

Annual Legislative Presentation
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Before a Joint Hearing of the
House and Senate Committees on Veterans' Affairs
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Chairman Isakson, Chairman Takano, and honorable members of the House and Senate Committees on Veterans' Affairs, I appreciate the opportunity to present you with the 2019 legislative priorities and policy recommendations of AMVETS. For 75 years, our organization has been a leading voice in veterans' advocacy work. This annual address has become an important part of that tradition, allowing us to share the wishes of our members in helping Congress make policy decisions that serve the best interests of veterans across the nation.

In the past year, AMVETS has made a significant investment to provide a second to none advocacy role for our Nation's veterans. We have assembled a world-class team of veteran advocates with significant Capitol Hill experience.

As the largest veteran non-profit to represent all of our Nation's veterans, we are dedicated to pursuing those issues that are most negatively affecting our veterans or that stand to provide the greatest positive benefit to them.

There is no better return on investment for our Nation than helping servicemembers transition and maintain their health along with a strong sense of meaning and purpose. With the right training, the right hand-up programs available, and high-quality healthcare, we know that our Nation's veterans will become the leaders of our Nation in industries across the board.

We stand ready to assist Congress in finding the best policy solutions that will lead veterans toward realizing and achieving their goals and dreams following their service to our Nation. For some, that is a hand-up program like the Post-9/11 G.I. Bill; or others, it may be the need for access to mental healthcare that's shown to work and change lives for the better. For many, this is access to high-quality, timely, and critical healthcare that they have earned through their sacrifices to our Nation.

The three most pressing issues AMVETS plan to address this Congress are: addressing our mental healthcare crisis and suicide epidemic, addressing the critical needs of women veterans, and providing timely access to high-quality healthcare.

Prioritize The Mental Health Epidemic

Our Nation's veterans killing themselves in VA parking lots could not be sending a clearer message that VA mental healthcare is not working. According to the *Washington*

Post, from October 2017 through November 2018, 19 veterans have died by suicide on VA campuses. Marine Col. Jim Turner killed himself in the Bay Pines VA Medical Center parking lot weeks before Christmas. Dressed in his dress blues uniform, bearing his medals, he left us with this message: "I bet if you look at the 22 suicides a day you will see VA screwed up in 90%."

From October 2017 through November 2018, more than 6,000 veterans died as a result of suicide. In that same time period the Senate held one hearing on veterans mental health, the House held two, and more than \$8 billion was spent in an effort to address the issue. Despite veterans killing themselves on VA campuses, and record expenditures by VA to address mental health, VA continues to insinuate that veterans killing themselves have not participated in VA care (recently).

The narrative on Capitol Hill has been relatively monotonous with lawmakers highlighting the disturbing number of deaths, suggesting more needs to be done, providing increases to the mental healthcare budget, and then moving along to other priorities. VA highlights the need for additional funding to pay for more practitioners and clinical space, while providing scant information on the effectiveness of its programs.

Frankly, it seems that no one, including VA, really knows if the mental healthcare we are providing our veterans is working. Certainly no one seems to be suggesting it works well. In the absence of clear alternatives, the easiest course of action has been taken: throw more funding at VA to be used on traditional mental health treatment, somehow hoping for a different outcome.

AMVETS is asking Congress to work with us to end the status quo. We are asking for Congress and VA to take accountability, measure outcomes and results, and invest in helping veterans become their best selves. Let's help them in become our Nation's best citizens.

As such, AMVETS would greatly appreciate Congress's consideration to create a bicameral roundtable and taskforce that combined would hold an event at least once every other month. Specifically, we are hopeful that Congress will closely evaluate the programs and methods currently funded at VA, their long-term effects and outcomes in helping veterans live high quality lives, while also considering any alternative approaches that are leading to positive outcomes by mitigating negative symptoms, creating notable improvements in quality of life and, ultimately, stemming the suicide epidemic.

Additionally, we propose a quarterly hearing to attack our veterans' mental health epidemic, and by extension, possibly, our Nation's mental health problems. The Veterans Affairs Committees have a real opportunity to change our Nation for the better. There is nothing inherent about veterans and mental health. Mental healthcare challenges are human issues, and are not specific to veterans or service members.

