

U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2022
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Before a Hearing of the
House Committee on Veterans' Affairs
June 8, 2021

As the largest veterans service organization representing all of America's veterans, AMVETS is honored to provide our views and opinions of the U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2022.

Over this past Memorial Day weekend, we hosted our first "Rolling to Remember" pro-veterans demonstration ride here in Washington, D.C. This is the nation's largest veterans' event, which brought together tens of thousands of veterans and supporters from across the United States, riding their motorcycles to highlight critical issues. First, to demand continued and increased action for the 82,000 service members still missing in action, as well as raise awareness of the many veterans who die by suicide each day.

We will never forget our POWs and MIAs, and we won't stop fighting for real solutions to the suicide crisis. We will continue this incredible platform until they all come home, and until all who make it home are well.

More than two years ago, then-AMVETS Commander Rege Riley sounded the alarm. He made a painful, personal statement, and likely for the first time in nearly two decades, stated that enough was enough. We could no longer continue to do more of the same and expect a different outcome. Commander Riley, and subsequently AMVETS National Commander Jan Brown, highlighted that our approach to veterans' mental health and suicide is fundamentally flawed, wasteful, and leading to the unnecessary loss of lives of American veterans.

What followed were some promising but massively underfunded legislative products that really have no strategic orientation with regards to a larger outcome. Last Congress, legislators bickered over spending \$180 million for non-profit programs, yet will likely rubber-stamp the President's request to increase VA's general mental health budget to \$13.5 billion, an increase of \$1.5 billion. It is challenging for us to understand why lawmakers would spend an entire Congress arguing over \$180 million but will let \$1.5 billion slide by with minimal discussion on the long-term outcomes or effectiveness of these programs and the pharmaceuticals they prescribe.

This budget reflects the same unfortunate approach to suicide and mental health that we have seen and railed against in the past. This budget has the hopes that simply pouring more funding into ineffective programs and services will lead to different outcomes. This poor approach to this massive policy issue has been conducted by each administration since the start of the wars in

Iraq and Afghanistan, growing this budget from \$300 million a year at the start of the Global War on Terrorism, to the staggering \$13.5 billion request before us today.

In our sustained demand for a critical, fresh look at the suicide epidemic and its causation, we were forced to confront some hard realities. We believe we are failing our nation's veterans, aptly summarized with this:

We expect our service members to be the strongest, most physically and mentally exceptional individuals they can be until the day they separate from service, where all of our policies favor veterans being unwell, sick, and disabled with little vision, path, or messaging in helping veterans become the best version of themselves.

The Budget Lacks Leadership & Strategic Direction

The easy route would be to applaud another major VA budget increase. This has become the norm in our community as we watched the VA's budget balloon over the past two decades from \$47 billion in 2000 to the \$270 billion request before us today. But we aren't going to take the easy route. The veterans we represent deserve better. AMVETS is committed to confronting the challenges veterans are facing. We've pledged to ask the tough questions as to why veterans are dying by suicide at such an incredible, tragic rate. We trust that the invitation today means you respect our duty to do so.

Our fellow veterans will likely be blessed this year with the largest VA budget in American history. Simply put, in terms of government support, and the sea of goodwill in the non-profit and NGO space, it has never been better to be an American Veteran. With the approval of this budget, there will be one full-time employee (FTE) for every 22 veterans enrolled in the VA. In theory, each VA employee could spend 11 entire workdays with every enrolled veteran a year, not even counting contractors. The annual cost per enrolled veteran at the VA comes to \$29,337 per year.

That would be very generous of Congress. So what is missing?

Leadership and strategic vision. For years, our veterans have been viewed as a combination of heroes and victims. Both political parties have been generally wary of questioning any proposed Congressional policies, opting for that easier route of what has become a layering of new programs, policies, and benefits year after year. This support has grown so incredibly that in many instances these benefits and services were extended to caregivers and family members.

To what end? To what vision? Has the American VA become the national conscience of guilt for those who served? A system of endless handouts for serving our nation in uniform? Or is it a system of rewarding those who served? Do American servicemembers expect the never-ending cascade of new legislative proposals doled out Congress after Congress?

