Statement for the Record
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Full Committee Legislative Hearing
House Veterans' Affairs Committee

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At the start of this Congress, AMVETS' National Commander sounded an alarm. An alarm that our veteran and servicemember suicide epidemic had reached crisis levels and that Congress had failed to play a critical role in addressing it. Now that our country faces a pandemic and anxieties linked to sweeping social unrest, unemployment, and other uncertainties, the increase in veteran suicides is inversely proportional to Congress's grade on the issue of promoting policy and conducting oversight on a problem that has festered for far too long.

After nearly two years of banter and inaction, Congress is rushing to come to a compromise in order to send its members home to take victory laps on their efforts related to veteran mental health and suicide. The family of Rory Hamill, a father of three and a decorated Marine combat veteran, will not be celebrating as they mourn their loss due to suicide.

AMVETS recommends you hold off on those victory laps until 2024, where it will become apparent that the varied changes being proposed today will largely be ineffective in moving the needle significantly, if at all.

AMVETS anticipates that Congress's lack of significant action in the 116th Congress will result in no net reduction in the rate of veteran suicide.

The House Veterans Affairs Committee claimed that its priority this Congress was the suicide epidemic. Yet, for nearly the entirety of this Congress, the House Veterans Affairs Committee generally accomplished little more than just talk ad nauseum and now are rushing to consider several items that largely have not been appropriately discussed.

In fairness, the committee held some hearings, and rushed to markup numerous bills that would allow them to attempt to message and communicate that they cared about this issue. But in reality, the primary goal they achieved was to protect the status quo and cause confusion, enacting nothing that one could legitimately argue will be a game changer for a VA mental health system that is largely ineffective, unless counting prescriptions, telemedicine appointments, and other checked boxes that have nothing to do with curbing actual suicides.

The committee worked hard to create a culture of group think, inviting only those witnesses who agreed with the committee staffers who supported a status quo VA. Or in

other words, an echo chamber occupied by those who supported all the programs and policies that have not managed to reduce veteran suicide, nor have managed to help veterans live lives worth living over the past two decades, despite tens of billions of dollars being spent and the budget for these programs increasing four-fold.

In the 116th Congress, the House Veterans Affairs Committee only made friends with those who supported the idea that VA was the “gold standard” for veteran mental health, and those who supported the idea that only VA can provide assistance to veterans who are struggling. And that help only comes in the form of manualized, clinical therapies, that heavily emphasize the use of pharmaceuticals and that according to numerous medical literature reviews, anecdotal reports, and a growing veteran mental health non-profit sector picking up the pieces: veterans are summarily rejecting.

Anyone who suggested to the committee that alternatives need to be looked at was cast aside and labeled as individuals working to privatize the VA, even with clear, supporting evidence and testimonies from veterans themselves. The narrative was bolstered by shell non-profits of AFGE and supported with paid media stories, which worked to create a narrative demonizing those who are helping veterans at the ground level.

Anyone who highlighted the numerous studies and medical literature reviews calling into question significant gaps in positive outcomes for veterans utilizing the VA, were similarly not welcome into the HVAC majority, AFGE, PHRMA, and mental health industry bubble that are working to support the mental health industry with a VA-first, veterans-second approach.

Some other traditional veteran groups did what they have done for nearly two decades. They supported the idea that VA is the unimpeachable gold standard, more traditional mental health practitioners and more funding for over-manualized, “evidence-based” clinical treatments and therapies will be the answer to reducing suicide despite there only being evidence to the contrary. At minimum, such a strategy has failed our veterans and servicemembers for the past two decades.

The generally accepted definition of insanity is to continue doing the same thing while expecting a different outcome. The 116th Congress utilized its two years pursuing insanity under the guise of better policy outcomes, not dissimilar from the 114th Congress when the Clay Hunt SAV act was passed. Following passage of the Clay Hunt SAV Act, VSOs and politicians took victory laps with the mental health industry, standing proudly with them. The Clay Hunt SAV Act is generally a distant memory of not having changed enough to affect a significant change in outcomes. We anticipate that the changes made today will be similar in nature to the broad issue at hand.

"Manualized short-term monotherapies widely disseminated across the VA and DoD, particularly PE and CPT, are not effective for between one-half and two-thirds of patients"[1]

-JAMA 2020

This politicization of veteran mental health programs by this committee will, in the opinion of AMVETS, only lead to negative outcomes for veterans. Veterans do not care about empty, evidence-lacking, industry monikers such as "evidence-based" treatments. The fact remains: There is poor data highlighting that VA programs and services are leading to veterans living high-quality lives. The evidence we have seen shows alarming rates of veterans leaving VA programs and services, evidence that VA evidence-based treatments are effective for less than 33-50% of veterans (JAMA), a rising suicide rate despite a four-fold increase in VA's budget, and a correlated increase in suicidality of veterans utilizing VA mental health care and the pharmaceuticals they prescribe.

