

Testimony for the Record  
Before the  
Senate Committee on Veterans' Affairs  
May 22, 2019

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Chairman Isakson, Ranking Member Tester, and members of the Senate Committee on Veterans Affairs, I appreciate the opportunity to present you with our views on proposed legislation in the Senate.

As the largest veteran nonprofit 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. As such, the three most pressing issues AMVETS is working to address this Congress are: addressing the mental healthcare crisis and suicide epidemic, addressing the critical needs of women veterans, and providing timely access to high-quality healthcare. We are pleased that the committee is taking time today to discuss legislation that will affect all three of those categories and we are proud to put our support behind a number of those bills.

### **Prioritize the Mental Health Epidemic**

There are two pieces of legislation referring to the mental health epidemic that we will address today. One of these bills is a common sense change that would amend Title 38 to allow the VA to furnish mental health services to members of the reserve components of the Armed Forces. The other bill is a comprehensive piece that would improve care during transition, provide suicide prevention resources, launch programs and studies on mental health, increase oversight of VA's mental health care and suicide prevention efforts, enhance VA's medical workforce and telehealth services, and many other components that we know all factor into providing our veterans with the mental health services they need.

AMVETS is pleased to support S. 711 – CARE for Reservists Act of 2019. S. 711 allows the Department of Defense to fund needed behavioral or mental healthcare, regardless of whether that reservist is within his or her pre-deployment window or has never deployed at all. This bill also allows members of the Guard and Reserve to access Vet Centers for mental health screening and counseling, employment assessments, education training and other services to help them return to civilian life.

AMVETS specifically supports Section 5 of this bill which requires the Secretary of Veterans Affairs to report back to the committee on the increase of the number of individuals that use readjustment counseling or outpatient mental health care from the Department of Veterans Affairs. We believe it is crucial that the VA collects and shares data on their mental health practices. We urge the committee to take this report even a step further by requiring VA not only

to report on the number veterans using their care, but to report on how effective this care was for them. Congress could gauge this effectiveness by requiring VA to track symptom reduction, quality of life/stress management, and posttraumatic growth and cognitive flexibility by using the instruments: DASS-21 (Depression Anxiety Stress Scale), The Insomnia Severity Index (ISI), The Brief Michigan Alcoholism Screening Test (bMAST), The Positive and Negative Affect Schedule (PANAS), Couples Satisfaction Index (CSI), Perceived Stress Reactivity Scale (PSRS), The Ego Resiliency Scale (ER89), The Posttraumatic Growth Inventory-Expanded (PTGI-X), The Integration of Stressful Life Experiences Scale (ISLES), The Self Compassion Scale-SF (SCS-SF), and The Gratitude Questionnaire-Six Item (GQ-6). Further, the effectiveness of treatments utilized by VA should be measured over significant periods of time, perhaps every 6 months for two years, not only for short durations following their treatments. Most evidence based practices limit their scope of study to the effectiveness of treatments within 90 day windows and we simply don't believe this is an accurate portrayal of the real effectiveness of these treatments.

AMVETS is pleased to support S. 785, The Commander John Scott Hannon VA Mental Health Improvement Act, which addresses all three of AMVETS legislative priorities. This Congress, our organization is dedicated to finding legislative solutions for the mental health and suicide epidemic, women veterans, and veteran health care access. The Commander John Scott Hannon VA Mental Health Improvement Act is a positive start to Congress' and VA's duty to address these challenges. The Commander John Scott Hannon VA Mental Health Improvement Act seeks to improve VA mental health care by improving care during transition, providing suicide prevention resources, launching programs and studies on mental health, increasing oversight of VA's mental health care and suicide prevention efforts, and enhancing VA's medical workforce and telehealth services.

However, there is a great deal of room for improvement, and we are concerned that the legislation offers particular emphasis on increased "access" to traditional mental health models, while offering few meaningful changes to explore alternatives that are having better outcomes. We have been chasing the "access fallacy" for over a decade, while congress has failed to articulate why most veterans will never select VA mental healthcare in the first place, and those that do quickly stop utilizing the treatment, or why those that do largely retain their diagnoses, or in worse case scenarios utilize VA healthcare and still commit suicide, as was the case with John Scott Hannon. Little is known about the true proportion of veterans who have received VA services only to later commit suicide. VA has been highlighting a questionable figure of "only" 6 of 20 veterans who commit suicide were actively utilizing the VA in the past two years.

