



Pending Legislation

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Statement of

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Veterans of Foreign Wars of the United States

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Committee on Veterans' Affairs

With Respect To

Pending Legislation

Washington, D.C.

Chairman Takano, Ranking Member Roe, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide views on these important pieces of legislation.

Eliminating suicide among our nation's veterans continues to be a top priority for the VFW. The most recent analysis of veteran suicide data found suicide has remained fairly consistent within the veteran community in recent years. An average of 20 veterans and service members die by suicide every day. While this number must be reduced to zero, it is worth noting that the number of veterans who die by suicide has remained consistent in recent years, while non-veteran suicides have continued to increase.

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The Government Accountability Office has identified several key barriers that deter veterans from seeking mental health care. These include stigma, lack of understanding or awareness of the potential for improvement, lack of child care or transportation, and work or family commitments. Early intervention and timely access to mental health care can greatly improve quality of life, promote recovery, prevent suicide, obviate long-term health consequences, and minimize the disabling effects of mental illness.

The VFW is proud to have partnered with the Department of Veterans Affairs (VA), and community and corporate partners to raise awareness of mental health conditions, foster community engagement, improve research, and provide intervention for those affected by invisible injuries and emotional stress through the VFW Mental Wellness Campaign. Since Fall 2016, nearly 300 VFW posts around the world and 13,000 volunteers have successfully reached 25,000 people in the past four “A Day to Change Direction” events, hosted in partnership with Give an Hour’s Campaign to Change Direction.

The focus of the VFW’s Mental Wellness Campaign is to teach veterans and caregivers how to identify when they or their loved ones are experiencing the signs of emotional suffering— personality change, agitation, being withdrawn, poor self-care, and hopelessness. In an effort to destigmatize mental health, participants are informed that mental health conditions such as post-traumatic stress disorder (PTSD) are common reactions to abnormal experiences.

The goal is to also reduce the number of veterans who die by suicide each day without having contacted VA health care services. Research indicates that veterans who do not use VA for their health care are at an increased risk of suicide. This comes as no surprise to the VFW, as our members have continuously informed us that they prefer VA health care because of the high-quality and veteran-centric care VA provides. To better assist all veterans, veterans service organizations, VA, and Congress must know more about the two-thirds of veterans who die by suicide each day without any contact with VA.

That is exactly why this discussion today is so important. The John Scott Hannon or COMPACT Act is aggressively seeking to change the focus on suicide prevention from previous years. Continually pursuing the same solutions and expecting different results was

not working. Exploring solutions with community partners, engaging in holistic programs that do not require pharmaceuticals, seeking to draw in more veterans through expanded eligibility, and rigorous studies to determine as many quantitative factors that lead to suicide as possible are just some of the proposals discussed today that may finally help decrease the number of veteran suicides.

H.R. 8084, Lethal Means Safety Training Act

The VFW supports the intent of this bill as it aligns with the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). We support lethal means interventions as an important step in reducing veteran suicide. However, to what extent should VA provide the mandatory training? Requiring such training to all other VA employees, as directed by the Secretary of VA, may be too heavy of a lift. We fear Veterans Health Administration (VHA) frontline employees will not receive this training with the urgency that it was intended, and non-VHA employees will find it unnecessary and useless in their line of work.

At the VFW, we know the value of lethal means prevention. Any separation of the individual veteran with time and distance to their own lethal means is an important step in preventing a fatal decision. We have a coworker whom many of us at the VFW call a friend, who might not be here if lethal means intervention had not been discussed with him. After difficult bouts of post-traumatic stress following years of service and a deployment overseas, our friend was at a critical point in his life and realized he needed serious help. One of the first steps he needed to take was to give his weapons to his father to temporarily hold until he was better. The very real fear being he might not still be here today if he had access to his firearms during some of his more difficult times.

Our friend received the help he needed, had his firearms returned to him when he was ready, and as he states it, is "as regular of a functioning redneck as ever." I cannot personally think of another individual who is more passionate about their mission of helping veterans and a leader in our community, and if not for lethal means intervention we might not have our friend with us here today.

