



House Committee on Veterans Affairs
“LEGISLATIVE HEARING ON HR 3495 AND DRAFT BILL,
TO ESTABLISH A PILOT PROGRAM FOR THE ISSUANCE
OF GRANTS TO ELIGIBLE ENTITIES.”
Wednesday, November 20, 2019
AMVETS



Testimony for
“LEGISLATIVE HEARING ON HR 3495 AND DRAFT BILL, TO ESTABLISH A PILOT
PROGRAM FOR THE ISSUANCE OF GRANTS TO ELIGIBLE ENTITIES.”

Before the
House Committee on Veterans' Affairs
November 20, 2019

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Chief Advocacy Officer
AMVETS

Chairman Takano, Ranking Member Roe, and honorable members of the House Committee on Veterans' Affairs, I appreciate the opportunity to present AMVETS' views on H.R. 3495 and the draft “amendment in the nature of a substitute” (ANS) under consideration.

As the largest veteran service organization that represents the interests of our Nation's 20 million veterans, we have prioritized addressing the mental healthcare crisis and suicide epidemic in our country. We signed a Memorandum of Agreement with the VA Mental Health and Suicide Prevention Office in 2018 for the purpose of better coordinating access to care and averting personal crises for the veterans we serve through our HEAL Program. Also, this month we made our scenario-based online crisis intervention program available to the public. Finally, AMVETS has steadily raised alarms regarding VA's approach to mental health that has fundamentally failed too many veterans and their families, as evidenced by statistical data.

Our Past National Commander provided emotional oral testimony in March as he told the story of an AMVETS Post Commander who took his life in the parking lot of his post. This issue is not abstract for us. Nor is it driven by numbers that cast human lives as averages and percentages. It is very raw and real for our AMVETS family.

In the past decade, we have lost more veterans to suicide than those who died in the Vietnam War. Since the start of the wars in Iraq and Afghanistan, we have spent more than \$70 billion on VA mental health programs, a cost that has only grown year after year, with no correlating drop in the number of suicides.

As we stated in March of this year, we must continue to confront the inescapable reality: VA's current efforts to curb suicide and expand access to mental health services have not measurably decreased the incidence of suicide among at-risk veterans.

After a statistical correction led to a decrease from 22 to 20 suicides per day, the number of veteran suicides per day remains stagnant. While some have chosen to view this as favorable when compared to the non-veteran populations, AMVETS will not subscribe to this tortured logic.

Despite billions of dollars spent, new legislation proposed and passed, and a considerable amount of pledges and lip service in the form of speeches, executive orders, and other initiatives, too many veterans are dying by suicide at an unacceptable rate.

Moreover, significant research has highlighted the need for new and more effective approaches. Yet Congress and the VA appear to have either turned a blind eye to this research, such as that involving genomic studies, peer retreats, and medical cannabis, or suffered from a collective failure of the imagination while doubling down on methodologies that have gotten us nowhere fast.

“These findings point to the ongoing crisis in PTSD care for service members and veterans. Despite the large increase in availability of evidence-based treatments, considerable room exists for improvement in treatment efficacy, and satisfaction appears bleak based on low treatment retention...we have probably come as far as we can with current dominant clinical approaches.”

The Journal of American Medical Association (JAMA) 2017

Thankfully, Congress has prioritized H.R. 3495. AMVETS is supportive in principle of both the proposed bill and amendment under consideration, mainly, for the sake of progress. At a time when thousands of veterans continue to die by suicide, Congress cannot justifiably stay the course or allow partisan deadlocks to win the day. The expanded use of care in the community, in both traditional and non-traditional forms, is not a job-protecting union issue, a pro/anti-privatization issue, or a political issue — it is literally a matter of life and death. Put simply, AMVETS believes this bill needs to be a bipartisan game changer in the effort to curb veteran suicide.

In general, there appears to be three points of acute interest on the current proposals: direct cash assistance, non-VA clinical treatment, and decision-making authority for grants. A brief discussion on these three points follows.

Direct Cash Assistance

Providing cash payments directly to veterans who are in the midst of personal crises has pros and cons. Many veterans find themselves in dire financial straits because of their inability to manage their finances. Giving them money could serve to deepen their despair. Other veterans find themselves in financial trouble due to circumstances beyond their control, such as those facing mounting medical expenses or unemployment due to barriers to opportunities.

Regardless of the reason, financial hardship is a common precipitating factor among many in suicide cases, so the focus must remain on saving lives first and foremost, not treating the situation like a credit application evaluation. Whether the monies are given directly to veterans or expenses are paid on their behalf by an eligible entity, the focus must remain on eliminating the key contributory cause of suicide — lost hope.

That could mean making financial counseling, employment assistance, and/or other supports that offer sustainability-focused solutions a part of the process. The point is helping at-risk veterans address short-term financial woes is an approach that must be explored, whatever the form happens to take. Reasonable compromises in this area should be made to move the bill forward.

Non-VA Clinical Treatment

The problem with “suicide” is that the word itself catches everyone’s attention. But it is the actions that lead up to it or effectively stop it that go unnoticed. There are myriad clinical and non-clinical interventions that have proven effective in achieving mental wellness for at-risk veterans. Many veterans suspect they are being taken through a generic checklist of protocols that fail to take into account their specific needs. This “process over people” approach to treating a patient population with unique needs often rewards VA clinicians for following standards while disincentivizing novel or nontraditional approaches that could prove more effective, in the view of many veterans and advocates.

Within the context of the proposed bill and substitute amendments, AMVETS remains concerned that a failure to compromise and allow for innovation in how “clinical care” is defined and coordinated at the local levels will only serve to exacerbate the problem. If eligibility for funding under H.R. 3495 is too tightly defined by traditional approaches, such as cognitive processing therapy and prolonged exposure, amongst other common treatments, then nothing will markedly change. However, the riskiest thing we can do is to just maintain the status quo.