AMVETS is particularly supportive of Section 203 regarding Post-traumatic Growth (PTG) Partnerships. PTG is defined as a positive change after experiencing trauma, including an increased appreciation for life, improved relationships with others, a realization of new possibilities in life, increased personal strength, and spiritual change. We have been compelled by the limited but significant approach of groups like Boulder Crest that are looking at how their programs affect veterans over as many as 18 months, not within a limited scope of 90 days. They have focused on helping veterans live their best lives versus the existing focus on symptomology reduction and endless research, which surprisingly is scant in its abilities to show increases in the quality of veterans life over time. We have faith that programs like this will help our veterans,

while the Clay Hunt report gives us little reason to believe that our traditional approach is providing any meaningful outcomes as the data therein and the continued suicides state that it does not.

AMVETS is pleased that this bill recognizes the need for gender-specific treatment, includes funding for telehealth services that will reach rural veterans, expands health care options to other than honorable veterans, and requires VA to develop and track their goals and objectives regarding suicide prevention.

However, while this is a strong start to the issues plaguing VA mental health care, AMVETS will not be satisfied with legislative action that simply calls for more reports on the same methodologies to be provided back to the committee 4 years from now as was done with the “2018 Annual Report: VA Mental Health Program and Suicide Prevention Services Independent Evaluation” required by the Clay Hunt SAV Act. In the interim of that 4 year period, more than 24,000 veterans lost their lives, while suicide at DoD has grown to record highs only to see little effort given by Congress to explore the effectiveness of existing practices at VA. Veterans can no longer tolerate Congress and VA relying on the fallacy of sunk costs when it comes to finding effective mental health treatments for our Nation's veterans.

### **Closing the Gap for our Women Veterans and Servicemembers**

AMVETS thanks the committee for recognizing the unique challenges women face during their service and after. Women are the fastest growing group of veterans, and we must find a way to give VA facilities the ability to provide equitable care or services to women veterans. There are two pieces of legislation to be discussed today that we believe will positively support our women veterans.

AMVEST supports S. 318 – VA Newborn Emergency Treatment Act. This bill clarifies that the VA can cover the costs of transportation for newborn babies of certain women veterans. The Act ensures that qualified newborns do get access to VA covered medical care and, importantly, waives any outstanding debt women veterans may face with medically-necessary emergency transportation services for a newborn incurred by the veteran.

AMVETS is pleased to see Section 506 included in the bill. Section 506 requires the VA to submit a report to Congress on the staffing of VA relating to the treatment of women. This Section of the bill will importantly require the VA to report on the number of women’s health centers, the number of patient aligned care teams of the Department relating to women’s health, the number of full- and part-time gynecologists of the Department, the number of designated women’s health care providers of the Department, the number of health care providers of the Department who have completed a mini-residency for women’s health care through Women Veterans Health Care Mini-Residency Program of the Department during the one-year period preceding the submittal of the report, and the number that plan to participate in such a mini-residency during the one-year period following such date, and the number of designated

women's health care providers of the Department who have sufficient female patients to retain their competencies and proficiencies.

AMVETS supports S. 514 – The Deborah Sampson Act. S. 514 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.

This year AMVETS has 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. S. 514 pushes this priority forward and that is why we support the passage and full implementation of this bill.

### **Timely High-Quality Access to Health Care**

The VA has pledged to serve our veterans' health care needs, but the means to accessing this care is different for every veteran. We are pleased to now discuss with you our views on the proposed bills in today's hearing that will affect veteran's health care.

AMVETS supports S. 123 – Ensuring Quality Care for Our Veterans Act. S. 123 requires the VA to enter into a contract with an organization to conduct a clinical review for quality management of hospital care or medical services furnished by covered providers. If this review comes to show that the standard of care was not met during an episode of care, the VA will notify the individual who received such care from the provider.

AMVETS supports S. 221 – Department of Veterans Affairs Provider Accountability Act. S. 221 requires that whenever the VA brings charges based on conduct or performance against a 7401 (1) employee and as a result of those charges a major adverse action is taken against the employee, the VA will transmit to the National Practitioner Data Bank and the applicable State licensing board the name of the employee, a description of the major adverse action, and a description of the reason for the major adverse action.

AMVETS supports S. 450 – Veterans Improved Access and Care Act of 2019. At the end of last year, the VA had 49,000 vacancies. We know a veteran's access to care will be affected when there is no medical professional working in the specialty of care they need. AMVETS realizes that the best healthcare option for veterans will provide a strong, well run, and fully staffed VA

first. AMVETS will support any legislation that provides a solution to VA's high rate of vacancies, a simply unacceptable situation.

S. 450 requires the VA to carry out a pilot program to expedite the onboarding process for new medical providers. The goal of the program is to reduce the length of time onboarding to no more than 60 days. The VA shall also submit a strategy to Congress on ways to reduce the duration of the hiring process for licensed professional medical providers.