Our organization embraces the importance of lethal means intervention, and understands firsthand the effect it can have on a veteran during a period of crisis. Had the right intervention not taken place, we could be without a valued leader, coworker, and friend at the VFW. We say this all while cautioning the expansion of this important training. For those VA employees who interact with patients and are trained in patient evaluation, this training could be a life-saving tool in their toolboxes. For individuals who are not trained in these same evaluation skills, lethal means discussions could be cumbersome and unnecessary, and possibly lead to unintended negative interactions with VA patients if not performed correctly. We recognize the value of lethal means training, but think it should be applied more judiciously, and not spread widely to so many people immediately.

Discussion Draft, ACCESS Act

The VFW recognizes the potential barrier to some veterans seeking emergency mental health care is financially driven, which could be caused by different eligibility criteria. The VFW lauds Congress and VA for recent action to expand VA mental health care services to recently discharged veterans and veterans with Other Than Honorable discharges. VA also has the ability to treat any veteran who is not eligible for VA care through its humanitarian care authority under section 1784 of title 38, United States Code (U.S.C.). However, VA is required to charge veterans the full cost of urgent or emergent mental health care. It is understandable for VA to bill other health insurance for such care, but VA must not be required to place an undue burden on veterans who have survived a mental health crisis, particularly because financial instability is often a contributing factor to mental health crises.

The VFW worked with a veteran who was rushed to a VA hospital during a mental health crisis caused by untreated bipolar disorder and depression. The veteran was admitted to the medical center's inpatient mental health care clinic for two weeks, despite not being eligible for VA health care. VA saved his life, but he then had a \$20,000 bill. His mental health crisis was exacerbated by unemployment and his inability to provide for his family. With proper treatment he was able to return to work, but still lacked the resources to pay the VA bill. The VFW worked to have his bill waived, but he will never return to VA if he has another mental health crisis.

The fear of being turned down or billed for care should never prevent a veteran from seeking

the urgent or emergent VA mental health care they need. Congress must amend section 1784 of title 38, U.S.C., to exempt those who have worn our nation's uniform who receive urgent or emergent mental health care under VA's humanitarian care authority from having to pay the full cost of such care.

The VFW is also open to expanding eligibility of care for certain discharge categories, as was done for veterans with Other Than Honorable discharges. However, the VFW will not support a provision that would allow for this care to be delivered to ex-service members who have a Dishonorable Discharge from the military. There are certain veterans who served their country and made mistakes, and we feel those veterans should still have a home at VA during times of need, but ex-service members who were dishonorably discharged should not be afforded those same services and protections.

A suggestion to simplify who can and cannot receive VA care is to change the classification of discharges within VA definitions to mirror those of current Department of Defense discharges. VA recognizes Honorable, General, and Dishonorable as discharge categories. The VFW suggests prohibiting Dishonorable Discharged ex-service members as is currently practiced, but not considering Other Than Honorable, and Bad Conduct Discharge the same as Dishonorable. Allow VA to consider the separate discharge statuses and apply different eligibility standards for each separate category, rather than group them all together.

H.R. 7469, Modernizing Veterans' Healthcare Eligibility Act

The VFW cannot support this proposal at this time. While we agree VA's eligibility standards may not be perfect and could be improved or streamlined, we do not think a complete overhaul of the system is called for at this point. We also do not think a proposed commission is the way to accomplish that goal. Commissions like the one described in this proposal are needed when subject matter experts are required for an issue and an outside commission is established. The VFW feels if changes are needed for eligibility, there is more than enough knowledge and expertise between veterans' stakeholders, Congress, and veteran health providers, that an expert commission is unnecessary. Additionally, a major issue we have with the proposed goal is it is too vague.

Typically, we would like to see a proposal have a specific directive, examples such as diminished or expanded eligibility, or to consolidate priority groups. We think the mission of the proposed commission is not narrowly defined, which could lead to creating solutions for problems that do not exist. The VFW welcomes the discussion to improve care and access to care by modifying existing eligibility requirements, especially for emergency situations, but does not think the entire system needs an overhaul.

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

The VFW supports this proposal to expand knowledge and treatment provisions within VA to help combat prostate cancer. We are encouraged this proposal would require VA to partner with organizations pursuing similar goals in order to combine efforts to ultimately defeat this disease. The VFW also supports more studies and ways to acquire demographic information such as age, race, socioeconomic status, exposure risks, and genetic risks, to develop better, evidence-based screening procedures.

