

Testimony of Vietnam Veterans of America



Presented by

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Before the

House Veterans Affairs Committee
Subcommittee on Health

REGARDING

H.R. 4720, the Medal of Honor Priority Care Act; H.R. 4977, the COVER (Creating Options for Veterans Expedited Recovery Act); H.R. 5059, the Clay Hunt Suicide Prevention for American Veterans Act; H.R. 5475, to improve the care provided by the Secretary of Veterans Affairs to newborn children, H.R. 5484 'the Toxic Exposure Research Act and H.R. 4887 Expanding Care for Veterans Act

November 19, 2014

Good afternoon, Mr. Chairman and other distinguished members of the subcommittee Vietnam Veterans of America (VVA) is pleased to have the opportunity to appear here today to share our views concerning pending legislation before this subcommittee

H.R. 4720, the Medal of Honor Priority Care Act - introduced by Congressman Tim Walberg (MI-7), when enacted into law would increase, from third to first, the priority for enrollment in the Department of Veterans Affairs (VA) health care system given to Medal of Honor recipients, regardless of the date on which the medal is awarded.

Vietnam Veterans of America (VVA) strongly favors passage of H.R. 4720. While this potentially affects only the 79 currently living Medal of Honor (MOH), this is a step to recognize these extraordinary Americans.

H.R. 4977, the COVER (Creating Options for Veterans Expedited Recovery Act) – introduced by Congressman Gus Bilirakis (FL-12), when enacted into law would establish a commission to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental illnesses of veterans and the potential benefits of incorporating complementary alternative treatments available in non-Department of Veterans Affairs medical facilities within the community. Vietnam Veterans of America (VVA) believes that many Complementary and Alternative Medicines (i.e., CAM) treatments are being actively promoted as effective cures for PTSD without adequate, rigorous research data to support their claims. In the words of the preeminent PTSD researcher, Dr. Charles W. Hoge, Col., U.S. Army (Ret.), “Obviously it’s a lot easier to just claim that a treatment is effective without doing the research, which is why there’s a glut of snake oil salesmen in this business now.” Currently, effective treatments for PTSD already exist and are well-detailed in the Institute of Medicine (IOM) DoD/VA Evidence-based Clinical Guidelines for PTSD. Thus H.R. 4977’s focus on examining the effectiveness of CAM such as music therapy, equine therapy, pet therapy (e.g., dogs), yoga, acupuncture, meditation, outdoor experiential therapy (e.g., sports), hyperbaric oxygen therapy, accelerated resolution therapy (i.e., ART) and other treatment modalities such as dietary and/or herbal supplements, highlights the need for high-quality research of all new PTSD treatments, especially as new treatments seem to be springing up daily and are touted as the latest “silver bullet” for PTSD (and m-TBI) in returning

combat veterans. Some of these treatments have been widely advertised through media news stories and many veterans are wondering why the VA (or DoD) has not adopted them system-wide.

Therefore, Vietnam Veterans of America (VVA) supports the intent of Congressman Bilirakis' bill, H.R. 4977. That is, **VVA supports the creation of a ten-member commission to review the scientific research evidence base for all such CAM treatments**, and not simply rely on ill-founded marketing claims as the reason for VA (and DoD) adopting a CAM. Although VVA supports the intent of H.R. 4977, VVA suggests one addition to the Commission's Membership Appointment criteria (Section 3) – appointees must not have a proprietary interest (financial or otherwise) in any of the CAM treatments that are reviewed under its jurisdiction.

H.R. 5059, the Clay Hunt Suicide Prevention for American Veterans Act - introduced by Congressman Timothy J. Walz (MN-1) when enacted into law would direct the Secretary of Defense and the Secretary of Veterans Affairs to provide for the conduct of annual evaluations of mental health care and suicide prevention programs of the Department of Defense and the Department of Veterans Affairs, to review the terms or characterization of the discharge or separation of certain individuals from the Armed Forces, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes. Vietnam Veterans of America (VVA) thanks you for the opportunity to present our views on Representative Walz's "Clay Hunt Suicide Prevention for American Veterans Act" (or the Clay Hunt SAV Act), which focuses on suicide and PTSD amongst our military and veterans.