AMVETS supports S. 850 – Highly Rural Veteran Transportation Program Extension Act. There are an estimated 4.7 million rural and highly rural veterans who face a unique combination of factors that create disparities in health care not found in urban areas, such as inadequate access to care. Rural residents only account for 17 percent of the entire U.S. population, yet more than 44 percent of recruits come from rural areas and more than 460,000 are veterans of Iraq and Afghanistan.

S. 850 extends the authorization of appropriations to the VA for the purposes of awarding grants to VSO's for the transportation of highly rural veterans. AMVETS recognizes in the strongest terms the need for appropriate levels of funding to care for the physical and mental health care of rural and highly rural veterans. We know transportation is critical to veterans who need to access this care. We will continue to advocate for rural veterans and support legislation that addresses the gaps in care for rural and highly rural veterans.

AMVETS supports S. 1101 – Better Examiner Standards and Transparency for Veterans Act of 2019. We are pleased that this legislation was introduced after reports surfaced that physicians with revoked medical licenses were conducting MDEs for the VA because of a loophole in current law. We also urge the House Committee on Veterans Affairs to introduce a companion bill in their chamber to fix this loophole.

S. 1101 ensures that only licensed health care providers furnish disability examinations under a certain VA pilot program for the use of contract physicians for disability examinations.

AMVETS supports S. 1154 – Department of Veterans Affairs Electronic Health Record Advisory Committee Act. The VA is currently undertaking a decade-long transition to bring veterans' health records into the 21<sup>st</sup> century by ensuring that veterans can have access to a seamless electronic health record across the VA and Department of Defense health systems.

S. 1154 establishes an advisory committee on the implementation of the VA's electronic health record. The 11-member Committee would operate separately from the Departments of Veterans Affairs and Defense and would be made up of medical professionals, Information Technology and interoperability specialists, and veterans currently receiving care from the VA. The Committee will analyze the VA's strategy for implementation, develop a risk management plan, tour VA facilities as they transition to the new system and ensure veterans, VA employees and medical staff, and other participants have a voice in the process. The Committee will meet with the VA Secretary at least twice a year on their analysis and recommendations for implementation.

AMVETS supports The Janey Ensminger Act of 2019. This act was named for Janey Ensminger, daughter of Marine Corps member Jerry Ensminger, who died from leukemia when she was just nine years old. Years later, her father discovered that she likely developed cancer after exposure to contaminated water at Camp Lejeune in North Carolina, where his family lived when Janey was born. As many as 900,000 may have been exposed to toxic contaminants in the water at the base between 1953 and 1987. The Janey Ensminger Act makes it possible for non-military family members to apply for VA benefits for healthcare related to exposure to these toxins. This bill amends the Public Health Service Act to direct the Agency for Toxic Substances and Disease Registry to review the scientific literature relevant to the relationship between the employment or residence of individuals at Camp Lejeune, North Carolina, for at least 30 days during the period 1953 to 1987, and specific illnesses or conditions incurred by those individuals and determine whether and to what extent the evidence shows that toxic substance exposure is a cause of an illness or condition; and publish and update a list of each illness and the categorization of evidence for which a determination of cause has been made.

AMVETS aggressively urges Congress and the Department of Veterans Affairs to invest adequate resources to fully research, diagnose, and treat conditions associated with toxic exposures. Any significant developments stemming from the previously mentioned activities should be shared with veterans as it becomes available. AMVETS encourages the VA to extend presumptive service-connection to all veterans suffering from conditions associated with toxic exposures while serving in the military.

There are several bills that were considered at this hearing that did not fall under the scope of our three main priorities. Although they are not our top priority, we believe S. 857, S. 980, S. 524, S. 746, S. 805, and Mr. Cassidy's draft bill on education assistance cover important topics and we offer no objection to them.

### **Conclusion**

Chairman Isakson, Ranking Member Tester, 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 have 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.

### **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 Chenelly is the first veteran of combat operations in Afghanistan and Iraq to lead one of the nation's four largest 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 was on the ground for the start of both Operation Enduring Freedom and Operation Iraqi Freedom.

Joe served as AMVETS' national communications director in 2005, and for the past eight years as assistant national director for communications for the Disabled American Veterans (DAV) in Washington, D.C. leading grassroots efforts through social networking and new media.

He has also served as president of Social Communications, LLC, and as a public affairs officer director for the Department of Navy. Joe is an alumni of Syracuse University and Central Texas College. He resides in Fairport, N.Y., with his wife Dawn, a serviceconnected 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 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