When there are competing sentiments of a vision, there is no vision. There is no strategy.

Many political appointees who have been sent our way see the VA has become a behemoth of always growing, always changing programs and services that they are left to manage. When the VA fails, it becomes a political opportunity for legislators to highlight how we let down our heroes while seeking press coverage of their legislative actions to right wrongs. More funding is added with vows to ensure this never happens again. VA political appointees are stuck focusing on PR debacles often fueled by the media, Washington politics, and VSOs looking to get ahead in their perception of fighting for the American Veteran. I admit, AMVETS has been part of that.

But what doesn't happen is a public conversation about how the newest layers to the pile fit into the big picture, how they support an overall vision for the VA.

Veterans are faced with such a broad array of services, programs, and media noise that they become overwhelmed. Veterans depart the military and engage with VA, relying on their own intuition and advice from friends and VSOs to figure out a pathway that may work for them. They are often encouraged to apply for disability even if they feel great, as it is a known gateway to the myriad of VA benefits and services. At various timelines and for various needs, they engage VA for the things they believe could prove helpful. Sometimes those programs work great, but sometimes they end up resenting the VA when something as simple as parking at the VA Medical Center feels insurmountable. In other instances, they reach periods of complete breakdown and take their lives in VA parking lots. All of VA's programs and healthcare are delivered at varying standards of care, with the most important factor impacting that level of care being based on where the veteran physically lives.

The reality is the VA is the most generous government program for a select 19 million Americans of which only 9.2 million partake in its generous offerings. Nowhere else in government will we find a budget proposal of \$270 billion to be spent specifically on 9.2 million citizens.

The Veteran Industrial Complex

As stated previously, the reality of today's VA is that we encourage service members to be the strongest they can be until the day they separate from service. The VA benefits structure encourages veterans to be as sick or broken as they can possibly be the day they take off the uniform.

We have a system of VSOs that are particularly focused on helping veterans maximize disability benefits, yet we are provided no government-funded tools or incentives to encourage veterans to maintain their physical wellbeing, or improve it, or learn what it takes to live a good, mentally healthy lifestyle.

The industry surrounding VA and the ever-growing budget would be significantly lower if significant numbers of veterans were well. The point being, much of the industry surrounding the VA has a growing interest in veterans being unhealthy.

AMVETS' largest expenditure is our service officers program, built to help veterans navigate VA's complex benefits process. We have advocated for the endless legislative proposals that in theory and individually stand to better serve veterans, families, and survivors. In our efforts to tackle the suicide epidemic, we had to also ask ourselves the tough questions. How can such a seemingly generous system be leading to such bleak outcomes? We will continue to help veterans with the benefits process, but we would much prefer one that focused on helping veterans become their best selves, taking into account their disabilities, but creating encouragement for them to become the best, strongest warrior that they can be. We need policies, benefits, and VA and VSO employees systemically encouraging that outcome.

We are highly appreciative and supportive of VA staff who dedicate their professional lives to helping veterans. At the same time, the VA employee union has become too powerful, driven by the wrong agenda. It has gone as far as creating shell nonprofits to further its own agenda, hiring paid media fronts to attack anyone suggesting the status-quo is not working. In particular, the union places its crosshairs on anyone who dares suggest the VA mental health system is failing. The union's agenda is simple: more funding for full-time employees, pay raises, increases in benefits, workplace protection not found anywhere in the private sector, resistance to change — employee needs before positive veteran outcomes. All despite nearly no evidence that these expenditures are delivering adequate, long-term results.

We have a turnstile of non-veteran Congressional staffers and Presidential political appointees who have worked for the mental health industry and continue, without any sense of a perceived conflict of interest, promoting the mental health industry's goals and agenda. Simply put, their mantra is that only our programs work despite absences of longitudinal evidence suggesting these interventions lead to veterans living happy, healthy lives, we need more employees, we need more research funding for complex interventions that never become the promised silver bullet, we need pay-raises, and we need funding to pay off student loans.