DoD also plays a critical role in this process. For many of our veterans, their downward spiral starts at their transition from the military. That moment when they leave behind their band of brothers and sisters, lose their mission and purpose, and often find themselves isolated. This is a critical final touch point, one in which crucial training can be provided prior to their geographic dispersion.

Closing the Gap for our Women Veterans and Servicemembers

Addressing mental health issues that are specific to women is also a top priority for AMVETS. The rate at which women choose to end their own life is 180 percent higher than members of the same gender who never served. Male veterans, meanwhile, are 140 percent more likely to commit suicide than their peers who have only known civilian life.

Deanna Martorella Orellana is among those we lost to the epidemic. As a Marine, she survived a 2010 deployment to Afghanistan's notorious Helmand Province. After leaving the Corps in 2015, however, her life began to spiral. She was arrested twice for drunken driving and moved back in with her mother.

Then on March 4, 2016, she went to a VA hospital for help. After the appointment, Deanna returned to the North Carolina home she shared with her mom, went into her bedroom, closed the door, sat on the floor and pulled the trigger of a .45 caliber handgun. Her mother later came home to discover a note that simply stated:

"I'm sorry, call 911, take care of the dog, don't come in the bedroom."

While we can speculate as to the reasons this Marine survived war only to later decide she no longer wanted to live, we can't identify the specific factors with any certainty. Just as we can't say for sure why so many other women have chosen to commit suicide after serving their country.

The House taskforce that was recently created to address issues specific to women veterans, represents a step in the right direction. AMVETS looks forward to working with Congresswoman Brownley and other taskforce members in finding holistic solutions to the problems faced by our women heroes. AMVETS, however, also understands that the task force will have an uphill battle. For this reason, we would like to see it conducted in parallel to a comprehensive study.

While the VA has made great strides in recent years, collecting data and researching issues specific to women veterans, these efforts have treated the problems as disparate parts of lived experiences, creating gaps in our knowledge and, ultimately, a failure to find viable solutions. For this reason, in the coming weeks, AMVETS will be working with members of Congress to introduce legislation that creates a holistic approach to research and, hopefully, a thorough understanding of the problems encountered by our women in uniform.

Timely High-Quality Access to Healthcare

The VA has pledged to serve our veterans' healthcare needs, but the means to accessing this care is different for every veteran. There are an estimated 4.7 million rural and highly rural veterans who face a unique combination of factors that create disparities in healthcare not found in urban areas, such as inadequate access to care, limited availability of skilled care providers and additional stigma in seeking mental healthcare. There is also the continued challenge of the politicization of VA healthcare. AMVETS realizes that the best healthcare option for veterans will provide a strong, well run, and fully staffed VA first! As a support mechanism, VA will utilize private care when it makes sense in order to provide ease of care to veterans as is often the case for veterans in rural areas.

As such, we are currently working on legislation that will help us reach out to veterans in rural areas who are served by the VA, but have not utilized VA care for an extended period of time. Even though these veterans are out of sight, they should not be out of mind. We are looking to build a legislative solution that will help these veterans receive long overdue, baseline, comprehensive physical exams and comprehensive eye examinations.

I want to briefly mention the Mission Act. Like many of you, AMVETS is closely monitoring its implementation. While problems persist in this process, we stand behind its ultimate goal: ensuring veterans have access to high quality healthcare regardless of where they live. To achieve this, AMVETS believes a balance must be struck: one that provides both robust services at VA-run facilities and access to treatment from outside providers. Up until recently, the conversation primarily focused on concerns that funding the latter would hollow out in-house care. While AMVETS shares in this concern, we were surprised to review the VA's recently proposed rule. A plain reading of the text published in the federal register indicates that veterans would need to face both a drivetime of at least 30 minutes and waitlist of longer than 20 days to be eligible for outside care. Up until this proposal was made public pursuant to legal requirements, the VA advertised that veterans would only need to meet one of those two criteria. By requiring veterans meet both, the Mission Act would effectively be useless.

AMVETS is also concerned with another section of the proposed rule regarding access to emergency care. We do not understand why the VA is attempting to amend the current policy, as such a move was not authorized by Congress as part of Mission or any other legislation to the best of our knowledge. We encourage committee members, here today, to investigate VA's authority to change access to emergency care and request the reasoning behind these proposed changes.