H.R. 7879, VA Telehealth Expansion Act; H.R. 7888, REACH VET Reporting Act; H.R. 7964, Peer Support for Veteran Families Act; H.R. 8033, Access to Suicide Prevention Coordinators Act; H.R. 8107, VA Emergency Department Safety Planning Act; H.R. 8108, To direct the Secretary of Veterans Affairs to develop clinical practice guidelines for the treatment of serious mental illnesses; H.R. 8130, To direct the Secretary of Veterans Affairs to conduct an assessment of the capacity of peer specialist of the Department of Veterans Affairs who are women; H.R. 8144, VA Mental Health Staffing Act; H.R. 8147, To direct the Secretary of Veterans Affairs to expand an existing pilot program, and to establish a new pilot program, related to complementary and integrative health services for veterans; H.R. 8148, VA Data Analytics and Technology Assistance Act; H.R. 8149, VA Precision Medicine Act; Discussion Draft, VA ECHO (Expanded Care Hours) Act; Discussion Draft, VA High Altitude and Suicide Research Act; Discussion Draft, VA Research Technology Act

The VFW supports many of the bills and provisions within the drafts that reflect the Senate passed version of *S. 785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*. This comprehensive legislation touches on multiple aspects of a veteran’s health and well-being utilizing an ecological model approach. Ensuring proper

mental health care workforce ratio and hiring plans, improving accommodation by extending hours, and expanding complementary and integrative health services are ways to enable a veteran on an intrapersonal level. Education and peer support for family members of a veteran empowers the veteran's immediate support system. Assessing current programs on their effectiveness, involving academic institutions for statistical analyses and data evaluation—including institutional review boards outside of VA—and implementing evidence-based research programs involve both communities and other organizations. In order to reduce the stigma around mental health and support the veteran population, care should be taken to pursue programs that are valuable and remove those that waste resources.

Eliminating suicide among our nation's veterans continues to be a top priority of the VFW. The VFW does not have a specific resolution regarding each piece of legislation. However, one VFW resolution strongly urges VA to continue to adequately staff VA mental health treatment and research programs and dedicate adequate resources to address the alarming rate at which veterans die by suicide.

Out of the more than 6,900 veterans who participated in the VFW's recent "Our Care" survey, 31 percent of respondents stated they use VA health benefits to receive mental health care. Women veterans also reported they are more likely to receive VA mental health care than male veterans by nearly 44 percent versus 31 percent, respectfully. Only six percent of veterans stated they received mental health care through community care. When asked about noticeable improvements at their VA medical center, 74 percent responded they had seen improvements within the past year or that no improvements were needed, while 26 percent reported not seeing any progress, but stated that improvements are needed.

The VFW concluded that VA's ongoing transformation to streamline and improve access to VA health care has improved. Since our last report, more veterans would recommend VA care to their fellow veterans. While VA health care is trending in the right direction, the VFW knows this is why we need to continue the momentum. The veteran suicide rate slightly decreased over the past ten years, meaning there is still more work to be done, especially in the area of mental health.

H.R. 7879, VA Telehealth Expansion Act

The VFW supports this legislation and is proud to be part of the solution. Even before the COVID-19 pandemic, access to connectivity remained a critical issue for rural and underserved veterans. Through Project Advancing Telehealth through Local Access Stations (ATLAS), the VFW has worked with VA and Philips to leverage VA's anywhere to anywhere authority to expand telehealth options for veterans who live in rural areas. More than 20 VFW posts have been identified as possible telehealth centers, with plans to deploy five VFW ATLAS sites in the first phase.

Shortly before March 13, 2020, VA instructed veterans with previously scheduled care appointments to contact their facilities. In May 2020, the VFW surveyed our membership. Respondents were asked how their routine care appointments with VA or non-VA providers were handled after March 13. The survey reported that 47 percent of VA routine care appointments were converted to telehealth, 34 percent were canceled, 10 percent were unchanged, and seven percent were rescheduled. Most non-VA appointments—34 percent—were either converted to telehealth or canceled, 33 percent were unchanged, and three percent were rescheduled. Due to social distancing requirements, quarantining, and the abrupt change to health care appointments, veterans who had access to the proper technology reported they adapted quickly to telehealth. During a recent House Committee on Veterans' Affairs hearing, the VHA reported an increase in telehealth satisfaction levels since March 2020.

