandemic closed businesses and eliminated jobs, we have seen many veterans filing their first claims or filing for increases. The disabilities were not new. But the economic fallout caused many to see the need to file for what they have already earned for the first time.

Since August, our service officers have guided veterans through the filing of more than 700,000 claims for service-connected disabilities and compensation. More than 1 billion dollars in earned benefits were awarded to those we represent during that small period of time. This has been an untold story of relief, recovery and stimulus

## **Employment and Entrepreneurial Opportunity**

Before the pandemic hit, AMVETS was working with partners to help veterans and family members find meaningful, gainful employment through a nationwide career centers program. Our staff and volunteers have placed tens of thousands in jobs that are leading to higher quality lives. Largely funded by the Call of Duty Endowment (CODE). CODE has increased its level of support to this program, setting higher goals and providing the resources needed to achieve them.

We began a new program partnered with Lowe's Home Improvement, offering guidance, scholarships and grants focused on enabling veterans seeking training to enter the trade industries. This has included grants for veterans already experienced in the trades to start their own companies. Through this and similar efforts, veterans will be at the forefront of building and modernizing the United States' infrastructure. We need more data to improve, to understand where the federal government is meeting needs and where it is not. We need the Government Accountability Office (GAO) to update its GAO Report: GAO-13-29 "VETERANS' EMPLOYMENT AND TRAINING: Better Targeting, Coordinating, and Reporting Needed to Enhance Program Effectiveness," which focused on the U.S. Department of Labor's Jobs for Veterans State Grants Program (JVSG) and its effectiveness in providing the tools needed to achieve gainful employment, to our nation's veterans.

The JVSG program reimburses states for the costs associated with funding Disabled Veterans' Outreach Program Specialists (DVOPS) as well as Local Veterans' Employment Representatives (LVER's) at American Job Centers (AJC) across the nation. The JVSG program comprises the largest portion of the Department of Labor's Veteran Employment and Training Service (DoL VETS) budget and in Program Year (PY) 2018 this program served nearly 80,000 veterans.

While JVSG programs have helped thousands of veterans get back to employment, it is incumbent on Congress to ensure that this program is meeting the needs of unemployed veterans in a post COVID-19 economy.

## **Cannabis Research**

AMVETS' National Resolution 19-13 encourages the VA to allow veterans access to medicinal cannabis through their VA doctors.

This summer, AMVETS is hosting the first-ever VSO-sponsored veterans cannabis conference, titled: *The Veterans Alternative Healthcare Summit: Options to Manage Holistic Health, Accessibility to Care and Economic Empowerment*. It will be a virtual, eight-hour conference on PTSD Awareness Day. The VA will be invited to participate in any of the panel discussions. We are working with Ration, a mission-oriented cannabis brand, on a documentary that will feature 22 veterans telling their stories of why they

use cannabis. The campaign for this documentary is titled “I am a Veteran and I use Cannabis,” and will premiere at the veterans cannabis conference.

AMVETS is collaborating with Todd Scattini, a veteran and CEO and cofounder of Harvest 360 in Missouri, to embark on a VA Pilot research study of chronic pain, PTSD, and TBI. We have involved the DC VA Research Department, which is assisting AMVETS in bringing together key stakeholders at the Missouri VA to conduct this research study.

## **Rolling to Remember 2021**

Over this coming Memorial Day Weekend, the thunderous roar of thousands of patriotic motorcyclists will return to Washington, D.C. in a large showing of support for our missing in action, any remaining prisoners of war, as well as those who made it home but are still suffering.

Rolling to Remember, as this demonstration ride is now called, is slated to begin in the Pentagon parking lots, roll over the Memorial Bridge, up Constitution Avenue, in front of our Capitol and down Independence Avenue, as these demonstrators have done each Memorial Day weekend for more than three decades.

Unfortunately, out of concern for health safety, last year was the first year since 1987 it didn't happen. But we will be back this year, safely, responsibly organized by AMVETS and some loyal friends. We are grateful for the Pentagon, the National Parks Service and the District of Columbia for their active partnership in making this year's demonstration possible.

The end outcome will hopefully be a greater understanding among non-veterans of what still needs to be done. Our federal government must continue searching for and identifying remains of our fallen overseas. If there are still Americans in captivity abroad, everything possible must be done to bring them safely home. We must double down on the promise to leave no one behind.

And the newly added mission to Rolling to Remember, to raise awareness of mental health struggles, is how I began this testimony. It is the most pressing issue in the veterans community, and we collectively call on each of you to continue treating it as such in this, the 117th Congress.

## **COMMANDER JAN BROWN**

Jan Brown was elected National Commander by her peers 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, retiring 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 a number of 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 Navy Veteran John P. "J.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 all active-duty, reservists, guard members 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 clear 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 Dec. 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 VA'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.