VVA has long believed the research demonstrates a link between PTSD and suicide, and in fact, studies suggest that suicide risk is higher in persons with PTSD. For example, research has found that trauma survivors with PTSD have a significantly higher risk of suicide than trauma survivors diagnosed with other psychiatric illness or with no mental pathology (1). There is also strong evidence that among veterans who experienced combat trauma, the highest relative suicide risk is observed in those who were wounded multiple times and/or hospitalized for a wound (2). This suggests that the intensity of the combat trauma, and the number of times it occurred, may indeed

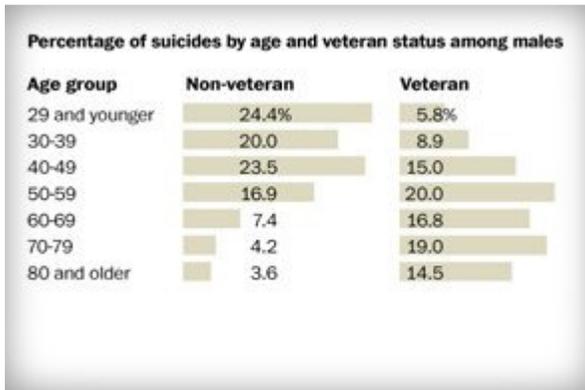
influence suicide risk in veterans, although this study assessed only combat trauma, not a diagnosis of PTSD, as a factor in the suicidal behavior.

So let's cut to the chase: it is very challenging to determine an exact number of suicides. Some troops who return from deployment become stronger from having survived their experiences. Too many others are wracked by memories of what they have experienced. This translates into extreme issues and risk-taking behaviors when they return home, which is why veteran suicides have attracted so much attention in the media. Many times, suicides are not reported, and it can be very difficult to determine whether or not a particular individual's death was intentional. For a suicide to be recognized, examiners must be able to say that the deceased meant to die. Other factors that contribute to the difficulty are differences among states as to who is mandated to report a death, as well as changes over time in the coding of mortality data (1).

Some studies that point to PTSD as the cause of suicide suggest that high levels of intrusive memories can predict the relative risk of suicide (3). Anger and impulsivity have also been shown to predict suicide risk in those with PTSD (3). Further, some cognitive styles of coping such as using suppression to deal with stress may be additionally predictive of suicide risk in individuals with PTSD (4).

Other research looking specifically at combat-related PTSD suggests that the most significant predictor of both suicide attempts and preoccupation with suicide is combat-related guilt, especially amongst Vietnam veterans (5). Many veterans experience highly intrusive thoughts and extreme guilt about acts committed during times of war, and these thoughts can often overpower the emotional coping capacities of veterans.

Mindful of this information, VVA was nonetheless surprised with the VA's report of February 1, 2013 on veterans who die by suicide. The report paints a shocking portrait of what's happening among our older vets, most of whom served during the Vietnam era (see chart below).



Clearly, over seventy percent of veterans who commit suicide are age 50 or older.

Among the report’s other findings:

- The average age of veterans who die of suicide is just short of 60; for nonveterans, it’s 43.
- Female veterans who commit suicide generally do so at younger ages than males. Two-thirds of women who killed themselves were under 50 years of age; one-third were under 40 and 13 percent were under 30. For men, the comparable figures were 30 percent, 15 percent and 6 percent.
- About 15 percent of veterans who attempt suicide, but don’t succeed, try again within 12 months.

VVA asks **why?** VVA strongly believes that until VA mental health services develops a nationwide strategy to address the problem of suicides among our older veterans – particularly Vietnam-era veterans -- it immediately adopt and utilize the appropriate suicide risk and prevention factors for veterans found in the “National Strategy for Suicide Prevention 2012: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention” that’s available on-line at the web sites for both the Surgeon General’s Office and SAMHSA.

In addition, VVA believes that **H.R. 5059 can be strengthened by adding provisions that specifically address the findings and recommendations found in the Institute of Medicine (IOM) 2014 report entitled “Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment”**, which was released to the public on June 14, 2014. This report looks at the effectiveness of the growing number of PTSD programs and services, as well as focuses on the opportunities and challenges that VA and DoD face in developing, implementing, and evaluating such services and programs within the context of achieving a high-performing system to care for service members and veterans suffering from PTSD.

The **IOM findings** include –

VA and DoD are not consistently providing the level of quality that would characterize a high-performing PTSD treatment system.

Most service members and veterans with PTSD are NOT receiving evidence-based treatments due to barriers to care that could be overcome.

Neither VA nor DoD utilizes measurement-based care, a hallmark of a high-performing system of care.

Neither VA nor DoD have a strategic plan for dealing with the surge of PTSD, assuring that management at all levels give the issue adequate priority.

Although VA and DoD have increased the use of contract providers, the triage is not always done by clinicians, and there is no requirement that community mental health professionals be familiar with military culture or trained in evidence-based care for PTSD, and there is no adequate mechanism for monitoring the quality of care.