Technology is ever-changing and the VFW urges Congress to support VA to stay current with technology while identifying improvement areas. A recent report from the Office of Inspector General (OIG) shows the value technology had in carrying out VA appointments throughout March 15 through May 1, 2020. Although, the report indicated gaps in follow-up and tracking of appointments, and how facilities lack a tracking process associated with these cancellations. Out of the 7.3 million appointments canceled in that short period, 32 percent could not be identified to follow up or track the appointment's progress. VHA issued a guideline and stressed the importance of tracking cancellations. However, only 55 percent of cancellations included the instructed keyword for future search capabilities. OIG's recommendation was to develop and carry out a follow-up and canceled appointment strategic plan, and develop tools to properly note a cancellation follow-up correctly. The VFW believes many lessons learned during that period can be evaluated, discussed, and shared across VHA.

The VFW is glad this legislation would expand such opportunities through a grant program. Doing so would provide veterans the ability to receive VA health care closer to home.

H.R. 7504, VA Clinical TEAM Culture Act of 2020; H.R. 7541, VA Zero Suicide Demonstration Project Act of 2020; H.R. 7747, To direct the Secretary of Veterans Affairs to submit to Congress an annual report on the Solid Start program of the Department of Veterans Affairs; H.R. 8068, To direct the Secretary of Veterans Affairs to make certain improvements relating to mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans; H.R. 8145, VA Mental Health Counseling

The VFW supports the above legislation, which would educate mental health community care providers, establish the Zero Suicide Initiative pilot program, evaluate the transitioning veterans program, connect outreach with minority veterans and American Indian and Alaska Native veterans, and create staffing plans.

The VFW firmly believes that the treatment veterans receive for mental health via community care should have a similar foundation as if the course of treatment came from VA. Our members trust and urge VA to do more for veterans, including initiating evidence-based pilot programs that could become permanent programs within VA. The VFW agrees with creating an annual report for the Solid Start program. This transparency can shed light on gaps that remain for transitioning veterans. The VFW understands suicide prevention coordinators are instrumental in the efforts to reduce suicides among veterans, and that it is crucial to collaborate with minority veterans and American Indian and Alaska Native veterans' stakeholders. The VFW supports the plan to address the shortages of licensed professional mental health counselors, and marriage and family therapists, and understand the role veterans' families play in their well-being.

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

The VFW supports the intent of this bill and many of its provisions to continue the mission to decrease veteran suicide and strengthen VA mental health services while achieving the

House Committee on Veterans' Affairs Comprehensive Seven Pillar Approach. Still, there are individual sections of this legislation that cause concern.

Many of the sections mirror S. 785, *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, for which the VFW has voiced support. Other bills that the VFW also supports are integrated into this legislation, namely H.R. 2422, *SFC Richard Stayskal Military Medical Accountability Act of 2019*, and H.R. 3224, *Deborah Sampson Act*.

The VFW believes that VA grants to entities to provide or coordinate suicide prevention services for eligible veterans and their families can make a significant difference in so many lives. The entities receiving the grants must specify their commitment to coordinate VA clinical services, inform veterans of VA eligibility, and provide the veteran with a point of contact to begin the process of enrollment.

The transparency of VA's mental health professional workforce levels can allow for other stakeholders, such as academic institutions, to gauge the need to fill the gap within VA. An OIG report released in September 2019 found psychiatry has a severe occupational shortage in nearly 61 percent of the facilities.

The VFW supports the intent of this bill to help expand the duties and responsibilities of psychologists to fill staffing voids throughout VA. However, we caution that more needs to be done to investigate the justification to expose veterans to a psychologist's altered role. The VFW continues to support the work being done to ensure veterans are afforded the opportunity to receive complementary and integrative alternative therapies to pharmacotherapy. The VFW feels changing the treatment scope of a psychologist would be a step backward with VA's concerted efforts to ensure appropriate pharmaceutical treatments. VA must continue to expand research on non-traditional medical therapies, such as medical cannabis and other holistic approaches for mental health care conditions. Veterans want more mental health care providers at their VA medical facilities, but within the scope of their profession and education.

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

This legislation would improve the staffing, transparency, and accountability of the law enforcement operations of the Department of Veterans Affairs. The VFW does not have a specific resolution regarding the VA Police Force. While the VFW generally supports measures to improve overall training, safety, and transparency at VA, we have not received feedback from our membership regarding these particular issues.

H.R. 3450, To prohibit the Secretary of Veterans Affairs from transmitting certain information to the Department of Justice for use by the national instant criminal background check system.

