



**STATEMENT OF
HAROLD CHAPMAN
AMVETS (AMERICAN VETERANS) NATIONAL COMMANDER
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.**

March 9, 2017

Chairmen Isakson and Roe, Ranking Members Tester and Walz, and Members of the Committees:

As the AMVETS National Commander, it is an honor to be invited to testify today. I enlisted into the United States Air Force when I was 18 years old, and am a Vietnam-era Air Force veteran who was born in Missouri and raised in New York, where I still live. Advocating for veterans' issues is personal, and a passion of mine.

Since 1944, AMVETS has been one of the largest congressionally-chartered veterans' service organizations in the United States and includes members from each branch of the military, including the National Guard, Reserves, and Merchant Marine. We provide support for the active military and all veterans in procuring their earned entitlements. I appreciate the opportunity to present our legislative priorities to the committees today.

Mental Health and Suicide Prevention:

AMVETS acknowledges VA's relative success in improving access to mental health services for veterans, service members and military families. For instance, from 2005 through 2015 VA increased the number of outpatient mental health encounters or treatment visits by 97 percent; from 10.5 million to 20.8 million. Yet, despite this progress AMVETS remains concerned about how VA plans to resolve its mental health staffing issues to meet ongoing increasing demand and provide timely and full access to the broad array of critical services the Department provides.

AMVETS also advocates for increased research to improve identification and treatment of mental health disorders that affect veterans being treated in the VA system of care. This research must include the behavioral after-effects of mild traumatic brain injuries (mTBIs) which often mimic post-traumatic stress disorder. The repercussions of not initially tracking mTBIs after the start of the conflicts in Iraq and Afghanistan left all branches of the military unable to assess or properly treat various issues that arose, and in the end, it was the person serving who suffered.

AMVETS has heard many stories from those who acted out after returning from deployment, and who were subsequently given bad paper discharges instead of the treatment they needed. Leaving the service with a bad paper discharge prevents a veteran from receiving the health care they would otherwise be entitled to, and that coupled with untreated mental health or behavioral issues often leads to unemployment, homelessness, drug or alcohol abuse, and at times, suicide.

AMVETS advocates for reviews of bad paper discharges for those who had honorably served prior to exhibiting behaviors that could be related to undetected or untreated post-deployment health issues.

We also advocate for increased acceptance and use of Veteran Treatment Courts across the country. These courts aim to prevent needless incarceration of justice-involved war veterans, and instead treat post-deployment mental health issues, as well as behavioral issues stemming from mild TBIs.

Toxic Wounds:

Military bases have historically used and disposed of chemical degreasers and other toxic substances that were later determined to contaminate drinking water and pose multiple health risks including cancers, reproductive disorders, and birth defects. In addition, countless combat-deployed military personnel, or those stationed on any of the 141 toxic bases within CONUS, have been exposed to a wide variety of contaminants, through drinking water, general water usage, exposure through vapor seepage, soil contact, and exposure to toxic smoke from oil field fires or burn pits.

AMVETS continues to seek system-wide changes related to military environmental hazards and toxic wounds, including:

- Seeking improvements to the pre- and post-deployment health monitoring and assessment program to address all currently recognized and emergent environmental hazard and toxic wound health issues;
- Seeking improvements to the DoD-VA health research systems so they aggressively focus on treatments, diagnostic biomarkers and mapping out bio- pathology and symptoms for the full range of environmental hazard and toxic wound health issues; and
- Seeking the implementation of a seamless DoD-VA environmental health evaluation/ treatment system to ensure medical evaluation, evidence-based treatment, and ongoing medical surveillance for current and former servicemembers suffering from toxic wounds.

AMVETS urges Congress and the Department of Veterans Affairs to invest adequate resources to fully research, diagnose and treat conditions associated with toxic exposures and to extend presumptive service-connection to all veterans suffering from conditions associated with toxic exposures while serving in the military.

This has been a longtime critical issue for AMVETS, and we will continue to advocate for veterans suffering from the effect of any form of toxic exposure.

Complementary and Alternative Medicine:

AMVETS advocates for the expansion and enhancement of the offering of complementary and alternative medicine (CAM) to veterans receiving VA treatment for mental health or chronic pain issues.

The most commonly used alternative treatments by VA currently are acupuncture, chiropractic manipulation, exercise, stress-reduction techniques, supplements and vitamins, therapy, and yoga. A recent survey of 141 VA facilities by VA's Healthcare Information and Analysis Group found that:

- 89 percent of VA facilities offered CAM and 1 percent were in the process of developing CAM programs.
- The top 5 uses of CAM were for, in order: stress management, anxiety disorders, PTSD, depression, and back pain.
- CAM is used as an adjunctive therapy 72 percent of the time, but this was not reported as specific to PTSD or other disorders.
- 65 percent of facilities reported offering one of more types of CAM for PTSD.