The VA research budget does not reflect the growth in PTSD or its priority to the Department.

The **IOM** report also includes the following **recommendations** –

VA and DoD should develop an integrated, coordinated and comprehensive PTSD management strategy that plans for the growing burden of PTSD for service members’ veterans and their families, including women veterans and minority group members.

VA and DoD leaders, who are accountable for the delivery of high-quality health care for their populations, should communicate a clear mandate through their chain of command that PTSD management, using evidence-based best practices, has high priority.

VA and DoD should develop, coordinate and implement a measurement-based PTSD management system that documents patients’ progress over the course of treatment and long-term follow-up with standardized and validated instruments.

VA and DoD should have available an adequate workforce of mental health providers – through both direct care and purchased care – and ancillary staff to meet the growing need for PTSD Services. VA and DoD should develop and implement clear training standards, referral procedures and patient monitoring and reporting requirements for ALL their mental health provides. And resources need to be available to facilitate access to mental health programs and services. **NOTE:** VVA suggests consideration of the “Grow Our Own” program currently being piloted at the Federal Health Care Center in North Chicago, IL as a model for recruitment and training of VA health care staff in all medical disciplines, including mental health.

Both VA and DoD should use evidence-based treatments as the treatment of choice for PTSD, and these treatments should be delivered with fidelity to their established protocols. As innovative programs and services are developed and piloted, they should include an evaluation process to establish the evidence base on their efficacy and effectiveness.

VA and DoD should establish a central database or other directory for programs and services that are available to service members and veterans suffering with PTSD.

VA and DoD should increase engagement of family members in the PTSD management process for service members and veterans.

PTSD research priorities in both VA and DoD should reflect the current and future needs of service members, veterans and their families. Both departments should continue to develop and implement a comprehensive plan to promote a collaborative, prospective PTSD research agenda.

All of this brings us full circle to what VVA has been saying for years – **if both DoD and VA were to use the PTSD assessment protocols and guidelines as first recommended by the Institute of Medicine back in 2006** (<http://iom.edu/Reports/2006/Posttraumatic-Stress-Disorder-Diagnosis-and-Assessment.aspx>), **our troops and veterans would receive the accurate mental health diagnoses needed to assess their suicide risk status.**

VVA thanks Congressman Walz for his efforts to assist our service members and troops suffering with PTSD to obtain high-quality treatment and care. However, a lack of standards, reporting, and evaluation significantly compromises VA and DoD efforts. Use of the IOM's recommendations can offer more detailed guidance for improving processes and infrastructure that will allow VA and DoD to respond more strategically and effectively to the growing PTSD and suicide burden among our service members and veterans.

References

1. Knox, K.L. (2008). Epidemiology of the relationship between traumatic experience and suicidal behaviors. PTSD Research Quarterly, 19(4).
2. Bullman, T. A., & Kang, H. K. (1995). A study of suicide among Vietnam veterans. Federal Practitioner, 12(3), 9-13.
3. Amir, M., Kaplan, Z., Efroni, R., & Kotler, M. (1999). Suicide risk and coping styles in posttraumatic stress disorder patients. Psychotherapy and Psychosomatics, 68(2), 76-81.

4. Kotler, M., Iancu, I., Efroni, R., & Amir, M. (2001). Anger, impulsivity, social support, and suicide risk in patients with posttraumatic stress disorder. *Journal of Nervous & Mental Disease*, 189(3), 162-167.
5. Hendin, H., & Haas, A. P. (1991). Suicide and guilt as manifestations of PTSD in Vietnam combat veterans. *American Journal of Psychiatry*, 148(5), 586-591.

H.R. 5475, to improve the care provided by the Secretary of Veterans - introduced by Congressman Doug Collins (GA-09), when enacted into law would improve the care provided by the Secretary of Veterans Affairs to newborn children.

Mr. Chairman our women veterans proudly serves this nation bravely and deserve the best care not only for themselves but their families and VVA supports the bill as it would expand and improve all post-delivery care services, including routine care services, that a newborn child requires up to 14 days of care after birth.

H.R. 5484 the Toxic Exposure Research Act - introduced by Congressman Dan Benishek, (MI-01) with Congressman Mike Honda (CA-17), when enacted into law would establish a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during services in the Armed Forces and also establishes an advisory board on exposure to toxic substances, and for other purposes.