This Congress wasted critical years failing to consider the needs of veterans. Instead, they prioritized the VA's labor union, AFGE, the mental health industry, and groups such as APA and NAMI. Despite not knowing much about veterans' mental health going into this congress, the committee, its staff, and its members took little time to delve into the vast array of information that is available. The committee failed to hold hearings on numerous critical reports that highlighted significant reasons to be concerned about the available treatments that our nation recommends to veterans. Not a single hearing was held to consider the effectiveness of the current nearly $10-billion appropriation. The committee failed to seriously include an array of non-profit leaders who have set up their efforts not as some cloak-and-dagger effort to privatize VA, but as an alternative to a failing model; as an option for the majority of veterans who seek VA treatment, and never return after their very first visit, in many cases while still being counted as a data point indicating success based on the contact alone.

The obvious point here is that if what we are doing is working so well, then Chairman Takano would have never had to have made this a priority in the first place. The problem is it's no longer simply a priority — it's a crisis in sheep's clothing. Instead of embracing those who stepped up to the plate to help veterans who were not getting the help they needed at the VA, this committee largely shunned them. Instead of asking how and why VA and the mental health industry have not been more open to change when they have drop-out rates that any business or organization would categorize as an abysmal failure, this committee chose to simply tote the company line for the mental health industry, and the VA's union, AFGE.

Veterans are voting with their feet and this committee didn't listen to them or take the time to learn why VA is not working for them.

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[1]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.

Instead of holding hearings when extraordinarily significant and concerning reports were released by JAMA on the effectiveness of VA treatments and services, this committee and its members turned a blind eye.

Instead of holding hearings on the reports that this committee ordered as a result of the Clay Hunt SAV Act that highlighted concerning outcomes for veterans using VA general mental health and specialty PTSD care, this committee passed new bills, requesting new reports, likely to also be left unread or ignored.

This Congress failed to ask simple and obvious questions from the veteran viewpoint, which was notable in the nearly non-existent testimony of struggling veterans, and those who provide direct services and help to struggling veterans. In their place, the viewpoints of veteran groups that don't provide these services were injected when it fit the agenda of the status quo, or the myth that the only way to help veterans is with the assistance of the mental health industry and their manualized treatments and pharmaceuticals.

This committee did not like what it was hearing from the people actually treating and helping veterans, so those people were not invited to testify.

Oversight visits to mental health facilities and non-profits across the country were basically non-existent for committee members and staff, as was comparing the outcomes and measurements of various services and programs being offered to veterans across the nation.

With an agenda of preserving the status quo set from the beginning, the best outcomes for veterans never stood a chance. Reducing suicide with this mindset will remain a political mirage.

While there are some positive developments within the bills under consideration, AMVETS will summarize this Congress's effort as: slow start, some interesting ideas, but nothing here will significantly turn the tide of the still rising suicide crisis facing American veterans.

A lot more needs to be done in the 117th Congress.

Recommendations for the 117th Congress

Prioritize the views of struggling veterans and those who are directly serving them.

Hundreds of thousands of veterans are struggling. Few stories, roundtables, and hearings included the voices of direct service providers and to veterans utilizing VA and alternative treatments.

In our efforts, we have heard from frustrated, overworked VA providers who are not seeing results with the manualized “evidence-based” therapies they are forced to utilize and that JAMA has highlighted as ineffective for 50-66% of veterans. Veterans are becoming less and less interested in treatments that their fellow veterans are highlighting did not work for them. And the veteran community has become distrustful of VA clinicians and providers who are perceived as pushing pharmaceuticals of which veterans and servicemembers are becoming rightfully wary.

The mental health industry doesn’t have the answer. If they did, we would have had better outcomes decades ago.

AMVETS’ goal is for the VA to be led on veterans’ mental health; however, this should not become a political football in the way that it has. Too much has been placed into the category of “pride in ownership” as APA supports manualized treatments and pharmaceuticals. And AFGE prioritized their roles and positions over the primary reason their positions exist: to positively serve veterans. The committee would do well to put industry and union concerns aside and first focus on positive outcomes for veterans regardless of the interests involved.

If we continue down the road we are on, more veterans will start recommending that their fellow veterans not use VA in favor of programs and services that have better outcomes and are more likely to lead to better quality of life outcomes. If VA is going to be respected among the veteran community as the “gold standard,” then it needs to be innovative and more in tune to the needs of veterans and more integrated with non-VA services and options.

Create a House Select Committee on Veteran Mental Health and Suicide

Despite being the House Veterans Affairs Committee’s “Number 1 Priority,” not nearly enough political will, effort, and resources were applied to meaningfully address this issue in the 116th Congress. Select Committees have been created for far less important issues. More veterans have died by suicide since 9/11 then American servicemembers died in Vietnam. Further, the budget for this issue only continues to grow. Seemingly, a select committee could be made up of members from HVAC, HASC, and the Appropriations Committee. An emphasis could be placed on having veteran members of Congress on the select committee to better understand the challenges, perspective, and programs being offered to veterans.