Another recent survey of all 170 VA specialized PTSD treatment programs found that:

- 96 percent of the 125 programs that responded reported offering CAM.
- 88 percent reported using types of CAM in addition to guided imagery, progressive muscle relaxation, and stress management/relaxation, treatments.
- The types of treatments used most often in specialized PTSD programs were: mindfulness, stress management/relaxation, progressive muscle relaxation, and guided imagery, all of which were offered more in than 50 percent of treatment programs.

AMVETS also urges Congress and the Department of Veterans Affairs to determine that in states where medical marijuana is legalized, that VA physicians should be able to counsel veterans under their care on where to obtain medical marijuana for health conditions the physician is treating if the veteran indicates this is something they would want to consider. Current VHA policy prohibits VA providers from completing forms seeking recommendations or opinions regarding a veteran's participation in a state marijuana program. But the veteran is not penalized for sharing with their VA doctor that they use medical marijuana outside of the VA system of care, which is a relatively new and good first step.

Assistive Technology & Service Dogs:

AMVETS advocates for increased research and use of assistive technology, including expanded use of assistive service dogs. Historically, quite a few pieces of legislation have been introduced related to service dogs to assist veterans with PTSD. While AMVETS also advocates for PTSD service dogs, we would like to see increased use of service dogs that perform tasks of daily life that a personal aid is currently coming in to help the veteran with such as getting dressed, doing laundry, and retrieving items. A live-in canine companion trained to perform these tasks would

not only save money and help preserve a person's dignity, but would allow a strong mental connection and bond with the animal.

Currently the VA clinical team that treats veterans with substantial mobility impairments determines whether it is best for the veteran to manage the impairment and live independently through the assistance of a trained service dog. But if other means, such as technological devices or rehabilitative therapy would provide the same level of independence, then VA will not authorize benefits for service dogs. AMVETS would like the veteran to have more of a say, and for VA to consider the canine pairings more frequently.

The substantial mobility impairments that VA is currently working with in considering service dogs for veterans are spinal cord injury or dysfunction or other chronic impairments that substantially limit mobility, including, but not limited to a TBI that compromises a veteran's ability to make appropriate decisions based on environmental cues or a seizure disorder that causes a veteran to become immobile during and after a seizure event. AMVETS would like to see the list of these mobility impairments expanded.

In addition, AMVETS advocates for continued advancements in assistive technology for amputees, those suffering from mobility limiting diseases and illnesses, and spinal cord injured veterans. This type of technology includes:

- Adaptive Driving Vehicles
- Adaptive Sports
- Augmentative and Alternative Communication (AAC) Devices
- Electronic Aids to Daily Living
- Electronic Cognitive Devices
- Powered Mobility & Seating
- Specialized Computer Access

I would like to take this opportunity to say that I'm personally passionate about ensuring that spinal cord injured veterans continue to benefit from VA Research. It is quite moving to tour VA's spinal cord injury and disorder centers, and see how advancements in technology so incredibly increase a veterans' quality of life.

What I have discussed to this point represents the AMVETS Core Four Legislative Priorities. In addition, our membership has expressed strong interest in the following priorities:

Civilian Credentialing:

AMVETS recognizes that it is in the best interest of our nation to have a strong and viable veterans' employment and training system in place. Unfortunately, the unemployment rate among our nation's veterans continues to be an area of intense focus and concern, much of which is related to issues of post-service licensure and credentials.

Congress, and various branches of military service, have begun to recognize the fact that veterans of all eras find it difficult to obtain meaningful, living-wage employment. The importance of expanded licensing and credentialing as an integral part of the overall veteran transition process cannot be overemphasized.

As a nation we need to be prepared to do our part to assist our transitioning service members with living-wage employment opportunities so they become valued additions to our society and economy and are able to adequately support their families.

AMVETS encourages Congress to engage in a national dialogue to include the Administration, DoD, VA, DOL, governors, state adjutant generals, employers, trade and professional associations, and licensing and credentialing entities, to establish a process so military training meets civilian certification and licensing requirements for states in which veterans choose to live once they leave the military.

Concurrent Receipt:

Military retirees with twenty or more years of service and a 50 percent or higher VA disability rating can receive their military retirement pay and the amount of their VA disability compensation. The current law does not provide the same equity to service-connected disabled military retirees with VA disability ratings of 40 percent or below, or Chapter 61 retirees who were medically retired with less than 20 years, regardless of VA disability rating.

A disabled veteran who does not retire from military service but elects instead to pursue a civilian career after their enlistment expires can receive full compensation and full civilian retired pay. AMVETS believes that a veteran who has served this country for 20 years should have that same right and not be penalized for choosing a military career rather than a civilian career.

AMVETS supports legislation that would provide for the full and immediate concurrent receipt of military retirement pay and VA disability compensation, without offset, regardless of a veterans VA rating percentage.