Vietnam Veterans of America (VVA) applauds the leadership of Congressman Dan Benishek, (MI-1) in working with his colleague Congressman Mike Honda (D-CA) to introduce the bi-partisan bill H.R.5484 the Toxic Exposure Research Act of 2014, (formerly H.R. 4816), the Toxic Exposure Research and Military Family Support Act of 2014. Among the invisible wounds of war are those brought home by troops that may not manifest for a decades. Most tragically, they may pass these harmful wounds to the progeny of our nation's warriors. Our children and grandchildren should not have these burdens visited on them.

This bipartisan legislation would establish within the Department of Veterans Affairs a national center for the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces. This is a multi-generational bill, as well as providing for a common vehicle for evaluating potential toxic exposures that may result in toxic wounds in all such events, from Camp Lejeune to Fort McClellan to Agent Orange in multiple locations to Gulf War veterans.

Toxins, such as Agent Orange, have been shown to cause birth defects in the children of military personnel who came into contact with them, either during the Vietnam War, in the storage and transportation of those toxins, or by riding in aircraft that had been previously used to transport the toxins. For Gulf War veterans, the exposure was to chemical weapons that were in an Iraqi ammo dump that was blown up by U.S. Forces at the end of the Gulf War, to oil fires, and possibly to tainted vaccines and medicines.

This is a simple and straightforward proposal that will begin to address the needs of the progeny of every generation of veterans, and the conditions that are so heartbreaking to so many families. (Please see “Faces of Agent Orange” at <https://www.facebook.com/pages/Faces-of-Agent-Orange/187669911280144>)

H.R. 4887, the Expanding Care for Veterans Act – introduced by Congresswoman Julia Brownley (CA-26), when enacted into law would direct the Secretary of Veterans Affairs (VA) to develop a plan to expand the scope of the VA’s research and education on, and delivery and integration of, complementary and alternative medicine services.

Vietnam Veterans of America (VVA) believes that many Complementary and Alternative Medicines (i.e., CAM) treatments are being actively promoted as effective cures for PTSD and other chronic conditions without adequate, rigorous research data to support their claims. Therefore VVA cannot support H.R. 4887 without a review of the scientific research evidence base for all such CAM treatments as has been proposed in H.R. 4977, the COVER (Creating Options for Veterans Expedited Recovery Act) introduced by Congressman Gus Bilirakis (FL-12). See below.

VVA commends the spirit and concern of the sponsors of this bill. However, anything that is claimed to be effective can and should be subject to clinical

trials as soon as possible. VVA has been saying this to promoters of one or another of these alternative treatments for at least a decade, yet they never seem to muster enough confidence in their promoted modality of treatment to set up clinical investigation.

For these reasons, VVA cannot support these provisions in either bill.

Thank you for this opportunity to present our views here today. I will be happy to answer any questions.

**VIETNAM VETERANS OF AMERICA
Funding Statement
November 19, 2014**

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

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Richard F. “Rick” Weidman serves as Executive Director for Policy & Government Affairs on the National Staff of Vietnam Veterans of America (VVA). As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army Medical Corpsman during the Vietnam War, including service with Company C, 23rd Med, AMERICAL Division, located in I Corps of Vietnam in 1969.

Mr. Weidman was part of the staff of VVA from 1979 to 1987, and from 1998 to the present, serving variously as Membership Services Director, Agency Liaison, Director of Government Relations, and now Executive Director for Policy & Government Affairs. He left VVA to serve in the Administration of Governor Mario M. Cuomo (NY) as statewide director of veterans’ employment & training (State Veterans Programs Administrator) for the New York State Department of Labor from 1987 to 1995.

Rick has served as Consultant on Legislative Affairs to the National Coalition for Homeless Veterans (NCHV), and served at various times on the VA Readjustment Advisory Committee, as a consumer liaison on the Secretary’s Advisory Committee on Serious Mental Illness at VA, the Secretary of Labor’s Advisory Committee on Veterans Employment & Training, the President’s Committee on Employment of Persons with Disabilities - Subcommittee on Disabled Veterans, Advisory Committee on veterans’ entrepreneurship at the Small Business Administration, and numerous other advocacy posts in veteran affairs. He is currently Chairman of the Veterans Entrepreneurship Task Force (VET-Force), which is the consortium of most of the major veterans’ service organizations and military service organizations regarding expanding opportunities for veterans, particularly disabled veterans to create, own, and successfully operate their own small business.

Mr. Weidman was an instructor and administrator at Johnson State College (Vermont) in the 1970s, where he was also active in community and veterans affairs. He attended Colgate University (B.A., 1967), and did graduate study at the University of Vermont.

He is married and has four children.