



Statement of Tom Porter
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of
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before the
House Veterans' Affairs Subcommittee on Health
April 17, 2018

Chairman Wenstrup, Ranking Member Brownley, and Members of the Subcommittee:

On behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members and supporters, thank you for the opportunity to share our views on the legislation being discussed today.

VA Medicinal Cannabis Research Act of 2018

IAVA is proud to express our support for the *VA Medicinal Cannabis Research Act of 2018* and I would like to commend Chairman Roe and Ranking Member Walz for working in a bipartisan manner to develop the measure and hold this hearing to underscore the importance of getting this research right for our veterans at the VA.

IAVA veterans have made it clear that 2018 is the year we will be heard on the important and emerging health issue of utilizing cannabis to treat injuries of war. Veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries we face when returning from war.

In our latest Member Survey, 63% supported and only 15% opposed legalization for the medical use of cannabis. The youngest of the Post-9/11 generation are most supportive; with about three-fourths of IAVA members under 35 supporting the allowance of medical cannabis.

Medical cannabis is rapidly gaining support across party lines in Congress and across the country. Yet our national policies are outdated, research is lacking, and stigma persists. In 2018, IAVA members will set out to change that and launch a national conversation underscoring the need for bipartisan, data-based, common-sense solutions that can bring relief to millions, save taxpayers billions, and create thousands



of jobs for veterans nationwide. Those solutions must include the approval of medical cannabis for every veteran in America who needs it.

Our nation is rapidly moving toward legalizing cannabis, and twenty nine states plus the District of Columbia now permit medical cannabis. Yet, as with many innovative solutions to veteran needs, progress on this issue within the VA has been slow and incremental--and lags behind the needs of veterans and the changing reality of state-level laws.

There has been marginal progress, as in late 2017, when the Veterans Health Administration issued a policy change which urged patients to discuss medical cannabis use with their doctors. This policy change alleviates previous concern that admitting to cannabis use could jeopardize VA benefits, a policy recommendation noted in IAVA's Policy Agenda. But VA physicians still cannot refer patients to legally sanctioned state medical cannabis programs because of the federal prohibition. Moreover, patients are not allowed to have any cannabis on VA property, even if it is medically recommended to them and the state they are living in allows it. And VA employees are still barred from using any form of cannabis, including medical cannabis, while roughly one-third of VA employees are veterans and may want access to cannabis as a treatment option.

Further, in opposition to strong and rising popular opinion across the veterans community, the VA Secretary announced in early 2018 that the VA will not conduct research into whether medical cannabis could help veterans suffering from PTSD and chronic pain. This is despite protest from many in the VSO community who posit medical cannabis could serve as an alternative to opioids and antidepressants. A January 2017 National Academy of Sciences study that stated: there was "conclusive or substantial" evidence that cannabis is effective in treating chronic pain, moderate evidence that cannabis helps with sleep (which may impact other mental and physical health conditions), limited evidence in improving anxiety symptoms, and limited evidence in improving PTSD symptoms.

It is important to note that in our most recent member survey, 46% report suffering from PTSD, 38% report suffering from chronic pain, and almost 40% report depression and anxiety. These service-connected injuries are hard to treat, and if there is any possibility that cannabis can be used as an effective treatment, we should be willing to do the research to explore that opportunity.

Again, thank you for allowing IAVA to share our views. We thank Chairman Roe and Ranking Member Walz for taking this valuable step in moving forward with such a significant piece of legislation. We need the definitive research to be conducted on the



efficacy and safety of medical cannabis use by veterans - and it is long past the time for the VA to have taken this up.

Congress must prioritize passage of this legislation this year.

Discussion Draft, to make certain improvements in the family caregiver support program of the Department of Veterans Affairs

IAVA opposes this draft bill as it raises the bar of eligibility for the post-9/11 veterans currently eligible for the Caregiver Program, as well as for pre-9/11 veterans that would gain eligibility under this draft.

IAVA has consistently supported expanding the Caregiver Program to all generations of veterans, but we cannot support legislation that reduces benefits by raising the eligibility bar for program beneficiaries.

The Improving Oversight of Women Veterans' Care Act of 2017 (H.R. 4334) and Legislation (H.R. 4635) to "direct the secretary of Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans, and for other purposes."

IAVA thanks the sponsors for putting forth H.R. 4334 and H.R. 4635, as they are consistent with our **She Who Borne The Battle** campaign in the 115th Congress to close gaps in care for women veterans.

H.R. 4334 would require the Undersecretary of the Veterans Health Administration to submit to Congress an annual report on the ability of women veterans to access gender specific non-VA medical care in the community, including the average wait time between the veteran's preferred appointment date and the date on which the appointment is completed, driving time required for veterans to attend appointments, and reasons why appointments could not be scheduled. The bill would also require each VA medical facility to submit a quarterly report to the VA Secretary on the compliance and noncompliance of the facility with the environment of care standards for women veterans.

H.R. 4635 would increase number of peer-to-peer counselors providing counseling for women veterans, with an emphasis on treating women veterans who suffered military sexual trauma, suffer from PTSD or other mental health conditions, or are at risk of becoming homeless.



IAVA remains focused on the centerpiece of our **She Who Borne The Battle** campaign, the bipartisan *Deborah Sampson Act* (H.R. 2452), the most comprehensive legislation this Congress that addresses shortages in care for female veterans. H.R. 2452 establishes peer-to-peer assistance, makes permanent programs to provide counseling in retreat settings, provides legal and support services, doubles the newborn care at the VA, funds retrofits at VA facilities to improve privacy, requires the VA to collect gender-specific data on all veterans programs, and expresses a sense of Congress that the VA motto should be more inclusive, among other initiatives.

On this last provision, our campaign has had an impact, as we know that VA leadership had taken recent, concrete steps to make motto changes more welcoming to our transitioning women warriors, but partisan infighting at the VA derailed those steps from moving forward.

IAVA encourages this committee to support a greater level of progress on making VA care more reflective of the growing numbers of women serving in uniform and move to enact the *Deborah Sampson Act* and other legislation that shares this spirit.

Thank you for allowing IAVA to share our views.