At our current rate, our country will spend more than $100 billion on mental health treatments that help less than ½ to ⅓ of patients it is intended to serve over the next 10 years, and will lose more than 60,000 veterans and servicemembers.

Without significant change, there is no reason to believe a different trajectory than more lives lost and higher budgets for this outcome will occur. The issue certainly seems worthy of a higher level of Congressional interest, time and effort to mitigate what has only been an upward trend in lives lost and expenditures on ineffective treatments.

The Department of Defense has been notably absent from major policy conversations related to veteran suicide in the 116th Congress

The Department of Defense and the House Armed Services Committee have basically been both mum and largely absent with regards to discussing how to fundamentally alter servicemembers likelihood to die by suicide. The correlation between increased death by suicide is military service. As such, determining how to change these negative outcomes should start there, and additional and significant investments should be made in better equipping and training servicemembers how to live lives worth living, and how to help their fellow servicemembers through life's ups and downs.

Invest significantly more effort in exploring training and transition programs related to "becoming and maintaining a mentally healthy lifestyle"

As stated previously, the Department of Defense has been all but absent in this Congress's discussions. The same was true of the President's PREVENTS Task Force. Little effort is given to servicemembers to help them understand the basic components of a mentally healthy lifestyle. Clinical and manualized pharmaceutical treatments should be a last resort treatment, versus its current status as VA's first go-to. We are failing to train servicemembers and veterans to learn how to live a mentally healthy lifestyle in the first place. When life doesn't go as planned, and as veterans struggle with substance abuse, relationship challenges, physical fitness, and financial issues, we then immediately refer them to manualized "evidence-based," ineffective clinical treatments and pharmaceuticals of which most of them drop out. Our first line of defense should be training and checking in with veterans on the roles that physical fitness, financial fitness, relationships, and purpose will play in their lives and what tools they can use if they are coming up short in any of these sectors.

Drop the politicization and negative treatment of non-VA mental health providers. Understand that innovation is necessary at VA for better outcomes. Embrace the innovators and create a VA that implements the innovations.

The 116th Congress wasted a year bickering over 1% of VA's mental health budget. 2019 was spent arguing over Marine Corps Veteran Representative Jack Bergman and Air Force Veteran Representative Chrissy Houlahan's efforts to provide a grant program for non-VA mental health providers. As stated above, the mental health industry, the pharmaceutical industry, and the insurance industry do not have the answer to America's mental health problem. They continue to pedal treatments that conservatively fail ⅔'s of the time. The committee needs to be more supportive of bringing innovative ideas and players to the table and less defensive of those who are not in favor of a status quo, which is clearly failing to resolve the challenges veterans are facing.

VA should be the gold standard. VA should be at the cutting edge of innovation. But to do this, VA needs innovation and change from the current ineffective, antiquated clinical- and pharmaceutical-focused "evidence-based" treatments that no longer interest veterans.

The Committees should hire veterans to handle their mental health portfolios and increase the number of staff focused on the issue

A new trend has emerged over the past Congress. The committees are hiring non-veterans who were previously lobbyists or thinktank analysts for the mental health industry to handle their mental health portfolios. In addition, staffers are leaving their congressional staffing roles, going back to the mental health industry as their veteran policy lobbyists, creating a revolving door for non-veteran mental health industry lobbyists.

If we are going to get a handle on this issue, we need congressional staff who understand the experiences and struggles veterans are facing, prioritizing outcomes for their fellow veterans. What we don't need are non-veteran, pro-industry reps who are putting industry needs first and veteran outcomes second.

Further, there are not enough congressional staffers focused on the number one issue taking veterans lives. We encourage Congress to consider hiring additional staff to increase their analysis of current outcomes for veterans receiving VA treatment, to better understand the treatments and outcomes of non-VA services and providers, and to increase congressional oversight and visits to VA and non-VA facilities nationwide.

Bill by Bill Analysis

H.R. 7541 VA Zero Suicide Demonstration Project Act of 2020

AMVETS has a few reservations regarding the VA Zero Suicide Demonstration Project Act. H.R. 7541, which would establish the Zero Suicide Initiative pilot program of the Department of Veterans Affairs. This will implement the curriculum of the Zero Suicide Institute of the Education Development Center to improve safety and suicide care for veterans. This bill cites that the Secretary must consult during the planning phase with “experts in suicide assessment, treatment, and management.” With no explanation of who these experts are, the term is very vague and left for open interpretation. It has been determined before, and we believe, there is no such thing as an “expert" in suicide. AMVETS is supportive of the goal of this bill, which is to educate VAMC employees and better their ability to treat potentially suicidal patients, but we believe there needs to be new players brought to the table besides the National Institute of Mental Health. NIMH has been shaping VA mental health policy for decades with few improvements to show. We believe this legislation will continue and even expand the status quo, which is not working for two-thirds of veterans who receive mental health care at the VA.

H.R. 7504 VA Clinical TEAM Culture Act of 2020

AMVETS is supportive of the VA Clinical TEAM Culture Act of 2020. This bill requires the Secretary to establish standards and requirements for non-VA mental health care providers under the Community Care program. The providers will be required to take courses on evaluation and management of suicide, post-traumatic stress disorder, traumatic brain injury, and military sexual trauma.