As we make clear throughout this testimony, AMVETS sees the health of veterans as one of the most pressing issues our veterans face. Yet many still choose to participate in one of the most unhealthy, legal, actions, one can take: smoking combustible cigarettes. Smoking remains the number-one cause of preventable deaths in the United States. Yet the CDC estimates nearly one in three veterans smoke.

We are now several months into developing AMVETS' "Switch for Freedom" program, a first-of-its-kind nationwide program, in which our members and posts are receiving counseling, support, and special access to products and incentives to switch from smoking to vaping.

Dr. Scott Gottlieb, commissioner of the U.S. Food and Drug Administration, tweeted on Jan. 19, "I believe if every currently addicted adult smoker switched completely to e-cigs it would provide a tremendous public health gain."

According to a November 2018 American Cancer Society statement, "research has found that e-cigarette use is likely to be significantly less harmful than smoking regular cigarettes."

Clearly, it would be best if veterans refrained entirely from using nicotine. But we find a terrible lack of interest in doing so, at this point. That will remain a long-term goal, but right now we see room for a real health gain in helping veterans make the switch.

AMVETS is starting this month to take the pilot program into communities around the nation to veterans and their family members who already smoke. This is only for those who already smoke. Veterans and family members who smoke will be offered vaping devices at drastically reduced costs along with guidance and support in their communities to make a full transition to vaping.

In addition to helping the individual veteran, we are going to AMVETS posts that still allow smoking indoors. These posts will be offered financial incentives to become "smoke-free." Each participating post will be required to chronicle the impact of this change.

AMVETS hopes this program will help in the national battle to reduce secondhand smoke exposure. After decades of progress in the United States, efforts to reduce exposure to secondhand smoke among non-smokers recently stalled, according to new data from the Centers for Disease Control and Prevention. An estimated 58 million Americans were exposed to secondhand smoke from cigarettes and other tobacco-burning products annually, per the CDC's latest data. The report was published in December 2018 in the CDC's Morbidity and Mortality Weekly Report.

Being that our posts are private clubs, there are still some that can legally allow smoking indoors. Many posts want to stop that antiquated practice but worry about the loss of members if smoking inside is banned. Our new switching program will enable these posts to try going smoke-free. I believe most will love it once they've switched. I also look forward to the opportunity to report back to Congress later this year as we begin to compile data.

Conclusion

Chairmen Isakson and Takano, and members of the Committees, I would like to thank you once again for the opportunity to present the issues that impact AMVETS' membership, active duty service members, as well as all American veterans. As the VA continues to evolve in a manner that can improve access to benefits and healthcare, it will be imperative to remember the impact that any changes to those systems on millions of individuals who defended our country. We cannot stress enough the need to preserve and strengthen the VA as a whole, across all administrations, in order to ensure the agency can deliver on President Lincoln's sacred promise now and in the future.

Commander Regis "Rege" William Riley

Regis "Rege" William Riley was elected National Commander during the 2018 AMVETS National Convention. Originally from North Braddock, Pennsylvania, Commander Riley faithfully served his country for more than 30 years both in the military and with AMVETS in various roles. He served in the U.S. Army and was honorably discharged in 1974, after which he worked his way through the ranks of AMVETS in a number of critical leadership positions. Before becoming AMVETS National Commander, Riley served as AMVETS 1st Vice National Commander, AMVETS Department Commander in Pennsylvania, Western Region Commander, and Post Commander for 9 years. His lifetime of service also includes serving as chairman of the National Homeless Veterans Committee and president of the Pennsylvania State War Veterans Council. He currently is a voting member of the Pennsylvania State Veterans Commission.

Commander Riley won several awards, including the Leadership of Excellence pin, National AMVETS Recruiter of the Year award, and Department of Pennsylvania Member of the year in 2001. He pursued studies in journalism and communications at the Columbia School of Broadcasting and worked for more than 35 years as a track foreman while championing veterans' causes at the state and national levels.

Commander Riley lives in Pittsburgh, Pennsylvania, with his wife, Dee, AMVETS Ladies Auxiliary past national president and Silver Bayonet Award recipient. They have two sons named Corey Sr. and Corey Jr.

ABOUT AMVETS

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

Our commitment to these men and women can 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 2018 - None

Fiscal Year 2017 - None

Fiscal Year 2016 - None

Disclosure of Foreign Payments - None