We also have a long line of significant government contractors with a growing VA presence and workload. When we factor in their employees working full-time for VA, how many FTE per veteran do we actually have? Perhaps 10 to 1? Unclear, as is the return on value for our taxpayers, but year over year, this is a growing influence on veterans, Congress, VA, and administration after administration.

A New Path Forward

*"If we treat people as they are, we make them worse.
If we treat people as they ought to be,
we help them become what they are capable of becoming."
Goethe*

The VA today represents decades of significant goodwill and generosity from the American people. In many ways, the VA today is likely the dream of advocates of the past. No longer do VA Medical Centers as depicted in the film *Born on the Fourth of July* generally exist. In the film, actor Tom Cruise depicts Vietnam veteran Ron Kovic, being neglected and mistreated while receiving VA medical care. Veterans advocates have created an incredibly positive funding stream for the American Veteran. Veteran advocates such as Rick Weidman of Vietnam Veterans of America, Garry Augustine of the DAV, Bob Wallace of the VFW, made it their life mission to create the favorable funding streams that veterans enjoy today.

However, with all of this success, we are missing the opportunity to ask a critical question, what is the North Star?

AMVETS argues that this is the most important component missing from the President's proposed budget, and the most important component missing from our national conversation regarding veterans.

First, we need to stop the victimization conversation. We need to stop telling veterans that they are victims and suicidal. We need to stop making it easy for them to simply accept their lot and dole out funding for them to sit in the state of their status quo. Where is the positive messaging? Where are the billboards of veterans who have overcome great odds and lived incredible lives, serve their communities, build businesses, achieve incredible physical feats, and take care of their families and friends? Why as veterans are we being inundated with messaging suggesting we are suicidal? We were Army strong, Marines for life, Forged by the Sea, and now we are Veteran Suicidal. The messaging is wrong. And it matters.

*"I would just say there is one misperception of our veterans and that is they are somehow damaged goods. I don't buy it. If we tell our veterans enough that this is what is wrong with them they may actually start believing it."
General James Mattis*

The President's current budget justification is:

"The 2022 Budget and 2023 Advance Appropriations (AA) requests for the Department of Veterans Affairs (VA) fulfill the President's sacred promise to care for America's Veterans, their families, and survivors when they return from harm's way."

What if it was:

The 2022 Budget and 2023 Advance Appropriations (AA) requests for the Department of Veterans Affairs (VA) will work to assist veterans and survivors in their efforts to achieve their personal goals, maintain a state of physical and mental wellness, provide service to their communities, and become their best selves.

While possibly wordy, and certainly worthy of a Presidential Task Force to create a strategy and vision, the point is we need to get out of the business of this victimization/broken veteran orientation. While the words of President Lincoln were true post-Civil War, this is just not the reality for veterans today. Despite our injuries, we can do great things, and we need the VA to help us with that. We need to get out of the business of hand-outs and labels, and into the business of creating a VA that provides critical hand-up services. A VA that awards veterans for pushing themselves. We need to get out of the business of spending billions on ineffective mental health services and pharmaceuticals focused on treating veterans who are down and out and spend significant funding on pro-actively funding programs that will train veterans how to live happy, healthy lives, of purpose and meaning; with programs and services designed and funded to achieve those goals.

The Opportunity to Recreate the Future of VA

AMVETS is fully aware of the challenges of reorienting a VA system that so many veterans have come to rely on. Of continuing to treat veterans who have reached low-lows that would have benefited from a more proactive approach had it existed previously. We have to start somewhere, because our current approach is misaligned, provides negative incentives, and leads to poor outcomes.

As such, we recommend that Congress require the creation of a taskforce, and fund it with the proposed \$1.5 billion being requested for general mental health services. The taskforce should be given the mission of creating the future goals and vision of a VA that focuses on veterans maintaining their warrior wellness and provide proactive outreach, training, benefits, and services with the intent that they go on to live lives of purpose and meaning while maintaining a state of physical wellness, understanding the components of living a mentally healthy lifestyle.