There’s a difference between what veterans have gotten and what they’ve needed and deserved, starting with access to all possible pathways to wellness, not just those that fit within the boundaries of convention. This means offering non-traditional and alternative treatments, to include those that involve the intervention of non-clinicians and experts in peer engagement outside the clinical setting, which needs to be a key aim of the legislation.

VA already spends the vast majority of funding on tradition methodologies, the efficacy of which has been subject to debate in the Journal of the American Medical Association and other studies. As such, AMVETS supports using this funding to support alternative, effective, multi-pronged, and impactful approaches that expand beyond limited and costly standards of care.

Decision-Making Authority for Grants

This may perhaps be the most critical issue in terms of reaching a compromise on the language in the bill. In the proposed amendment in the nature of a substitute, AMVETS reads the intent to be funding provided by VA to “hubs,” presumably using pre-established screening and selection criteria, that will manage funding given directly to service providers. The alternative would be for VA to make the decision on funding and provide funds directly to service providers.

Like many aspects of the bills, both approaches bear pros and cons to weigh. Lying anterior to the question of who will disseminate funds is the question of what standards will be used to decide who should get the funds, specifically in terms of program or service quality. All programs that purport to serve veterans are not created equal. Some services might appear ineffective but render better results than first anticipated while others seem effective but only because they're common, which is why outcomes matter most.

Some veteran non-profits and organizations have done excellent work in measuring their outcomes and effectiveness while others are better at marketing intent than making impact. Not only should outcomes drive decisions about who gets funding, they also serve as the absolute best measure for judging whether the suicide problem is being adequately addressed. We can no longer allow delusions of adequacy to persist in a system that treats lives lost to suicide like the "dog bites man" stories they have increasingly become over time for the public and our government. The lion's share of any funding under the measure must go to programs that can demonstrate sustained effectiveness in preventing suicide among the veterans within their reach, particularly in areas of the country with the highest risks, such as tribal lands and rural regions.

Further, we are also concerned about the one-year period that will be reportedly needed to determine needs/gaps, as well as what entities will qualify as the "hubs" that will manage funding and decide who will receive it for the provision of services that have yet to be fully determined. The number of veteran suicides exceeded 6,000 each year from 2008 to 2017, and the numbers have not decreased in subsequent years. Staring the problem in the face without meaningful action for another year as we, once again, focus on process instead of the people that are dying is unacceptable. This process needs to be as streamlined and free of red tape as possible so that organizations are incentivized to participate and veterans do not need the patience of a saint to deal with the system and receive potentially life-saving benefits.

We understand that someone will have to serve as gatekeeper for the funds in the interest of fiscal responsibility, which means, in plain terms, deciding who receives funding based on a given criteria. But the best approach is that which does not build into the process more rules, contingencies, and reporting requirements than are necessary to attract the best and most effective non-VA service and support providers to augment VA's efforts.

Conclusion

Chairman Takano, Ranking Member Roe, and members of the committees, I would like to thank you once again for the opportunity to present the issues that impact AMVETS' members, active duty service members, as well as all American veterans. We believe we've only seen the tip of a huge iceberg that hides many more issues beneath the visible surface. But we can no longer stand for allowing a glacial pace of change to continue. As debate on H.R. 3495 continues, we urge you to imagine that the lives of those you love depend on your votes and your actions reflect the urgency that millions of spouses, parents, caregivers and peers live with every day — and tens of thousands of survivors can only wish had existed before they lost their loved ones.

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Sherman Gillums Jr. began his military career in the U.S. Marine Corps at age 17, a month after his high school graduation. During his 12 years of active service, he advanced from the junior enlisted ranks to a commission as an officer. He completed his career at the rank of Chief Warrant Officer 2 and received an honorable discharge after suffering a career-ending injury while preparing to deploy to Operation Enduring Freedom with Headquarters Battalion, 1st Marine Division.

In 2004, Gillums began his journey in veteran advocacy as an accredited representative for veterans, dependents, and survivors seeking VA benefits in Southern California. He later worked as member of Paralyzed Veterans of America's Field Advisory Committee and an appellate representative at the Board of Veterans' Appeals in Washington DC. Shortly thereafter, he accepted the position of Associate Executive Director of Veterans Benefits in 2011 and Executive Director in January 2016. Gillums joined AMVETS National Headquarters in January 2018 and currently serves as the Chief Strategy & Advocacy Officer for AMVETS.

Gillums Jr. collaterally serves as the vice chairman for the Federal Advisory Committee for Veterans' Family, Caregiver, and Survivor. He had previously served as a member of the Federal Advisory Committee on Prosthetics and Special Disabilities, adjunct faculty for the State of the Science Symposia hosted by Pittsburgh University, and a research reviewer for the Defense Department's Congressionally Directed Medical Rehabilitation Program in the areas of Technology Development & Devices, Clinical Trials, Qualitative Research, and Early Acute Care and Assessment in Neuroprotection.

Gillums has testified before Congress as an expert witness and appeared on CNN, Fox News, CBS News, and CSPAN as a voice for veterans. His opinion editorials in The Hill, Military Times, Washington Times, and other prominent print publications have proven influential in shaping policy and discourse on veterans' issues. His manuscript, "Paving Access for Veterans Employment through Holistic Transition: Practice Implications when Working with Veterans," was published in the Journal of Applied Rehabilitation Counseling in the Spring 2016 issue.

Gillums is a graduate of the University of San Diego School of Business Administration and completed his executive education at Harvard Business School.

About AMVETS

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 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.

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