However, AMVETS would also be supportive of Congress creating standards and requirements for VA treatments and effectiveness. Little is known about the long-term effectiveness of VA treatments in reducing symptomology and increasing quality of life and mitigating or reversing diagnosis. Recent medical literature reviews have highlighted that go-to VA treatments for VA are ineffective in the short term for 50% to 66% of the veterans they treat. AMVETS anticipates that symptom reduction and increased quality of life outcomes likely only get worse if measured over any significant time, calling for significant investments in exploring alternative treatments and approaches.

AMVETS understands the intent of this legislation, suggesting that non-VA providers lack the cultural acumen that VA providers may have. However, more concerning to AMVETS is taking a hard look at the outcomes that all VA or community programs achieve.

H.R. 7784 VA Police Improvement and Accountability Act.

AMVETS is supportive of the VA Police Improvement and Accountability Act which would add to Section 902 of title 38. This bill would develop new training and improvements to the VA police force. AMVETS is specifically supportive of the added intervention training to VA police regarding suicide prevention. There are times when police are needed to de-escalate a crisis, and it is the VA's duty to make sure they have the appropriate training to do so.

H.R. 7879 VA Telehealth Expansion Act

AMVETS is generally supportive of the VA Telehealth Expansion Act. This bill requires the VA to award grants to entities for the expansion of telehealth capabilities and provision of telehealth services in the VA. This bill also requires the VA to assess and report on the barriers veterans face in accessing telehealth services. Many of the veterans we represent live in rural areas and telehealth is their easiest option to access health care, if it is working as it's intended to. This means the entities receiving the grants must be in appropriate locations, easily accessible for rural veterans. This also means that the most high-speed, up-to-date technology must be used at these locations.

However, with regards to mental health, AMVETS would also be supportive of Congress creating standards and requirements for VA treatments and effectiveness. Little is known about the long-term effectiveness of VA treatments in reducing symptomology and increasing quality of life, and mitigating or reversing diagnosis. Even less is known about these services done remotely. Recent medical literature reviews have highlighted that go-to VA treatments for VA are ineffective in the short term for 50% to 66% of the veterans they treat. AMVETS anticipates that symptom reduction and increased quality of life outcomes likely will only get worse if measured over any significant period, calling for significant investments in exploring alternative treatments and approaches.

H.R. 7747 VA Solid Start Reporting Act

H.R. 7747 requires the VA to annually report on its Solid Start program. The Solid Start program is an outreach program for those in their first year of separation from the military. AMVETS also asks the committee to consider H.R. 4154 Leave No Veteran Behind Act in a legislative hearing. This bill was introduced by Representative Susie Lee and Representative Steve Watkins. The act would require the VA to contact covered veterans to encourage them to receive comprehensive physical, mental health, eye, and audiological exams. The VA would be contacting veterans who are enrolled in VA health care but have not received health care from the VA in the past two years.

Far more outreach and training needs to be provided to veterans as a first line of defense. We are failing veterans on the front end with a lack of leadership and training and then providing generally ineffective manualized "evidence-based" treatments and pharmaceuticals when things don't go right for veterans. We need to spend more time and energy on transition and leadership training in the early years of a veterans transition.

AMVETS is concerned about the efficacy of any new reports related to veterans mental health. In 2015, Congress passed the Clay Hunt SAV Act, a bill championed by Democratic Representative Tim Walz. A key requirement of that legislation was a Congressional requirement for the VA to have a 3rd party evaluation conducted on the effectiveness of VA programs and services. This report was first provided to Congress in December of 2018 and subsequently in the winter of 2019. No hearings have been held and few staff have reviewed the report. It is unclear if any Member of Congress has ever reviewed the report or provided additional inquiries to the VA regarding the report.

Long story short, it appears that Congress utilized the reports as a way to gain short term political wins with little regard to the actual outcomes of VA programs and services. If Congress does not intend to utilize the reports it requires to improve VA programs and services, then it should not order VA to conduct the reports.

H.R. 7888 REACH VET Reporting Act

AMVETS is supportive of the REACH VET Reporting Act. This bill requires the VA to report on the Recovery Engagement and Coordination for Health - Veterans Enhanced Treatment (REACH VET) program to assess the impact of the program on veteran suicide rates. REACH VET analyzes existing data from Veterans' health records to identify those at a statistically elevated risk for suicide, hospitalization, illness or other adverse outcomes. In 2017, the VA stated that the REACH VET program was "a game changer in our effort to reduce Veteran suicide." However, since 2017, we have seen no decline in the rate at which veterans take their own lives. AMVETS looks forward to reading this report upon passage of this bill.