Let us imagine a VA that uses technology, such as a digital assistant that would help guide veterans through their transition from military service. Veterans can articulate their goals, learn about VA programs and resources, and receive payment for their gym memberships or active lifestyle choices. They can be notified that they have not conducted their annual physical examination, they can link their digital assistant with a Garmin or iPhone watch to conduct a physical wellness assessment, or to monitor key health metrics. VA can check in with the veterans at key touchpoints to see if they have interest in learning about VA home loans if they

have not used them, provide them access to presentations on leadership from significant veterans in the community who can discuss well being, financial success, and their efforts to continue serving our nation. VA can lean more heavily on veterans who have overcome incredible odds and physical and mental barriers, to inspire and connect the veteran community. Let veterans know they are not alone, that to live is to struggle, and that VA is here to help them through tough times, and to help them get to their best days.

VA's messaging should focus on how veteran's best days are ahead, not that they are ticking time bombs.

What does a VA focused on well-being, physical and mental fitness, and encouragement look like while being combined with a state-of-the-art hospital system for healthcare needs?

We can provide increased support for active lifestyle choices such as gym memberships, yoga, tai-chi, wellness, and physical activity equipment. Perhaps funding for achieving physical readiness standards in the form of payments to a 401(k) or Thrift Savings Plan. Bonuses for overcoming significant physical or mental challenges. Sending veteran's digital cookbooks or offering training in nutrition and the impact food choices and physical activity have on a veteran's long-term health. Bonuses or support for achieving significant life goals, such as obtaining a degree or vocational certificate. Cards congratulating a veteran and their spouse on being married for five years, ten years, emphasizing that a veteran's personal relationships matter and are a component of their success and happiness and that VA is there for their successes. Financial and leadership training demonstrating how this is a critical component for a veteran's long-term success and happiness.

Some of our overarching community goals should be: reducing dependency on disability payments and the system that incentivizes veterans to achieve 100% disability (and incentivizes disability to gain access to other hand-up programs like VR&E), reducing healthcare costs related to poor lifestyle choices, reducing suicide, reducing the use of pharmaceuticals, reducing in-patient mental healthcare, reducing traditional mental healthcare expenditures.

What can a 270-billion-dollar budget accomplish if its primary goal is to help veterans live high-quality, happy, healthy, financially-secure lives? How can we best spend \$29,337 per veteran to assist them in living a great life, a life worth living? That is the answer to the suicide epidemic.

Our VA rewards disability, messages suicide, fails to provide tangible leadership and training for veterans upon their separation from service, fails to articulate and encourage meaningful positive goals, and provides no incentive for physical, mental, and financial readiness.

We need our President and we need congressional leadership and vision to start articulating a better VA; a VA focused on helping veterans reach their full potential and be the warrior-citizens our country deserves.

VA Budget Details

The White House has announced caregiver programs, suicide prevention, and GI Bill modernization as their priorities for the 2022 budget. The White House requested almost \$270 billion for the Department of Veterans Affairs budget for 2022, an increase of more than 10% from the prior budget. Under the current request, VA would receive \$113.1 billion in discretionary spending. Aside from the proposed budget, the VA received \$36 billion in the past year for COVID-19 relief and recovery, \$18 billion from the American Jobs Plan, and \$260 million from the American Families Plan. In 22 years, the VA budget has increased by \$193 billion with a \$47 billion price tag in 2000 and \$240 billion this year.

Mental Health, Suicide Prevention, and Whole Health

The White House announced suicide prevention as one of its priorities in the 2022 budget. The VA has nearly doubled the budget for suicide prevention programs (\$598 million), added a \$1.5 billion increase in mental health services in 2021, and requested \$724 million in 2022. Suicide prevention funding has been marked for a new grant program aimed at preventing suicide, media campaigns, and \$142 million for the Veterans Crisis Line. The whole health budget's request for 2021 and 2022 is \$73.6 million with no proposed increase for 2021 or 2022. Interestingly, the mental health summary highlights a partnership with the VA Office of Patient Centered Care and Cultural Transformation to expand the VA's growing whole health orientation to mental health care. "Like mental health recovery, whole health emphasizes biopsychosocial/spiritual holistic treatment that addresses "what matters" to the veteran rather than maintaining a focus exclusively on symptom reduction." Yet no additional funding is provided to whole health.