Education Benefits:

AMVETS believes the Post-9/11 GI Bill has been targeted by deceptive and aggressive college salesmen. A February 2016 Yale Law School report noted that VA is failing to follow 38 USC §3696, which requires VA to cut off the GI Bill to schools that engage in deceptive recruiting.

In addition, the U.S. Government Accountability Office published a report in October 2015 on GI Bill overpayments, which found that one in four GI Bill students were being hit with a VA clawback of GI Bill funds. Overpayments most often occur when VA pays benefits based on a student's enrollment at the beginning of the school term and the student later drops one or more classes, or withdraws from school altogether. In that case, the school has received more GI Bill money than it should have, but VA claws the money back from the student, not the school, even though the school received the tuition check.

These clawbacks are hard on veterans, because VA will put a lien on their taxes and their disability payments, and many schools do not play fair when the veteran then tries to collect their rightful refund from the school.

AMVETS believes that there is a need for oversight hearings regarding VA's failure to protect veterans from these Post-9/11 GI Bill issues.

Family Caregivers:

It is well known that family caregivers selflessly support wounded, injured and sick veterans allowing for a greatly improved quality of life in the home environment. The utilization of family caregivers also plays a critical role in controlling and reducing health care costs by minimizing inpatient and outpatient hospitalizations and institutionalization.

Studies have shown that improving family caregivers' well-being and minimizing the burden they carry, is critical to their being able to continue assisting their loved ones. AMVETS encourages Congress to pass legislation to correct the inequity in access to the VA Comprehensive Assistance for Family Caregivers and expand eligibility to include veterans of all eras, not just for Post-9/11 veterans.

Homeless Prevention:

AMVETS acknowledges that veteran homelessness has substantially decreased over the last decade due to multi-agency efforts at the federal level in addition to community partnerships.

AMVETS encourages 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.

VA Accountability:

AMVETS members make it very clear that they support improved VA accountability. This is not a partisan issue, which it somehow seems to have become over time; it is an issue of fairness and ensuring that VA employees are held responsible for their own actions—whether the consequence is positive or negative.

In this light, it is imperative that Congress, VA and all Americans remember that VA exists to serve the needs of veterans. The VA Secretary needs to have the power, when appropriate, to remove or demote VA employees based on performance or misconduct.

VA Claims and Appeals:

AMVETS urges Congress to ensure adequate funding and trained staff levels for the Department of Veterans Affairs to improve upon the timeliness and accuracy of all claims and appeals being filed.

AMVETS also urges the Veterans Benefit Administration to implement a uniform data claims processing system, and improve training for VA claims and appeals processors to ensure a timely and accurate claims and appeals process for every veteran.

Veteran Preference:

AMVETS is committed to seeking full access to employment opportunities for our nation's veterans and has strongly supported federal, state, and local veterans' preference laws. It is important that programs and policies at all levels of the government continue to help veterans establish private businesses by providing them with technical, financial, and procurement assistance.

AMVETS supports the strongest veterans' preference laws possible at all levels of government and opposes any attempt to weaken such laws.

Choice:

This is perhaps the most discussed issue, and one where AMVETS looks forward to working with Congress and VA to find the balance of treating veterans within VA facilities, consolidating community care, and allowing veterans the ability to seek outside care when VA cannot provide it in a timely manner. No matter the distance. We look forward to reviewing legislation that we hear is forthcoming and advocating, as always, for the best interest of the veteran. In the end, we are veterans and we are here to serve veterans. Nothing else is more important to AMVETS than ensuring that the health care and benefits of all veterans are properly provided for.

Thank you again for the opportunity to share the AMVETS legislative priorities. Please do not hesitate to contact me with any follow up or questions.



AMVETS National Commander Harold Chapman

Harold Chapman, a resident of Long Island, New York, is the 73rd AMVETS National Commander. An Air Force veteran, he previously held national-level offices include service as National 1st Vice Commander from 2015 to 2016, National 2nd Vice Commander for Programs from 2014 to 2015, and as AMVETS National Finance Officer from 2012 to 2014.

Chapman has held command positions at every AMVETS echelon. He commanded New York Post 18 in East Islip, New York, for two consecutive terms from 1995 through 1997, and then held each chair in sequence at the Department of New York level before taking command of the entire department and its more than 70 posts in 2002. Chapman then served two terms as New York's representative to AMVETS's National Executive Committee until 2008, when he took command of AMVETS District I, an area that includes all AMVETS members and posts in New York, New Jersey, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire and Maine.

Chapman is an honorably discharged veteran of the United States Air Force whose Vietnam War-era service includes postings at air bases in California and Texas as well as 18 months spent in the Pacific theater. Chapman is a former appointee to the New York State Veterans Advisory Committee and the recipient of AMVETS National Headquarters' award for successful efforts to grow membership throughout District I. He has also previously been recognized as the Department of New York's AMVET of the Year.