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H.R. 7964 Peer Support for Veteran Families Act

AMVETS supports the Peer Support for Veteran Families Act. This bill requires the Secretary to carry out education programs and peer support programs for family members and caregivers of veterans with mental health disorders. The VA will enter into contracts with nonprofit entities with experience in mental health education and outreach. We know that many veterans turn to those they trust in a time of crisis, and a lot of times that is their caregiver. Providing caregivers with techniques for handling crisis situations and administering mental health first aid to individuals suffering from mental health disorders is another way we can support veterans in a time of need.

H.R. 6092 Veteran's Prostate Cancer Treatment and Research Act

AMVETS supports the Veteran's Prostate Cancer Treatment and Research Act. This bill requires the VA to implement programs and resources related to the diagnosis and treatment of prostate cancer. The VA would be required to establish a national clinical pathway for all stages of prostate cancer in its National Surgery Office. A clinical pathway is a health care management tool designed around research and practices that provides direction for the clinical care and treatment of a specific episode of a condition. Prostate cancer is the number one cancer diagnosed in the Veterans Health Administration and there is an established link between prostate cancer and exposure to herbicides, such as Agent Orange. AMVETS supports any bill that will assist VA and community providers in treating and preventing prostate cancer.

H.R. 8005 Veterans Access to Online Treatment Act

This bill would require the Secretary to carry out a pilot program to provide veterans access to computerized cognitive behavioral therapy. This would be provided to veterans suffering from depression, anxiety, post-traumatic stress disorder, military sexual trauma, or substance use disorder, who are already receiving evidence-based therapy from the VA.

AMVETS opposes H.R. 8005 based on the limited evidence that Cognitive Behavioral Therapy provides positive long term outcomes for our Nation's veterans. In a recent medical literature review, JAMA found that "Manualized short-term monotherapies widely disseminated across the VA and DoD, particularly PE and CPT, are not effective for between one-half and two-thirds of patients, and more long-term personalized approaches that draw on the wider array of different trauma-focused and non–trauma-focused therapeutic techniques available in the trauma field are needed." Further they highlighted that of recent Randomized Controlled Trials exploring the effectiveness of VA's go to treatments "raises important practical questions, particularly the value of emotionally demanding therapies, such as PE and CPT, relative to comparably efficacious and more tolerable interventions, such as PCT, transcendental meditation, and sertraline."

In conclusion, while CBT and CPT are "evidence-based" treatments, the evidence available suggests that they are ineffective for most veterans most of the time, that alternative treatments are at least as effective without having to endure the traumatic effects of CBT, and that based on its normally poor outcomes extending this treatment to a computerized version seems to be a waste of taxpayer dollars that should go to better treatments that are showing better outcomes in both the short term and the long term.

Even more concerning is how ineffective these treatments are proving to be in the short term, yet there is nearly no data showing that these treatments are effective at all during the course of numerous years of treatment, or during the years following receiving these treatments.

H.R. 8033 Access to Suicide Prevention Coordinators Act

AMVETS is not supportive of the Access to Suicide Prevention Coordinators Act. This bill aims to improve veterans' access to suicide prevention coordinators of the VA, however, we do not believe access to veteran mental health care is the issue plaguing veteran's mental health. Veterans are dropping out of VA mental health care at alarming rates and recent medical literature reviews have highlighted that go-to VA treatments for VA are ineffective in the short term for 50% to 66% of the veterans they treat. Instead of increasing access to VA mental health care programs, we need to increase access and funding for programs that prove to have positive long term outcomes.

H.R. 8084 Lethal Means Safety Training Act

This bill requires the Secretary to update the Lethal Means Safety and Suicide Prevention training course of the VA to ensure that it is culturally appropriate and uses best practices identified by appropriate subject mater experts. This bill also requires an employee of the VHA or VBA who regularly interacts with veterans to take the most recently updated version of the training course.

AMVETS is supportive of efforts to train America's warriors on what it means to become a productive citizen and civilian when they return home. Part of this training should include what safe weapons practices are upon becoming veterans. With that said, this Congress has had some interesting highlights whereby non-veteran Democrats seemingly forgot that the United States trains men and women for the purposes of killing those deemed enemies by our political leaders. And further, that many have killed, have had their comrades killed, or have been wounded in combat. In one instance, during a hearing, a member of the House Veterans Affairs Committee recommended: freezing the key to their gunlocks, and placing a picture of their family next to the ice tray in the freezer.

While interesting, to the veteran community this was largely seen as laughable and hopelessly disconnected from a culture that was trained for the purpose of killing the enemy, and protecting their friends and allies.

House democrats would do well to better understand the culture they are dealing with prior to offering their ivory tower advice. Republicans would do better to understand that there is a gun problem, in that the majority of veterans are dying by suicide via handguns. Progress needs to be found with the coordination of both parties and de-escalating the politics with sucicide generally but especially as it relates to guns. AMVETS generally believes that if we focus on training and helping veterans to live a life worth living, and fund programs that have positive long term outcomes on veterans quality of life, then firearms will play a far reduced role in the fewer suicides we may have. With that said, it must be noted that once veterans have lost their sense of purpose in life, firearms are their go to choice of lethal means.