The budget is clear that VA fully intends to continue doing what it has been doing for two decades. The VA will lean on manualized therapies and pharmaceuticals despite the incredible drop out rates, the lack of retention in these services, nearly \$100 billion in funding allocated, billions of pills prescribed since the start of the wars in Iraq and Afghanistan, yet there is no longitudinal information suggesting that these approaches have led veterans living happier and healthier lives.

Additionally it seems likely that veterans can expect a ramp up of the you are suicidal campaign. Already inundated with this message, veterans can expect to drive down freeways with friends and family, and see more VA ads and billboards highlighting the VA's suicide messaging, receive emails suggesting the same, and expect PSA's all with the message that they are suicidal and can call the VA hotline if they need help. AMVETS strongly encourages VA to consider how its messaging is possibly creating the outcome that it intends to avoid. We need to reduce the labels, reduce the implying of this outcome, and work toward a more positive narrative that still makes it clear that VA is there for veterans in a more positive format. VA can be there for veterans at their low points, while also encouraging them to be at their best. There are no shortage of amazing veterans who have overcome great struggle to do incredible things. Lean on them. Let's not turn this budget into a half-billion-dollar veterans are broken PSA campaign.

Caregiver Programs

The 2022 budget supports the expansion of the VA caregiver program to include wounded veterans who served between the Vietnam War and September 11, 2001. This expansion will grow the program to 52,000 users in 2022. AMVETS supports this expansion.

The VA's Comprehensive Assistance for Family Caregivers Program has provided a monthly stipend, respite care, mental and physical care, and necessary training and certifications for caregivers of veterans who were severely injured or disabled on or after September 11, 2001. The fact that severely injured or disabled veterans from other eras are ineligible to participate in the Comprehensive Assistance for Family Caregivers Program is inequitable. AMVETS believes that severely disabled veterans of all eras have made tremendous sacrifices and the family members who care for them are equally deserving of recognition, assistance, and support.

DoD's Special Compensation for Assistance with Activities of Daily Living (SCAADL) program provides support to family caregivers of members of the military who are catastrophically disabled whether through injury or illness, while the VA's Family Caregiver Program excludes veterans who require homecare services as a result of serious illness.

AMVETS urges Congress to expand eligibility for the VA Comprehensive Assistance for Family Caregivers Program to include veterans of all eras. The first phase of this expansion began in 2020, but the second phase of the expansion is expected to begin a year later than required by law. AMVETS believes Congress must amend the statute and begin the second phase of the caregiver program expansion this year — not next.

We further urge Congress to fully align the VA and DoD assistance programs by including in its eligibility criteria veterans who require caregiver services as a result of a serious illness incurred in the line of duty.

Major and Minor Construction

AMVETS is supportive of the significant increase in infrastructure funding. However, we have seen that previous White House proposals had suggested that 10 to 15 medical centers would be built and that the number being proposed now is 7 to 10. With such a significant investment in our nation's infrastructure, we would like to see this number maintained as the President originally proposed 10 to 15, and would also support this being done as part of the regular budget as much as feasible. VA's infrastructure has been the long kicked ball and has been neglected Congress after Congress. With the large infrastructure plan on the table there is no reason that VA should be again neglected. Further, AMVETS encourages that large portions of this funding go to SDVOSB's and that veterans be employed to carry out this mission. Who better to build world-class VA's than our Nation's veterans?

Veteran Homelessness

The proposed budget includes \$2.2 billion that will support case management and help veterans obtain housing vouchers. AMVETS supports this funding. Under AMVETS Resolution 20-10, we encourage Congress to increase the availability of affordable housing; expand education/training programs; and provide employment opportunities until all veterans are

properly housed and gainfully employed. AMVETS is proud to have played a key role in what has been a significant reduction in homelessness over the past two decades. However, the COVID-19 pandemic brought on high unemployment numbers. We need to keep our eyes focused on the mission of ensuring our nation's veterans have a safe place to live.