The VFW supports this legislation, which would prevent VA from transmitting personally identifying information of veterans to the Department of Justice (DOJ) solely on the basis of an individual having a service-connected disability. This commonsense bill would ensure that veterans with service-connected disabilities are not deprived of their Second Amendment right to bear arms without due process of law. The VFW supports legislation that safeguards veterans' rights under the Constitution of the United States.

H.R. 3826, Veterans 2nd Amendment Protection Act

The VFW supports this legislation, which would prevent VA from transmitting personally identifiable information to DOJ of veterans whose benefits are paid to a fiduciary without the order or finding of a judge, magistrate, or other judicial authority that such beneficiary is a danger to themselves or others. Veterans who have been assigned a fiduciary should not be deprived of their Second Amendment right to bear arms without due process of law. The VFW supports legislation that safeguards veterans' rights under the Constitution of the United States.

H.R. 3788, VA Child Care Protection Act of 2019

This legislation would prohibit VA from making payments to child care providers that

employ individuals charged with certain offenses. The VFW cannot support this bill at this time because it would deprive individuals of their right to due process of law. The VFW agrees that child care providers that hire individuals who have been convicted of a sex offense, an offense involving a child victim, a violent crime, or a drug felony should not be eligible to receive funds from VA. However, such restrictions should apply only after an individual has been convicted of any of these offenses and not simply charged.

Discussion Draft, Veterans Burn Pits Exposure Recognition Act of 2020

The VFW supports this legislation, which would concede exposure to airborne hazards and toxins from burn pits. The use of open air burn pits in combat zones has caused invisible, but grave health complications for many service members, past and present. Particulate matter, polycyclic aromatic hydrocarbons, volatile organic compounds and dioxins—the destructive compound found in Agent Orange—and other harmful materials are all present in burn pits, creating clouds of hazardous chemical compounds that are unavoidable to those in close proximity.

The VFW continues to hear from members who suffer from debilitating respiratory conditions believed to be caused by exposure to toxic burn pits. In 2017, the National Academies of Science, Engineering, and Medicine published a report entitled *Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry*. That report noted a connection between burn pit exposure and numerous health conditions including emphysema, chronic obstructive pulmonary disease (COPD), and asthma. An additional study, *New-onset Asthma Among Soldiers Serving in Iraq and Afghanistan*, published in the *Allergy & Asthma Proceedings* and conducted by staff at the VA Medical Center in Northport, New York, found a connection between deployment to Iraq and Afghanistan and asthma among the 6,200 veterans reviewed. Many other studies have shown similar evidence of association between pulmonary conditions and exposure to toxic burn pits.

Despite the volume of scientific research on this topic, veterans face onerous administrative burdens to establishing service-connection for disabilities related to their exposure to burn pits. First, veterans must prove that they were exposed to burn pits during military service. This condition must be met even though most veterans do not have a record of exposure in their official military personnel file.

Next, if a veteran does prove exposure to a burn pit and, at the time of filing a claim has a diagnosed disability, he or she must obtain a medical opinion to establish a nexus between exposure and that disability. This is nearly impossible. There is no current guidance from VA to medical providers regarding the specific chemicals and toxins emitted from burn pits. This legislation would require VA to concede that veterans who served in covered locations were exposed to a litany of toxic substances from burn pits, which would facilitate the development of claims for disability benefits.

Discussion Draft, Ensuring Veterans' Smooth Transition (EVEST) Act

The VFW agrees with the intent of this legislation to provide for the automatic enrollment of eligible veterans into the VA health care patient system. For years, the VFW has advocated for individual enrollment of all eligible veterans into the VA health care system while those individuals are going through separation. This proposal would make that enrollment an additional step in the transition process. Having a seamless transition from the armed forces to civilian life is an important step, and making sure health care and benefits are covered throughout this process is a significant burden lifted off the shoulders of the transitioning service member.

While the VFW supports the prospect of having all eligible transitioning service members enrolled in VA, we do realize that could be a significant increase in VA's patient capacity. With upwards of 200,000 service members transitioning annually, we see a potential increase in workload with a corresponding backlog due to the new patient influx. Accordingly, we urge this committee to consider including a provision in this legislation that would add internal resources for VA to carry out its purpose.

Chairman Takano, Ranking Member Roe, this concludes my testimony. Thank you for the opportunity to present the VFW's input today. I look forward to engaging in further discussion with you or any members of the committee on these issues.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2020, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.