H.R. 8068 American Indian and Alaska Native Veterans Mental Health Act

AMVETS supports the American Indian and Alaska Native Veterans Mental Health Act. This bill directs the Secretary to make improvements relating to mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans. This bill will ensure that every VAMC has at least one full-time employee who is responsible for serving as a minority veteran coordinator. All minority veteran coordinators will receive training in delivery of culturally appropriate mental health and suicide prevention services to American Indian and Alaska Native veterans. AMVETS recognizes that additional training can be helpful when tasked with interacting with individuals with different backgrounds.

H.R. 8149 VA Precision Medicine Act

This bill requires the Secretary to carry out an initiative to identify and validate brain and mental health biomarkers among veterans.

AMVETS has watched for nearly two decades as research dollars have been provided to numerous entities, with cvalls from the mental health industry, under the auspice that we are going to identify key markers or risk factors that will somehow lead to a mitigation of suicide and negative mental health outcomes. To date, nothing has panned out and it seems that many of these efforts are well-intended but ultimately unrealistic.

AMVETS recommends first focusing on creating a new pathway for effective first line treatments. Currently VA has prioritized treatments that fail veterans 50% to 66% of the time which we actually believe to be an underwhelming assessment. Any new precision medicine acts should first focus on better understanding the outcomes in the short and long term of VA evidence based manualized treatments and the pharmaceuticals that VA prescribes.

H.R. 8148 VA Data Analytics and Technology Assistance Act

AMVETS is supportive of the VA Data Analytics and Technology Assistance Act. This bill authorizes the Secretary to enter into contracts with an academic institution or other qualified entity to carry out statistical analyses and data evaluation.

However, clarity needs to be provided with regards to the intent of the bill. AMVETS has been frustrated by the nearly 70 billion dollars that has been spent by VA on mental health and the

incredibly poor data available. Even worse, the limited data available highlights that go to VA programs and services are ineffective for most veterans most of the time, and there is absolutely no data available showing that VA mental health services are resulting in veterans living higher quality lives over the long term.

We recommend that this bill be clarified with its intent and that any data collected be in reference to the treatments veterans are receiving, the pharmaceuticals that VA is prescribing and any ancillary treatments, and that metrics accounting for veterans symptomatology and quality of life be put into place. We cannot afford another decade of 100 billion dollars and 60,000 veterans' lives lost on the empty moniker of: They were receiving “evidence-based treatments.” Empty monikers and the same outcomes will no longer suffice. Non-profits also need to track real outcomes, but more importantly so does the entity spending 10 billion dollars a year on treatments that have no outcomes more significant than short term RCT’s to stand by.

H.R. 8108 VA Serious Mental Illness Act

AMVETS has serious reservations about some of the terms used in this bill though we are supportive of the idea. This bill requires the Secretary of the VA to consult with the Secretary of Defense and Secretary of HHS to develop a clinical practice guideline for the treatment of serious mental illness. We encourage more coordination between the VA, DOD, and HHS. The barrier of communication between the VA and the DOD has plagued veterans for a long time, and veteran mental health issues are not exempt from that. In subsection (b) of section 2, the legislation calls for “a list of evidence-based therapies for the treatment of conditions described in subsection (a).” As we have previously stated, the term “Evidence-Based” has become a confusing moniker for Congress and is used by the mental health industry to imply that there is strong evidence that such treatments are effective. While an interesting marketing tool, AMVETS finds the term to be misleading and in fact has found that most evidence-based treatments are significantly lacking in evidence that they are leading to veterans living higher quality lives as a result of the treatments. AMVETS recommends launching an immediate literature review related to long-term outcomes for evidence-based treatments, the pharmaceuticals that they prescribe in coordination with those evidence-based treatments as well as a longitudinal study of veterans mental health over the course of one year, five years, and ten years to measure decreases in symptomatology and quality of life.

H.R. 8144 VA Mental Health Staffing Improvement Act

AMVETS is not fully supportive of the VA Mental Health Staffing Improvement Act. This bill requires the Secretary to submit a plan to address staffing of mental health providers of the VA, including a plan to fill any open positions. While AMVETS does support a fully staffed and fully funded VA, we do not believe increasing access to VA mental health services will reduce veteran suicide rates. Veterans are dropping out of VA mental health care at alarming rates and recent medical literature reviews have highlighted that go-to VA treatments for VA are ineffective in the short term for 50% to 66% of the veterans they treat. Instead of increasing access to VA mental health care programs, we need to increase access to non-traditional programs that are measuring long-term effects.

H.R. 8145 VA Mental Health Counseling Act

AMVETS is opposed to the VA Mental Health Counseling Act. This bill requires the Secretary to submit a plan to address staffing shortages of licensed professional mental health counselors and marriage and family therapists of the VA. While AMVETS does support a fully staffed and fully

funded VA, we do not believe increasing access to VA mental health services will reduce veteran suicide rates.