Diversity

For the very first time, the VA will house a new Office of Resolution Management, Diversity, and Inclusion. The \$12.9 million set aside to create this program is an effort to increase diversity in the Department. AMVETS is pleased with the efforts the VA is taking to make veterans of all genders and races feel welcome at VA centers and we hope they won't stop here.

VA has requested \$8.4 billion for women veterans' health in their 2022 budget. In data released last year, the VA announced 82% of women were assigned to specifically trained and experienced designated women's health primary care providers (WH-PCP). VA has a WH-PCP at all of VA's health care systems and 90% of CBOCs have a WH-PCP in place. In 2019, 80% of VA health care systems had a gynecologist on site. In 2020, 79% of sites had a Breast Cancer Screening Coordinator, and 72% of sites had a Cervical Cancer Screening Coordinator. AMVETS believes that the budget proposed for 2022 provides funding that, if properly used, will grow these percentages.

This summer, \$35 million will be distributed to the Women's Health Innovation and Staffing Enhancements (WHISE) program. AMVETS believes that in 2022 and years to follow, this program needs to be a priority for the VA. It is evident that the providers at VAMCs have the biggest impact on women veterans' satisfaction after visiting a VA and it determines whether they will return to the VA for care.

The Deborah Sampson Act, passed into law last year, was introduced to eliminate barriers to care and services that many women veterans face and would help ensure the VA can address the needs of women veterans who are more likely to face homelessness, unemployment, and go without needed health care. The Act expands group counseling for veterans and their family members and call centers for women veterans; increases the number of days of maternity care VA facilities can provide; increases the number of gender-specific providers in VA facilities, training clinicians, and retrofitting VA facilities to enhance privacy and improve the environment of care for women veterans; authorizes additional grants for organizations supporting low-income women veterans and increases resources for homeless women and their families; and improves the collection and analysis of data regarding women veterans, expands outreach by centralizing all information for women veterans in one easily accessible place on the VA website, and requires the VA to report on the availability of prosthetics made for women veterans.

AMVETS was a strong advocate pushing this bill through the chambers last year. We have urged DoD and VA to enhance their programs to ensure that women veterans receive high-quality, comprehensive primary and mental healthcare services in a safe and sensitive environment at every VA health-care facility. Swift implementation of this bill is crucial to caring for women veterans.

Areas of Concern Not Discussed in the Budget

Cannabis

The Department of Health of Human Services has positively affirmed the medicinal value of cannabis as antioxidants and neuroprotectants by patenting and licensing cannabinoids, the chemical compounds found in the cannabis plant. The Drug Enforcement Administration currently considers synthetically derived tetrahydrocannabinol (THC), the primary cannabinoid found in the cannabis plant, to be a Schedule III drug that is non-narcotic and has low risk of physical or mental dependence. The Food and Drug Administration has recently argued that cannabidiol (CBD), a non-euphoric cannabinoid, does not meet the requirements for scheduling because of its non-intoxicating and non-toxic nature.

Several studies suggest that where medical and adult-use cannabis is accessible, there is a reduction in opioid prescribing, opioid use, and opioid-related overdose. Cannabis is currently legal and regulated for adult and medicinal use in more than 35 states, representing more than half of the U.S. population, yet veterans have no way to access cannabis through the Department of Veterans Affairs and risk loss of employment or imprisonment for cannabis use in certain circumstances.

We call upon the White House and Congress to fulfill their responsibilities to the nation's veterans by recognizing the inappropriateness of cannabis' current scheduling and removing it from the Controlled Substance Act, by removing the roadblocks to expanding approved cultivation and research and committing all necessary resources to understand the therapeutic potential of cannabis and bringing those derived medications to veterans as quickly as possible.