Such an approach has proven over two decades to be a failed policy pursuit if reducing veteran suicide is the goal. Suicide has only risen since Post 9/11, and AMVETS anticipates suicide will only continue to rise without a significant effort to fund effective programs. For the past two decades the mental health industry has pushed "evidence based" manualized treatments as the holy-grail that will save veterans. The budget for these treatments has increased four-fold with no reduction at all in suicide.

Further, veterans are dropping out of VA mental health care at alarming rates and recent medical literature reviews have highlighted that go-to VA treatments for VA are ineffective in the short term for 50% to 66% of the veterans they treat. Instead of increasing access to VA mental health care programs, we need to increase access and funding for programs that prove to have positive long term outcomes for veterans.

H.R. 8130 VA Peer Specialists Act

This bill requires an assessment on the capacity of peer specialists of the VA who are women. It is important that women veterans feel accepted and completely comfortable receiving care from the VA. In the past three years, AMVETS has urged DoD and VA to enhance their programs to ensure that women veterans receive high-quality, comprehensive primary care services in a safe and sensitive environment at every VA health-care facility.

H.R. 8147 TREAT Act

AMVETS is supportive of the TREAT Act. This bill requires the Secretary to develop a plan to expand the pilot program under section 933 of the Jason Simeakoski Memorial and Promise Act. The plan must include an assessment on the effectiveness of complementary and integrative health treatments such as yoga, meditation, acupuncture, chiropractic care, and other treatments that show evidence of efficacy at treating mental health or physical health conditions.

AMVETS is pleased by the committee's decision to include a form of non-traditional mental health care in this hearing. VA's go-to treatments fail veterans 50% to 66% of the time, they are not making veterans unsick, and they have no longitudinal outcomes highlighting increased quality of life outcomes, yet Congress is only willing to spend 1% of the budget on finding, funding, and/or achieving better outcomes for our veterans.

Veterans are tired of the overly medical/pharmaceutical approach that has been taken with regards to their mental health, they are dropping out of VA in droves, and it is time that Congress work to provide a far more significant downpayment in their happy, healthy, futures and the treatments and help they want.

Discussion Draft - ANS for Veterans' ACCESS Act

AMVETS supports the Veterans' ACCESS Act. This bill requires the VA to pay for emergent suicide care for a veteran in an acute suicidal crisis.

Discussion Draft – Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020

AMVETS supports certain provisions of this omnibus. This legislation was largely originally crafted

by the mental health industry, or former staffers of the mental health industry and is reflective of the general ideas that more of the same ineffective treatments and research will somehow get us to different outcomes. In that sense AMVETS opposes this legislation and hopes that Congress learns from this legislation, and the Clay Hunt SAV Act, when we are revisiting suicide/mental health policy in the near future.

In general, we continue to double down on ineffective treatments and approaches, which is our primary problem in addressing veteran suicide from a policy perspective. More research with an "evidence-based" manualized therapy tint, a new pilot with an "evidence-based" emphasis, and additional salary or educational goodies for the mental health industry/AFGE have all become the policy norm as we revisit this every few years in what feels like groundhog day.

Our suicide figures go up, we provide additional dollars for research, more "evidence-based" approaches, more dollars for the mental health industry's education/salary, and in the end nothing changes for veterans.

In our opinion, this bill does not deviate too far from what has become a sad cycle of a lack of accountability for ensuring positive veteran outcomes as a result of these enormous expenditures on their behalf.

With that said, AMVETS does support the incredibly dismal down payment on new and alternative approaches. VA's go-to treatments fail veterans 50% to 66% of the time, they are not making veterans unsick, and they have no longitudinal outcomes highlighting increased quality of life outcomes, yet Congress is only willing to spend 1% of the budget on finding, funding, and/or achieving better outcomes for our veterans.

Such an approach is simply the status quo with lipstick and does not represent a serious down payment on finding policy solutions to end the veteran suicide epidemic.

When the budget was released in March of this year, AMVETS proposed that all new funding for VA mental health be provided to fund and find new and novel approaches. We stand by that recommendation, which would provide a significant downpayment on new pathways and innovations toward helping our Nation's veterans live the life they deserve to live.

Discussion Draft - Ensuring Veterans' Smooth Transition Act

AMVETS is supportive of the Ensuring Veterans' Smooth Transition Act. Upon passage of this bill, eligible veterans would automatically be enrolled in the patient enrollment system of the VA. After the veteran is automatically enrolled, the Secretary is required to provide the veteran notice of their enrollment and instructions on how they can opt-out of enrollment. We are hopeful that this change will make veterans transition from the military into the VA system much easier.

As we discussed earlier, not enough focus is being paid to veterans transition as it relates to mental health training. We are failing to articulate to veterans what the building blocks of a happy and purposeful life are, and we are missing the opportunity to engage veterans as service members with regards to these discussions, and with regards to resources that can be helpful to them.

Discussion Draft - VA Research Technology Act

AMVETS opposes this legislation. This bill requires the Secretary to allow sponsored clinical

research of the VA to use accredited commercial institutional review boards to review research proposal protocols. This bill also requires the creation of an Office of Research Reviews within the Office of Information and Technology of the VA. This office will develop and maintain a list of commercially available software preferred for use in sponsored clinical trials and develop benchmarks for appropriate timelines for security reviews.