The Leave No Veteran Behind Act

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

The decades-old regulation in Internal Revenue Code section 501(c)(19) is harming our veterans' organizations. The 501(c)(19) non-profit designation is explicitly designated for veterans' service organizations. The key benefits of this designation are tax exemption and the ability to accept tax-deductible donations. However, the current regulation requires 501(c)(19) organizations to maintain a membership of at least 90% wartime veterans to accept tax-deductible contributions.

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

AMVETS is the only one of the "Big 6" Congressionally-chartered veterans service organizations open to all non-wartime veterans. About 38% of our members are not wartime

veterans, leaving our 77-year-old organization unable to accept tax-deductible donations. This is especially harmful to our local posts located all over the country. AMVETS is active throughout thousands of communities in every Congressional district. But this antiquated tax code is hampering our efforts and limiting the good we can do in the community.

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

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

VHA National Practice Standards

AMVETS is also closely watching the development of new health care national practice standards at VA. As outlined in a Rule published by the Department late last year, VA intends to establish national standards of practice which will standardize health care professionals' practice in all VA medical facilities. The national standards of practice will describe the tasks and duties that a VA health care professional may perform and may be permitted to undertake. VA believes that creating national practice standards is critical to the success of the new electronic health record (EHR) system being developed in conjunction with the Department of Defense (DoD). To be effective, VA believes it must standardize clinical processes with DoD and ensure that all who practice in a certain health care profession are able to carry out the same duties and tasks irrespective of state requirements. VA has made clear it also believes that agreement upon roles that are consistent with the most restrictive state scope of practice for its health care professionals is not an acceptable option because it will lead to delayed care and consequently decreased access and level of health care for VA beneficiaries.

AMVETS supports the creation of these new national practice standards to aid in the implementation of the new joint VA-DOD EHR system. AMVETS agrees with VA that basing these practice standards on the most restrictive state scope of practice for its health care professionals is not a viable option, as it would lead to decreased access to needed care and reduced health outcomes for our nation's Veterans. AMVETS urges VA to continue working toward utilizing its health care professionals to the full scope of their license, registration, or certification. As such, AMVETS believes these new national practice standards must be inclusive of all health care services that its health care professionals are authorized to provide in any state. Anything short of fully comprehensive practice standards will unnecessarily limit Veteran access to care and negatively impact Veteran access and health outcomes.

Conclusion

AMVETS is honored to have this opportunity to present our views and opinions to Congress. We understand that we are proposing some significant changes in moving toward a VA of the future. Additionally, we owe an incredible debt of gratitude to the VA for their efforts as it relates to the

pandemic. Our veterans are most grateful, and most have indicated what an incredible job the VA did in administering vaccines and treating the tens of thousands of veterans that were infected. Our thoughts are with those veterans who died as a result of the pandemic, and their families. We know that had it not been for the incredible actions of the VA, many more veterans would have lost their lives. We are grateful.

We look forward to continuing our work this Congress and stand at the ready to continue pressing on the many issues facing our veterans. We will always continue our work to create better policies for the veterans we serve.

EXECUTIVE DIRECTOR JOSEPH 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.

Joe is the first veteran of combat operations in Afghanistan and Iraq to lead one of the nation's "big six" veterans service organizations' staffs.

A native of Rochester, N.Y., Joe 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.

Joe 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. Joe 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 front-lines with American and allied forces in Kuwait and Iraq as that war began.

He has also served as president of Social Communications, LLC, and as a civilian public affairs officer for Marine Corps Base Quantico, VA. Joe 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.

ABOUT AMVETS

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

Our commitment to these men and women can also be traced to the aftermath of the last World War, when waves of former service members began returning stateside in search

of the health, education and employment benefits they earned. Because obtaining these benefits proved difficult for many, veterans savvy at navigating the government bureaucracy began forming local groups to help their peers. As the ranks of our nation's veterans swelled into the millions, it became clear a national organization would be needed. Groups established to serve the veterans of previous wars wouldn't do either; the leaders of this new generation wanted an organization of their own.

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

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

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 2021 - None

Fiscal Year 2020 - None

Fiscal Year 2019 - None

Disclosure of Foreign Payments – None