Billions of dollars have been spent on VA mental healthcare and research and yet there is only poor data available with regards to the effect of any of these programs positively affecting veterans. Recent medical literature reviews have highlighted that VA's go to programs and services are failing veterans 50% to 66% of the time, which AMVETS believes is a conservative estimate.

AMVETS believes that any new programs, services, and funding should be focused on filling the gap for the programs that are failing veterans, and for the many veterans that are dropping out of VA mental health programs.

Discussion Draft - VA High Altitude and Suicide Research Act

This bill requires the Secretary to conduct a study on the connection between living at high altitude and the risk of developing depression or dying by suicide among veterans.

AMVETS opposes this legislation mainly because positive associations between high altitudes and suicide have already been established. Funding a study seems to be a waste of taxpayer funding that would be better spent on funding new programs for the veterans who are dropping out of VA programs and services, or who are not having success with existing VA programs and services.

Little is known about the long term effectiveness of VA treatments in reducing symptomology and increasing quality of life, and mitigating or reversing diagnosis. Recent medical literature reviews have highlighted that go-to VA treatments for VA are ineffective in the short term for 50% to 66% of the veterans they treat and that in general veterans do not ever lose their diagnosis; i.e. they don't become "unsick" as a result of VA treatments. AMVETS anticipates that symptom reduction and increased quality of life outcomes likely only get worse if measured over any significant period of time calling for significant investments in exploring alternative treatments and approaches.

If we are going to fund new studies, AMVETS recommends studying innovative and novel approaches so that we can provide better treatment for veterans and reduce our suicide epidemic.

Not on the agenda but urge serious consideration - H.R.1341 - To designate the Mental Health Residential Rehabilitation Treatment Facility Expansion of the Department of Veterans Affairs Alvin C. York Medical Center in Murfreesboro, Tennessee, as the "Sergeant John Toombs Residential Rehabilitation Treatment Facility"

AMVETS and the parents of Sgt. John Toombs circulated a petition asking for the reintroduction of the bill. Within two weeks, the petition had more than 26,000 signatures. As of September 8, 2020, the petition is over 42,000. This bill, if passed, would serve as an enduring scar healed only with progress in how our country deals with veterans who feel so diminished by their circumstances that living life feels worse than the prospect of

death. A soldier dies twice: once wherever he takes his last breath; and he dies again when he's forgotten. Naming the Murfreesboro VA residential treatment facility after Sgt. John Toombs will ensure those veterans we lose to suicide do not die twice and are indeed never forgotten.

ABOUT AMVETS

Today, AMVETS is America's most inclusive congressionally-chartered veterans service organization. Our membership is open to 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 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.

NATIONAL EXECUTIVE DIRECTOR JOE CHENELLY

Joseph R. Chenelly was appointed national executive director of the nation's fourth largest veterans service organization in May 2016. In this capacity, he administers the

policies of AMVETS, supervises its national headquarters operations and provides direction, as needed, to state and local components. Joe previously served as AMVETS' national communications director.

Chenelly was the first veteran of combat operations in Afghanistan and Iraq to lead one of the nation's four largest veterans service organizations' staffs.

A native of Rochester, N.Y., Chenelly enlisted in the U.S. Marine Corps in 1998, serving with the 1st Marine Division, and was honorably discharged as a staff sergeant in April 2006. He is a combat veteran of Operation Enduring Freedom and Operation Iraqi Freedom, having served in Afghanistan, Pakistan, Iraq, Kuwait, East Timor and the Horn of Africa.

Chenelly became a veterans advocate, a journalist, and a political adviser after his time in uniform. He covered military and veterans matters on staff with *Leatherneck* magazine, the *Military Times* newspapers, *USA TODAY* and Gannet News, reporting on operations in the Middle East, Southwest Asia, Africa, as well as disaster relief in the United States.

Chenelly was named one of the 100 "most influential journalists covering armed violence" by Action on Armed Violence in 2013. He was the first U.S. Marine combat correspondent to step into enemy territory after September 11, 2001, as a military reporter in Pakistan and Afghanistan. He also reported from the frontlines with American and allied forces in Kuwait and Iraq as that war began. He was on the ground for the start of both Operation Enduring Freedom and Operation Iraqi Freedom.

Chenelly served as AMVETS' national communications director in 2005-2007, and for eight years as assistant national director for communications for the Disabled American Veterans (DAV) in Washington, D.C., leading grassroots efforts through social networking and new media.

He has also served as president of Social Communications, LLC, and as a public affairs officer director for the Department of Navy. Chenelly is an alumni of Syracuse University and Central Texas College. He resides in Fairport, N.Y., with his wife Dawn, a service-connected disabled Air Force veteran, and their five children.

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 2019 - None

Fiscal Year 2018 - None

Fiscal Year 2017 - None

Fiscal Year 2016 - None

Disclosure of Foreign Payments - None